

Oral Health Improvement Plan for Connecticut 2019-2024



Message from Commissioner Raul Pino M.D, M.P.H

The Connecticut Department of Public Health (DPH) is pleased to present the 2019-2024 Connecticut State Oral Health Improvement Plan. This initiative was developed with input from public health advocates, and medical and dental practitioners from around the state. Its mission is to “improve the oral health of all Connecticut residents, as an integral part of overall health and well-being.”

Two guiding principles were used in the conception and writing of this five-year plan:

- 1) Root the goals and objectives in state data sources, wherever possible, to inform the work and serve as a baseline to measure progress; and
- 2) Formulate the plan’s goals and objectives through a “health equity lens” that addresses oral health disparities among Connecticut’s various populations.

The framework of the plan includes four focus areas - prevention, access and utilization, medical and dental integration, and data collection and analyses. The plan outlines 16 objectives, suggested strategies, and potential partners. This will guide efforts of state and community programs that are dedicated to ensuring access to oral health services for all residents; regardless of race, ethnicity, education, or class background.

I wish to thank DPH’s Office of Oral Health and the Connecticut Oral Health Initiative for their leadership, as well as the many partners who participated in the development and writing of this plan. I look forward to partnering with you as we work together to improve the oral health of Connecticut residents.

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Raul Pino, MD, MPH
Commissioner

Janet Brancifort
Deputy Commissioner

Yvonne Addo
Deputy Commissioner

This publication was supported by the Cooperative Agreement Number U58DP004888-05 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Copyright Information: All material appearing in this report is in the public domain and may be reproduced or copied without permission.

Citation for use of this source as provided is appreciated. Suggested Citation: Connecticut Department of Public Health. 2018. Connecticut State Oral Health Improvement Plan 2019 - 2024. Hartford, Connecticut: Connecticut Department of Public Health.

www.ct.gov/dph/oralhealth

Executive Summary



Mission: Improve the oral health of all Connecticut residents, as an integral part of overall health and well-being.

Oral health is essential to our overall health and quality of life. Having good oral health means being free of gum disease, tooth decay, and tooth loss, as well as free from oral cancer, infection, and pain; all may limit one's ability to chew, bite, smile, and speak properly.¹ For children in particular, oral pain can result in increased inattention and distractibility in school, which can inhibit their ability to learn.² For adults, it can lead to tooth loss and pain resulting in difficulties in finding or keeping jobs.

Oral health is closely linked to physical health and well-being. Dental caries (tooth decay) is a preventable bacterial disease process that affects both children and adults. Preterm births and chronic conditions, such as diabetes, heart disease, lung disease, and stroke, are associated with poor oral health.³

Equal access to oral health care for everyone in Connecticut should be the norm. However, we know that oral health access and outcomes vary depending on social determinants of health, where people live, work, learn and play.⁴ If we are to eliminate these disparities and achieve equity, we must use an oral health equity framework to identify those most at risk and take them into account when writing and implementing oral health programs and policies for the state.⁵

In May, 2018, the Connecticut Department of Public Health (DPH) contracted with the Connecticut Oral Health Initiative (COHI) of Hartford, Connecticut, to facilitate the development and writing of the state oral health improvement plan. An advisory committee of experts assessed the needs, available resources, and gaps related to the oral health of all populations; formulated focus areas, goals, objectives, and strategies; and identified potential partners. Over 60 interested parties submitted comments, recommendations and data resources. The data in this plan were taken from surveys and studies conducted in Connecticut, using Connecticut residents and their experiences. The sources are referenced in the footnotes of each objective and in the endnotes. Throughout the process, COHI collaborated with DPH's Office of Oral Health, used a "health equity lens" to address oral health disparities, and ensured that the objectives were measurable.

Sixteen objectives were developed under four targeted focus areas of Prevention, Access and Utilization, Medical and Dental Integration, and Data Collection and Analysis.

FOCUS AREA - PREVENTION

Goal 1: Reduce the incidence of oral disease among Connecticut populations by use of evidence-based preventive interventions.

Objective 1.1: Reduce to 35%, the proportion of Connecticut children in third grade who have dental caries (tooth decay) experience in their primary or permanent teeth.*

Objective 1.2: Increase by 10%, the proportion of Connecticut third grade children who receive dental sealants on at least one of their permanent molar teeth.*

Objective 1.3: Reduce to 0%, the five-year rate change in the incidence of Connecticut residents who experienced oral and/or pharyngeal cancer.*

Objective 1.4: Maintain Connecticut's statute for community water fluoridation.

FOCUS AREA - ACCESS AND UTILIZATION

Goal 2: Ensure access to, and utilization of, quality, comprehensive and continuous oral health care for all Connecticut residents, particularly at-risk populations.

Objective 2.1: Reduce to 14%, the proportion of Connecticut third grade children with untreated dental decay.

Objective 2.2: Increase to 319, the number of Connecticut schools with 50% or greater participation in Free and Reduced Meals (FARMs) in which dental services are provided.*

Objective 2.3: Increase by 5%, the proportion of Connecticut children and adults who had a dental visit in the past year.*

Objective 2.4: Reduce by 5%, the proportion of Connecticut older adults who attend congregate meal sites who have untreated dental decay.*

Objective 2.5: Reduce by 5%, the proportion of Connecticut older adults in long-term care sites who have untreated dental decay.*

Objective 2.6: Increase by 5%, the proportion of Connecticut older adults who have dental benefits.*

FOCUS AREA - MEDICAL/DENTAL INTEGRATION

Goal 3: Increase integration of dental and medical health care systems, policies, and programs.

