



Oral Health Improvement Plan **for Connecticut**

Objectives & Strategies

Vision

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

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.



As an outcome

of the “Embracing a Vision for Oral Health on June 4, 2004, a group of individuals from various factions interested in oral health have met on a monthly basis to develop a statewide oral health plan. This plan was developed in various stages, which consisted of: reviewing the information gathered from the workgroups at the conference, reviewing other plans that have been developed in other states, collecting existing data regarding oral health in Connecticut, and creating draft goals and objectives. This draft plan was then presented for community input by Dr. Ardell Wilson, Connecticut’s Oral Health Director, during the fall of 2005 and spring of 2006. This information was synthesized by the group and included into the last working drafts and final plan.



GOAL 1
Increase integration of oral health promotion into all aspects of public health.

Integration

Objective A - By 2011, increase by 50% the proportion of children, adults, and vulnerable populations who receive annual preventive and necessary restorative oral health care

Strategies:

Increase the number of Connecticut residents who identify a regular dental provider for preventive and restorative care

Increase the proportion of Connecticut residents who have access to appropriate fluoride

Increase the accessibility and dissemination of regularly updated information on fluoride levels in public water supplies

Increase the proportion of adults who have had an examination to detect oral and pharyngeal cancers in the last 12 months

Increase the percentage of age 1 dental visits particularly for at-risk children

Increase the number of health related programs that offer direct dental services including preventive and restorative care

Objective B - By 2010, 50% of children should receive age appropriate dental sealants

Strategies:

Increase the number of school-based programs providing sealants for children and ensure long-term financial sustainability of these programs

Provide education and public awareness campaigns about the efficacy of sealants

Develop programs to ensure sealants are being used for all high-caries-risk children

Educate providers regarding the research and efficacy of sealants as preventive measures



Objective 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

Strategies:

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

Promote and provide access to these materials and curricula to targeted groups that interface with children, families, and vulnerable populations

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

Objective D - By 2010, incorporate oral health education into the education curricula

Strategies:

Conduct early oral health education programs through WIC, Head Start and other preschool programs

Develop and implement oral health education into the State Department of Education's Pre K-12 health curriculum framework





GOAL 2
Ensure there is an adequate dental health workforce to meet the needs of Connecticut residents.

Workforce

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

Strategies:

Increase active dental provider participation in Medicaid by raising reimbursement rates to a level that will attract the majority of dental providers

Encourage Medicaid managed care organizations and/or Administrative Services Organizations to provide incentives to providers who complete required restorative care for adults and children

Advocate for simplification of the credentialing process for Medicaid providers

Advocate for a standardized claim form for ease of submission by participating Medicaid dental providers

Ensure that Medicaid managed care organizations and/or Administrative Services Organizations have an adequate panel of dental providers

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

Strategies:

Expand loan repayment, loan forgiveness and other incentives for dental providers to practice in underserved communities and safety-net facilities

Create an environment that increases the diversity of the dental provider community

Develop and provide incentives for private providers practicing in under-served communities and populations

Increase the opportunities for private dentists to work with safety-net facilities

Establish a simple system to track dental workforce patterns



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

Strategies:

Develop and provide incentive programs for dental providers and students to become faculty at schools of dentistry and dental hygiene

Create an environment that rewards diversity and is sensitive to the needs of under-represented minorities in the work environment

Secure federal, state, private and foundation funds to increase the number of minority faculty

Objective D - By 2010, 25% of 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

Strategies:

Utilize dental and dental hygiene students to educate K-12 students about the dental professions

Develop an ongoing partnership between private dental providers, schools of dental medicine and dental hygiene, and K-12 education curriculum that provides opportunities such as guest speakers, job shadowing, and mentorship

Develop and implement a tracking and support system for the K-12 students who exhibit an interest in becoming part of the dental team

Educate school personnel in options for dental careers, i.e. guidance counselors, teachers, etc





GOAL 3

Build a strong and sustainable oral health infrastructure.