Objective 3.1: Increase by 10%, the number of Connecticut's federally-qualified health center (FQHC) locations that offer dental services.*

Objective 3.2: Increase by 5%, the proportion of Connecticut HUSKY Health primary care providers who include an oral health assessment in child wellness visits.*

Objective 3.3: Increase by 5%, the proportion of Connecticut HUSKY Health children under the age of 6 who received fluoride applications by a primary care provider in the past year.*

Objective 3.4: Implement diabetes pre-screening and referral to a primary care provider in at least five Connecticut FQHC dental programs.

FOCUS AREA - DATA COLLECTION AND ANALYSIS

Goal 4: Collect and analyze oral health data to measure outcomes and inform decisions to improve the health of Connecticut residents.

Objective 4.1: Increase to fifteen, the number of data sources and indicators that are collected, analyzed, interpreted, and disseminated.

Objective 4.2: Increase to three, the number of Connecticut agencies and organizations, beyond State Agencies, that implement a health equity checklist to inform oral health policies and programs.

*Strategies and activities will have a focus on reducing health disparities that exist among all populations.

Oral Health in Connecticut

Oral health is essential to our overall health and quality of life. Having good oral health means being free of gum disease, tooth decay, and tooth loss; as well as oral cancer, infection, and pain. All may limit one's ability to chew, bite, smile, and speak properly.⁶ For children in particular, oral pain can result in increased inattention and distractibility in school, which can inhibit their ability to learn.⁷ For adults, it can lead to tooth loss and pain resulting in difficulties in finding or keeping jobs.

Oral health is closely linked to physical health and well-being. Dental caries (tooth decay) is a preventable bacterial disease process that affects both children and adults. Preterm births and chronic conditions, such as diabetes, heart disease, lung disease, and stroke, are associated with poor oral health.⁸

Oral Health Equity

Equal access to oral health care for everyone in Connecticut should be the norm. However, we know that oral health access and outcomes vary depending on social determinants of health; where people live, work, learn and play.⁹ For example, people with low-income typically have access to fewer oral health services than middle and upper-income people. Some racial and ethnic minority populations are also underserved. Failure to get dental care may be due to a variety of factors, such as low oral health literacy; differing cultural norms; and limited or no time off from work, transportation, or dental insurance. In an effort to eliminate these disparities and achieve equity, the State has implemented the use of a health equity framework across state agencies, to identify those most at risk, and take them into account when writing and implementing oral health programs and policies for the State.¹⁰

Prevention in Connecticut

Connecticut has a number of ongoing programs and practices to prevent oral disease, including community water fluoridation, dental sealants, tobacco cessation, and the availability of dental hygienists to practice in public health settings.

Community Water Fluoridation

Fluoridated water has been scientifically proven to prevent decay. Connecticut statute mandates that water companies owning systems serving 20,000 or more people must fluoridate their water.¹¹ Approximately 2.48 million people in the state get optimally fluoridated drinking water from public water systems in approximately 106 communities throughout the state.¹²

Dental Sealant Programs

Dental sealants are thin coatings placed on the chewing surfaces of the back teeth. They can prevent cavities for many years. Children ages 6-11 without dental sealants have almost three times more cavities in their first molars than those with sealants.¹³ Dental professionals facilitate early prevention by applying dental sealants, which can prevent 60 percent of decay, for a fraction of the cost of a filling.¹⁴

The goal of Connecticut's SEAL CT! Program, funded by the Centers for Disease Control and Prevention (CDC), is to increase by 25 percent, the number of low-income schools with a dental sealant program, as measured by 50 percent or more of students being eligible for free and reduced meals. It aims to increase by 5 percent, the number of those children who receive at least one or more dental sealants on a permanent molar. The program began in 2018 in 249 schools and is expected to reach a 5-year target of 319 schools.



Tobacco Prevention Programs

Tobacco use causes cancers in the oral cavity, among other diseases. The Connecticut Department of Public Health's Tobacco Control Program works to prevent people from starting to use tobacco, helps current tobacco users quit, and reduces nonsmokers' exposure to second-hand and third-hand smoke. Oral health advocates across the state have worked to pass legislation to reduce the use of tobacco products statewide.

Data from The Youth Tobacco Survey (co-administered with the Connecticut School Health Survey), the Behavioral Risk Factor Surveillance System (BRFSS), and other state and national data are used to inform tobacco control program planning.

Registered Dental Hygienists

Registered Dental Hygienists practice in a variety of public health settings, including senior centers, community health centers, school-based health centers, and preschools. As a result, they are able to provide important preventive services with a focus on school children and older adults.

Access to Oral Health Care

Medicaid

Connecticut's Medicaid plan for children and adults, called HUSKY Health, offers comprehensive dental care coverage to eligible children and adults. The adult benefit covers dental exams, cleanings, x-rays, fillings, extractions, dentures, root canals, crowns, and oral surgery. The child's benefit includes coverage for evaluation, dental x-rays, cavity risk assessments, dental cleanings, fluoride and dental sealant applications, and fillings. The objective of HUSKY Health dental benefits is to restore and maintain the beneficiary's oral health status. The HUSKY Health services are administered through the Connecticut Dental Health Partnership.¹⁵

In Connecticut, one in three children is covered by HUSKY Health. About 62 percent of children, ages 1-20, who were enrolled, received any preventive dental service in 2016. In that same year, 19 percent of children, ages 6-14, on HUSKY Health, received a dental sealant on a permanent molar, compared to 14 percent nationally.^{16, 17} In 2010, the reimbursement rates by HUSKY Health for children's dental services increased by almost 69 percent, resulting in a significant increase in the number of CT dental providers that accept Medicaid patients. In 2014, 46 percent of Connecticut dentists participated in HUSKY Health for child dental services, compared to 42 percent nationally.¹⁸

In 2015, one in six Connecticut adults was covered by HUSKY Health. One in six low-income residents was covered, two-thirds of nursing home residents, and one half of people with disabilities.¹⁹

Private Dental Insurance

Connecticut residents can obtain dental insurance through employers, unions, health insurance exchanges, and individual plans. Dental insurance plans vary widely in services covered, premiums, and out-of-pocket expenses. All health insurance plans offered through Access Health CT, Connecticut's health insurance exchange, include pediatric dental coverage as a plan benefit for members who are under 19 years old.²⁰



Integration of Medical and Dental Systems

Dental Care in School Based Health Centers and Community Health Centers

School-based health centers (SBHC) in Connecticut are primarily for, but not limited to, students who do not have access to a medical home, or families with little or no health insurance.²¹ Limited-to-full dental services are available in 28 unique SBHCs, providing care to approximately 7,350 children.

Connecticut's seventeen Community Health Centers provide health services across multiple sites, including health centers, SBHCs, and mobile units. Approximately 376,000 residents are served; 63% receive HUSKY Health coverage.²²

Health Systems

Several Connecticut programs work to integrate medical and dental services.

- The Connecticut State Innovation Model's (SIM) Clinical and Community Integration Program works with health care organizations to promote oral health integration where doctors would routinely perform oral health assessments with recommendations for prevention, treatment, and referral to a dental home.²³
- Community health centers are at various stages of integration, including some with fully integrated health records, which can facilitate appropriate bidirectional referrals and treatment from both medical and dental providers.
- The Connecticut State Health Improvement Plan, or Healthy Connecticut 2020, includes oral health goals.²⁴

Perinatal and Infant Oral Health

In 2013, the Connecticut Department of Social Services and its dental administrative services organization launched a perinatal and infant oral health quality improvement pilot project working with the Maternal and Child Health Coalition and others. The project continues to target OB/GYNs, pediatricians, and community agencies to build on the success of the pilot by making the program available statewide. The goal is to increase the percentage of pregnant women who have gotten oral health care, and the percentage of infants who have gotten preventive oral health care by age 24 months.²⁵

Process for development of plan

In May 2018, the Connecticut Department of Public Health (DPH) contracted with the Connecticut Oral Health Initiative (COHI) of Hartford, Connecticut, to facilitate the development and writing of the state oral health improvement plan. An advisory committee of experts assessed the needs, available resources, and gaps related to the oral health of all populations; formulated focus areas, goals, objectives, and strategies; and identified potential partners. Over 60 interested parties submitted comments, recommendations and data resources. The data in this plan were taken from surveys and studies conducted in Connecticut, using Connecticut residents and their experiences. The sources are referenced in the footnotes of each objective and in the endnotes. Throughout the process, COHI collaborated with DPH's Office of Oral Health, used a "health equity lens" to address oral health disparities, and ensured that the objectives were measurable.

Focus Area: Prevention

Goal 1: Reduce the incidence of oral disease among Connecticut populations by use of evidence-based preventive interventions.

RATIONALE: Most oral health problems are preventable. Evidence-based interventions provide the best outcomes and are cost-effective. Connecticut residents, from the very young to the very old, are better able to improve and maintain their oral health status when they are educated about the importance of good oral health and given access to services. Continued public health efforts to educate the public and policy makers on the importance of fluoride in water will ensure continued access to fluoride in the water and protect against dental caries (tooth decay) experience across all Connecticut populations. Investment in oral health education and prevention services will reduce the future disease burden and contribute to the overall health of all Connecticut residents.

Objective 1.1: Reduce to 35%, the proportion of Connecticut children in third grade who have dental caries (tooth decay) experience in their primary or permanent teeth.*

*Strategies and activities will have a focus on reducing health disparities that exist among various third grade populations.

CONNECTICUT DATA:	Target Population: Third grade children surveyed	Baseline: 42% (2017) ¹	2024 Target: 35% (2017)
--------------------------	--	---	-----------------------------------

Objective 1.2: Increase by 10%, the proportion of Connecticut third grade children who receive dental sealants on at least one of their permanent molar teeth.*

*Strategies and activities will have a focus on reducing health disparities that exist among various third grade populations.

CONNECTICUT DATA:	Target Population: All third grade children surveyed	Baseline: 39% (2017) ²	2024 Target: 43% (2017)
--------------------------	--	---	-----------------------------------

Objective 1.3: Reduce to 0%, the five-year rate change in the incidence of Connecticut residents who experienced oral and/or pharyngeal cancer.*

*Strategies and activities will have a focus on reducing health disparities that exist among various populations.

CONNECTICUT DATA:	Target Population: Connecticut Residents	Baseline: Decrease of 5-year rate change to 1.4% (2011- 2015) ³	2024 Target: 0%
--------------------------	--	--	---------------------------

1. Connecticut Department of Public Health. 2017. Every Smile Counts, The Oral Health of Connecticut's Children 2017, Hartford, Connecticut: Connecticut Department of Public Health.
 2. Connecticut Department of Public Health. 2017. Every Smile Counts, The Oral Health of Connecticut's Children 2017, Hartford, Connecticut: Connecticut Department of Public Health.
 3. <https://statecancerprofiles.cancer.gov/recenttrend/data.php?0&0209&0&9599&001&999&00&0&0&0&1&1>

Objective 1.4: Maintain Connecticut's statute for community water fluoridation.

Measures:

- Connecticut Statute continues to support optimal water fluoridation.
- Connecticut's water fluoridation regulations continue to support optimal water fluoridation.
- 100% of adjusted fluoridated water systems maintain the statute's required average monthly optimal fluoridation levels.

Suggested Strategies For Goal 1:

Advocacy and Policy

- Advocate for the utilization of dental homes, starting before the age of one and continuing throughout life, for the prevention of oral diseases.
- Advocate for legislation and regulations to improve and maintain dental coverage for children and adults to enable them to receive all appropriate dental services.
- Advocate for legislation with the goal of decreasing sugar consumption.
- Advocate for school districts to incorporate oral health education in school curricula, to increase children's awareness of its importance to their overall health.
- Develop policy to support education on human papillomavirus (HPV) and its implications for oral health, and to allow the administration of the HPV vaccine by licensed dental providers.
- Advocate that policymakers continue, or expand where possible, the current community water fluoridation programs to reduce dental caries experience for all populations.
- Recruit school administrators and staff to be oral health champions for children's oral health.



Communications, Education and Training

- Develop and coordinate the use of a multi-component awareness campaign to communicate to Connecticut residents of all ages about the importance of oral health, including its impact on overall health, preventive dental activities, and eating a healthy diet.
- Provide oral care resources and access to dental providers, families, and caretakers of persons with special needs.
- Educate parents, health professionals, and frontline health workers on the importance of establishing dental homes, starting before the age of one and continuing throughout life.
- Provide information and resources to parents and age-eligible patients about the risks of HPV and the importance of HPV vaccinations to prevent oral cancer.
- Implement evidence-based prevention programs to reduce the use of tobacco products, including vaping, among children and adults.
- Develop and implement programs to prevent and reduce substance misuse or abuse as related to oral health conditions.
- Incorporate oral health risk questions, resources, and referrals into frontline health workers practices to make oral health promotion a standard of their work with clients.

Research and Surveillance

- Ensure that the state develops and implements a five-year surveillance and data management plan that includes updates to the measures in Goal 1.

Partnerships and Collaborations

- Partner with schools and school districts to improve oral health for school children.
- Partner with employers to conduct oral health awareness campaigns for employees.
- Encourage collaboration between state agencies and funders to support oral health assessments and preventive measures, with a focus on dental sealants and fluoride applications.
- Establish partnerships and collaborations with organizations that conduct education and other initiatives on tobacco and tobacco-like products to teens and youth.
- Collaborate with medical, dental, and substance abuse prevention programs to develop and disseminate materials for use in the dental office, on the effects of opioids and other substance misuse and abuse on oral health.

Potential Partners

- ADHA-CT
- American Heart Association – Connecticut
- American Lung Association
- American Pediatric Association – CT
- Community Health Center Association of Connecticut (CHCACT)
- Connecticut Association of School Based Health Centers (CASBHC)
- Connecticut Coalition on Oral Health (CTCOH)
- Connecticut Dental Health Partnership (CDHP)
- Connecticut Health Foundation (CT Health)
- Connecticut Oral Health Initiative (COHI)
- Connecticut State Dental Association (CSDA)
- CT Voices for Children (CT Voices)
- Coalitions
- Chambers of Commerce
- Commercial Insurance Companies
- Community and Health Foundations
- Connecticut Community Organizations
- Connecticut State Departments and Agencies
- Dental and Dental Hygiene Schools
- Dental Specialist Associations
- Industry Groups
- Local Health Departments
- Medical Associations
- Public Radio Stations
- Schools and School Districts

Focus Area: Access and Utilization

Goal 2: Ensure access to, and utilization of, quality, comprehensive, and continuous oral health care for all Connecticut residents, particularly at-risk populations.

RATIONALE: Connecticut ranks third for overall dental health in the nation, but there are still people who are at risk in the state, based on age, income, race, ethnicity, and education, among others.²⁶ Certain social determinants and other barriers lead to a lack of access to, and underutilization of, oral health care necessary to maintain good health. Equitable access to quality oral health care must be assured to all populations.

Objective 2.1: Reduce to 14%, the proportion of Connecticut third grade children with untreated dental decay.

*Strategies and activities will have a focus on reducing health disparities that exist among various third grade populations.

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	Third grade children surveyed	16% (2017) ¹	14% (2017)

Objective 2.2: Increase by 25%, the number of Connecticut schools in Connecticut with 50% or greater participation in Free and Reduced Meals (FARMS) in which dental services are provided.*

*Strategies and activities will have a focus on reducing health disparities that exist among various school populations.

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	Schools with >50% FARMS participation which have an oral health program that includes dental sealants	249 of 417 (2017) ²	319

Objective 2.3: Increase by 5%, the proportion of Connecticut children and adults who had a dental visit in the past year.*

*Strategies and activities will have a focus on reducing health disparities that exist among various populations.

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	Children with Medicaid coverage	62% (2016) ³	66%

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	Children with private dental benefits coverage	73% (2013) ⁴	77%

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	Adults with Medicaid coverage	56% (2016) ³	59%

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	Adults with private dental benefits coverage	68% (2016) ⁴	71%

1. Connecticut Department of Public Health. 2017. Every Smile Counts, The Oral Health of Connecticut's Children 2017, Hartford, Connecticut: Connecticut Department of Public Health

2. School-based Sealant Program Needs Assessment Report Connecticut, Department of Public Health Office of Oral Health CDC Data Report, 2017

3. <https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthCare-StateFacts/Connecticut-Oral-Health-Care-System.pdf>

4. Data supplied by the Connecticut Dental Health Partnership

Objective 2.4: Reduce by 5%, the proportion of Connecticut older adults who attend congregate meal sites who have untreated dental decay.*

*Strategies and activities will have a focus on reducing health disparities that exist among various older adult populations.

CONNECTICUT DATA:	Target Population: Older adults surveyed at Congregate Meal Sites	Baseline: 26% (2013) ⁵	2024 Target: 25%
--------------------------	---	---	----------------------------

Objective 2.5: Reduce by 5%, the proportion of Connecticut older adults in long-term care sites who have untreated dental decay.

*Strategies and activities will have a focus on reducing health disparities that exist among various older adult populations.

CONNECTICUT DATA:	Target Population: Adults surveyed in long-term care facilities	Baseline: 26% (2013) ⁶	2024 Target: 50%
--------------------------	---	---	----------------------------

Objective 2.6: Increase by 5%, the proportion of Connecticut older adults who have dental benefits.*

*Strategies and activities will have a focus on reducing health disparities that exist among various older adult populations.

CONNECTICUT DATA:	Target Population: Older adults with dental insurance	Baseline: 40% (2013) ⁷	2024 Target: 42%
--------------------------	---	---	----------------------------

Suggested Strategies For Goal 2:

Advocacy and Policy

- Advocate for legislation and regulations to improve and maintain dental coverage for children and adults to enable them to receive all appropriate dental services.
- Advocate for policy and regulation to improve access to appropriate dental services at dental homes, starting before the age of one and continuing throughout life; where people live, work, and attend school.
- Advocate to fund expansion of traditional and alternative sites for receiving dental care, based on need and return on investment (ROI).
- Advocate to include dental services under Medicare.
- Ensure that the dental workforce is adequate to meet the access-to-care needs of adults and children.
- Advocate to extend the period that adult children aged 19-26 may retain dental insurance under their parents' or guardians' insurance policies.
- Engage grassroots advocates in oral health advocacy and strategies.
- Incorporate oral health into daily care services in long term care facilities, group homes, and other community agencies that provide health services.

5. Connecticut Department of Public Health. 2013. The Oral Health of Vulnerable Older Adults in Connecticut 2013, Hartford, Connecticut: Connecticut Department of Public Health

6. Connecticut Department of Public Health. 2013. The Oral Health of Vulnerable Older Adults in Connecticut 2013, Hartford, Connecticut: Connecticut Department of Public Health

7. Connecticut Department of Public Health. 2013. The Oral Health of Vulnerable Older Adults in Connecticut 2013, Hartford, Connecticut: Connecticut Department of Public Health

Communications, Education and Training

- Build awareness of the availability of care on a sliding scale in Federally Qualified Health Centers and other venues for people who lack dental coverage.
- Build public and health professional awareness on the oral health implications of certain medications, with a focus on at-risk populations.
- Implement coordinated, multi-component awareness campaigns to educate Connecticut residents of all ages about the importance of oral health, including its impact on overall health, and the necessity of preventive and therapeutic dental services.
- Provide resources concerning proper care, access and utilization to dental providers, families, and caretakers of persons with special needs.
- Educate parents, health professionals, and frontline health workers on the importance of using dental homes, starting before the age of one and continuing throughout life.
- Provide information and guidance on the use of silver diamine fluoride by licensed dental providers.
- Build public awareness on the availability and benefits of dental insurance plans.
- Incorporate oral health risk questions, resources, and referrals into frontline health workers practices to make oral health promotion a standard of their work with clients.



Planning and Development

- Develop a Connecticut workforce model for the dental therapist as a cost-efficient member of the dental team who can improve access to oral health care across all populations.

Research and Surveillance

- Develop surveillance methods to determine the dental health of persons between the ages of 20 and 65.
- Ensure that the state develops and implements a five-year surveillance and data management plan that includes updates to the measures in Goal 2.
- Develop and implement evaluation methods to determine the effectiveness of oral health awareness, education, and service programs.

Partnerships and Collaborations

- Partner with the Center for Medicare Advocacy and other states' health stakeholders to advocate for dental benefits under Medicare.
- Develop partnerships between rural health organizations and dental programs to expand access.
- Partner with schools and school districts to improve oral health for school children.

Potential Partners

- ADHA-CT
- Area Agencies for Aging (AAA)
- CDHP
- CHCACT
- COHI
- Community Health Workers Association of Connecticut (CHWACT)
- Connecticut Health Foundation (CT Health)
- CSDA
- CTCOH
- CT Voices
- Greater Hartford Legal Aid
- Institute for Community Research
- Southwestern CT AHEC
- Special Olympics of Connecticut
- Chambers of Commerce
- Child and Family Advocacy Organizations
- Commercial Insurance Companies
- Community and Health Foundations
- Community-based Organizations
- Connecticut State Departments and Agencies
- Dental and Dental Hygiene Schools
- Dental Specialist Associations
- Faith-based Organizations
- Local Health Departments
- Medical Associations
- Older Adult Interest Groups
- Public Radio Stations
- Schools and School Districts



Focus Area: Medical/Dental Integration

Goal 3: Increase integration of dental and medical health care systems, policies, and programs.

RATIONALE: Oral health care has historically been separated from the rest of the health care delivery system. The health care community and public do not always recognize the importance of oral health to overall health. Research has demonstrated the link between oral health conditions and heart disease, diabetes, lung disease, and stroke. In order to improve population health, oral health care must be integrated into health care systems, particularly primary care.

Objective 3.1: Increase by 10%, the number of federally-qualified health center (FQHC) locations that offer dental services.*

*Strategies and activities will have a focus on reducing health disparities that exist among various populations.

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	FQHC locations that have open access for all state residents	36 of 64 sites (2018) ¹	40

Objective 3.2: Increase by 5%, the proportion of Connecticut HUSKY Health primary care providers who include an oral health assessment in child wellness visits.*

*Strategies and activities will have a focus on reducing health disparities that exist among various populations.

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	Children under the age of four years in HUSKY Health	15,99 (2017) ²	16,790

Objective 3.3: Increase by 5%, the proportion of HUSKY Health children under the age of 6 who received fluoride applications by a primary care provider in the past year.*

*Strategies and activities will have a focus on reducing health disparities that exist among various populations of children under the age of 6.

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	Children under the age of four years in HUSKY Health	10,399 (2017) ³	10,919

Objective 3.4: Implement diabetes pre-screening and referral to a primary care provider, in at least five Connecticut Federally Qualified Health Center (FQHC) dental programs.

CONNECTICUT DATA:	Target Population:	Baseline:	2024 Target:
	FQHC dental programs with diabetes pre-screening implemented	0 (2018)	5

1. Data received from the Community Health Center Association of Connecticut 2018

2. Analysis by Connecticut Dental Health Partnership (CTDHP) for the Perinatal and Infant Oral Health Quality Improvement Project (PIOHQIP) evaluation, September 2017.

3. Analysis by Connecticut Dental Health Partnership (CTDHP) for the Perinatal and Infant Oral Health Quality Improvement Project (PIOHQIP) evaluation, September 2017.

Suggested Strategies For Goal 3:

Advocacy and Policy

- Advocate for the sustainability of Federally Qualified Health Centers (FQHC) and School-Based Health Centers (SBHC).
- Advocate for health systems to include oral health assessments, education, and referrals, for people of all ages.
- Promote system changes with medical and frontline health workers to provide linkages and referrals to dental homes, starting at age of one and for all ages.



Communications, Education and Training

- Build awareness among parents and schools on the need for oral health assessments and where they can be accessed.
- Provide oral health information materials to medical professionals and frontline workers, through a variety of training mechanisms.
- Build awareness of patients on the relationship between oral health and diabetes.

Planning and Development

- Develop new pathways for parents to access oral health assessments for their children.
- Develop and implement models for schools to deliver oral health screening to schoolchildren.
- Develop an information technology plan to address cross-communication between dental and medical electronic records.

Research and Surveillance

- Develop and implement evaluation methods to determine the effectiveness of oral health awareness, education and service programs.
- Ensure that the state develops and implements a five-year surveillance and data management plan that includes updates to the measures in Goal 3.

Partnerships and Collaborations

- Collaborate with American Academy of Pediatrics-CT, Academy of Medicine and Academy of Family Practitioners, Obstetrics and Gynecology, and others to develop oral health information materials for health workers.
- Encourage primary care providers to take the free training available to them on how to conduct oral health risk assessments during child wellness visits, given by organizations such as the Child Health and Development Institute of CT and the Connecticut Dental Health Partnership.
- Encourage primary care providers and medical assistants to take the free training available to them on how to apply fluoride varnish for children up to 6 years of age, given by organizations such as the Child Health and Development Institute of CT and the Connecticut Dental Health Partnership.
- Develop bidirectional partnerships between medical and dental systems to address shared health conditions, i.e., pregnancy, diabetes, heart disease, sleep apnea, etc.

Potential Partners

- Academy of Family Practitioners
- Academy of Medicine
- ADHA-CT
- American Academy of Pediatrics – CT
- American College of Obstetricians and Gynecologists
- CASBHC
- CHCACT
- Child Health and Development Institute
- CHWACT
- COHI
- CT Health
- CSDA
- CTCOH
- CT Voices
- Connecticut State Departments and Agencies
- Chambers of Commerce
- Commercial Insurance Companies
- Community and Health Foundations
- Dental and Dental Hygiene Schools
- Health Networks
- Local Health Departments
- Medical Associations
- Schools and School Districts



Focus Area: Data Collection and Analysis

Goal 4: Collect and analyze oral health data to measure outcomes and inform decisions to improve the health of Connecticut residents.

RATIONALE: The collection and analysis of oral health data is necessary for developing new, and measuring existing, systems to inform decisions to meet the needs of Connecticut's diverse population. This can be achieved by having the resources to conduct research, collect and analyze quality data, and implement periodic assessments of existing programs.

Objective 4.1: Increase to fifteen, the number of data sources and indicators that are collected, analyzed, interpreted, and disseminated.

CONNECTICUT DATA:	Number of data sources and indicators	Baseline: 13 (2017) ¹	2024 Target: 15
--------------------------	--	--	---------------------------

Objective 4.2: Increase to three, the number of agencies and organizations, not including State agencies, that implement a health equity checklist to inform oral health policies and programs.

CONNECTICUT DATA:	Number of agencies and organizations	Baseline: 0	2024 Target: 3
--------------------------	---	-----------------------	--------------------------

Suggested Strategies For Goal 4:

Advocacy and Policy

- Advocate to conduct health equity impact assessments on potential policies and legislation to promote equitable health outcomes for all populations.
- Advocate for an All-Payers Claim Database that includes oral health care claims from medical and dental providers.
- Establish an extensive statewide oral health surveillance system that tracks race, ethnicity, and language (REL) and socioeconomic status (SES) data, and is publicly available and actionable.

Planning and Development

- Develop a framework for private insurance company participation in the collection of oral health data.
- Implement health equity impact assessments to promote equitable health outcomes for all populations.

1. Department of Public Health Office of Oral Health

Research and Surveillance

- Assess the health equity impact of potential policies and legislation to promote equitable health outcomes for all populations.
- Ensure the collection and analysis of the oral health data gained from the All-Payers Claim Database.
- Ensure that the state develops and implements a five-year surveillance and data management plan that includes updates to the measures in Goal 4.



Partnerships and Collaborations

- Collaborate on oral health data collection and analysis to inform decisions to improve the health of all Connecticut residents.
- Partner with organizations and agencies that collect health data to encourage integration of oral health data into their systems.

Potential Partners

- CDHP
- CHCACT
- COHI
- CT Health
- CSDA
- CTCOH
- CT Voices
- DataHaven
- Institute for Community Research
- Commercial Insurance Companies
- Community and Health Foundations
- Connecticut State Departments and Agencies
- Dental and Dental Hygiene Schools
- Dental Specialist Associations
- Hospitals
- Local Health Departments
- Medical Associations
- Public Health Schools

The Connecticut Oral Health Improvement Plan was written by Mary Moran Boudreau, Roberta Friedman and Elizabeth Dowd. Appreciation is expressed to all who contributed to the development of the Connecticut Oral Health Improvement Plan.

Donna Balaski, DMD*

CT Department of Social Services

Celeste Baranowski, RDH

City of Stamford

Dorinda Borer

Connecticut State Assembly

Mary Moran Boudreau, RDH, MBA*

Connecticut Oral Health Initiative, Inc.

Emily Carter, RDH

Gretchen Cianciola, RDH, MEd

Fones School of Dental Hygiene

Lori Clavette, RDH*

Community Health Center, Inc.

Elaine Colangelo, RDH

CT Department of Developmental Services

Connecticut Dental Hygiene Association

Caitlin Daikus, CHES

Special Olympics CT

Marissa DeCarli, RDH, MSDH

Fones School of Dental Hygiene

Mike Demicco

Connecticut General Assembly

Kristina Diamond, MA

Connecticut State Dental Association

Carol Dingeldey, MPA, CAE

Connecticut State Dental Association

Keri Discepolo, DDS, MPH*

Harvard School of Dental Medicine

Elizabeth Dowd, RDH, LMSW, MPH*

CT Department of Public Health,
Office of Oral Health

Cindy Dubuque-Gallo, LMSW*

Health Equity Solutions

Jo Ann P. Ettienne-Modeste

CT Department of Social Services

Tekisha Everette, PhD

Health Equity Solutions

Lori Fedewa, MPH

CT Office of Rural Health

Colleen Foster-Bey, MEd

Institute for Community Research

Roberta R. Friedman, ScM

Public Health Policy Consultant

Terry Gerratana

CT General Assembly

Sandra Gill*

CT Department of Public Health

Elby Gonzalez-Schwapp

City of Hartford

Subira Gordon, MPH

Commission on Equity and Opportunity

Danielle Harrison, RDH

University of Bridgeport

Jannett Haughton, MPH, CD/N

CT Department of Rehabilitation Services

Linda Hayes-Lutian, RDH

University of Bridgeport

Lynne Ide

Universal Health Care Foundation of CT

Alexus Kinsella, BS

Connecticut Oral Health Initiative, Inc.

Robin Knowles, RDH, MPH

Tunxis Community College

Martha Kurilec, DMD

GeriDent Solutions

Melanie Lambert, MSW

CT State Unit on Aging

Joan Lane, MPH

Naugatuck Valley Health District

* Denotes on Advisory Committee

Kathy Langlais, RDH, BS

CT Valley Hospital

William MacDonnell, DDS

Dental Anesthesiologist

Faaiza Manzoor, MPH, CHES

Southwestern CT Area Health Education
Center

Howard Mark, DMD

Connecticut Oral Health Initiative, Inc.

Sharon McCreven, RDH

Community Health Center, Inc.

Geralynn McGee, JD*

Greater Hartford Legal Aid

Susan Miklos, RDH

University of Bridgeport

Marty Milkovic, MSW*

CT Dental Health Partnership

Hope Mitchell-Diller

CT Department of Social Services

Marlene Moranino, RN, BSN

Community Health Center Association of CT

William Nash, DMD*

CT State Dental Association

Kate O'Neil, BA

Connecticut Oral Health Initiative, Inc.

Sue Peters, MPH, MSN, RN

New Haven Public Schools

Deb Polun, MA*

Community Health Center Association of CT

Izabella Pulvermacher, RDH

CT Department of Developmental Services

Kim Radda, RN, MA*

Institute for Community Research

Betsy Ritter

CT Office of Early Childhood

Jean Schensul, PhD

Institute for Community Research

Robert Schreiber, DMD

Connecticut Foundation for Dental Outreach

Sue Starkey

Northeast District Department of Health

Brenda Pexidor, MSW

CT State Unit on Aging

Nancy Kelly Treiber, DMD

Connecticut State Dental Association

Katarzyna Trembley,

Student, Tunxis Community College

Leigh-Lynn Vitukinas, RDH, MSDH

CT Dental Health Partnership

Lindsey Vo, RDH

Tunxis Community College

Anna Washington, JD, MSW

Southwest Community Health Center

Jesse White-Fresé, MA, LPC

CT Association of School Based Health
Centers

Mary Winar, RN

CT Office of Rural Health

Garrick Wong, MPA*

Connecticut Health Foundation

Kristina Zadorozhna

Student, Tunxis Community College

* Denotes on Advisory Committee

Endnotes:

1. World Health Organization, Oral Health website. http://www.who.int/oral_health/en. Accessed 8.7.2018.
2. Holt K, Barzel R. (2013). *Oral health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn* (3rd ed.). Washington, DC: National Maternal and Child Oral Health Resource Center.
3. Connecticut Department of Public Health. 2014. *Healthy Connecticut 2020. 2: State Health Improvement Plan*. Hartford, CT: Connecticut Department of Public Health.
4. Chazin, S, Glover, J. (2017). *A Community Framework for Addressing Social Determinants of Oral Health for Low-Income Populations*.
5. Center for Health Care Strategies. A Framework for Advancing Oral Health Equity. <https://www.chcs.org/resource/a-framework-for-advancing-oral-health-equity/>. Accessed 8.7.2018.
6. World Health Organization, *op. cit.*
7. *Oral health and Learning, op. cit.*
8. *Healthy Connecticut 2020, op. cit.*
9. *A Community Framework, op. cit.*
10. Center for Health Care Strategies. A Framework for Advancing Oral Health Equity. <https://www.chcs.org/resource/a-framework-for-advancing-oral-health-equity/>. Accessed 8.7.2018.
11. Connecticut General Assembly Website. Fluoridation of Public Water Supply Public Act No. 16-4. Section 1. Section 19-38. <https://www.cga.ct.gov/>. Accessed 8.20.18.
12. Connecticut Department of Public Health Drinking Water Section Website. <http://www.portal.ct.gov/DPH/Drinking-Water/DWS/Drinking-Water-Section>. Accessed 8.7.2018.
13. Centers for Disease Control and Prevention, *Dental Sealants Prevent Cavities*. <https://www.cdc.gov/vitalsigns/dental-sealants/index.html>. Accessed 8.7.2018.
14. Children's Dental Health Project. *Dental Sealants: Proven to Prevent Tooth Decay*. <https://www.cdhp.org/resources/314-dental-sealants-proven-to-prevent-tooth-decay>. Accessed 8.7.2018.
15. Connecticut Dental Health Partnership. https://www.ctdhp.com/clients_info.asp?a=3&b=1. Accessed 8.7.2018.
16. Medicaid.Gov. Keeping America Healthy. <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>. Accessed 8.7.2018.
17. American Dental Association, Health Policy Institute. Oral Health Care System: Connecticut. Fact Sheet. <https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/OralHealthCare-StateFacts/Connecticut-Oral-Health-Care-System.pdf>. Accessed 8.7.2018.
18. Ibid.
19. Kaiser Family Foundation Fact Sheet. *Medicaid in Connecticut*. <http://files.kff.org/attachment/fact-sheet-medicaid-state-CT>. Accessed 8.7.2018.
20. Access Health CT website. <https://www.accesshealthct.com/AHCT/LoadAdultDentalCoverageAction.action>. Accessed 8.7.2018.
21. Connecticut Association of School Based Health Centers Website. <http://ctschoohealth.org/aboutcasbhc/faq.html>
22. Community Health Center Association of Connecticut Website. <https://www.chcact.org/about-fqhcs/>. Accessed 8.7.2018.
23. Connecticut State Innovation Model Operational Plan. Award Year 3 Update. February 1, 2018. https://portal.ct.gov/-/media/OHS/SIM/sim_operational_plan_ay3_narrative_1-22-18_revisedfinal_submitted.pdf. Accessed 8.7.2018.
24. Connecticut Department of Public Health. Healthy Connecticut 2020. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/state_health_planning/SHA-SHIP/hct2020/hct2020statehlthimpv032514pdf.pdf?la=en. Accessed 8.7.2018.
25. Lee, MA. Dental Care for New Mothers in HUSKY A, Baseline for Perinatal and Infant Oral Health Quality Improvement Project. Connecticut Voices for Children October 1, 2014. Available at https://www.ctdhp.com/documents/PIOHQIP_Provider_Survey_Report_MAY_2016.pdf
26. Bernardo, Richie. "2018's States with the Best and Worst Dental Health." *WalletHub*. Feb. 1, 2018. <https://wallethub.com/edu/states-with-best-worst-dental-health/31498/>. Accessed 8.7.2018.



www.ct.gov/dph/oralhealth