Infrastructure

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

Strategies:

Advocate for and support legislation to establish an office of Oral Public Health

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

Strategies:

Identify quantitative and qualitative components to monitor the oral health status, needs and access to dental services of Connecticut residents

Identify meaningful data sets and determine resources necessary to collect, analyze, and periodically report data

Mandate periodic statewide oral health surveillance of children and adults

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

Strategies:

Ensure that oral health care coordination is implemented across all points of the service delivery system

Ensure that there is universal screening for oral disease among pregnant women and referral for care

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

Strategies:

Increase the number of local health departments that provide oral health promotion and screening activities

Increase the capacity of local health departments to collect, analyze, and use community level oral health data for their communities

Engage and increase the participation of private dental providers in oral health collaboratives, coalitions and other vehicles

Establish and maintain an accurate and easily accessible inventory of dental services

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

Strategies:

Ensure that any universal health plan promoted by the State includes oral health

Increase opportunities for all dental providers to gain exposure to and experience with low-income children, adults, and special needs populations

Develop a policy to mandate oral health screening of children by dental providers as part of school enrollment

Ensure that public policy makers are informed and aware of the importance of oral health and make it a priority

Objective F - By 2008, increase public awareness of oral health issues

Strategies:

Ensure that third party payors, especially those serving vulnerable populations, distribute recommended posters, pamphlets, and materials about oral health to their provider networks

Conduct culturally and linguistically appropriate media and marketing campaigns that target the public and policy makers

Establish and promote an oral health literacy campaign

Objective G - Continually leverage resources to adequately fund oral public health activities

Strategies:

Identify and secure resources to implement oral health care coordination throughout the state

Identify and secure resources for school-based oral health

Provide technical assistance on a statewide basis to communities, individuals and groups interested in pursuing government and private sector grant opportunities

Identify and secure funding to expand the safety-net system

Identify and secure funding to ensure the financial stability of preventive oral health programs





GOAL 4
Advance
best practices
for oral health.

Best practices

Objective A - By 2012, promote and implement effective and efficient models that increase access to quality oral health services

Strategies:

Research and identify the best models of community-based, school-based and school-linked models that increase access to quality oral health services

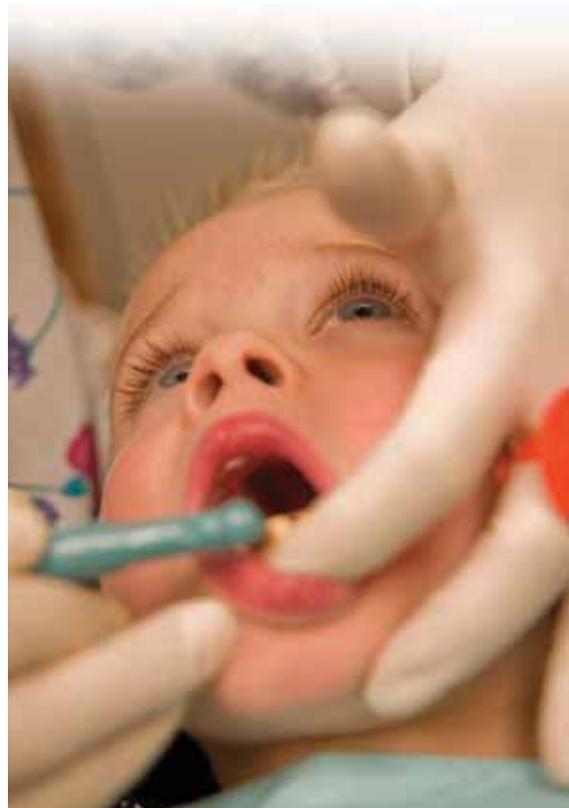
Educate and obtain support of school administrators and boards of education regarding the school's role in increasing access to quality oral health services

Educate and obtain support from geriatric providers, administrators and other elder caregivers in increasing access to quality oral health services

Secure funding to implement and integrate best practice models that increase access to quality oral health services

Develop and implement models that ensure high-caries-risk patients receive a dental visit by age one

Ensure Connecticut EPSDT standards specify the need for an age one dental visit





Objective B - By 2008, assure ongoing evaluation of effective and efficient oral health interventions

Strategies:

Develop and implement key performance measures for oral health interventions across the life span

Develop statewide standardized reporting criteria for oral health status and services

Establish or develop a recognized coding system for the diagnosis of dental diseases and conditions

Promote and implement the establishment of a code for completion of dental treatment

Objective C - By 2012, implement best practices that integrate oral health with overall health

Strategies:

Increase early detection cleaning efforts to reduce the incidence of oral and pharyngeal cancers

Increase the number of diabetics who receive a yearly dental exam and necessary periodontal treatment

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

Increase the proportion of primary care providers that make age one dental referrals



Connecticut Coalition for an Oral Health Plan (CCOHP)

Donna Balaski, D.M.D.

*Manager, Medical Care Administration,
State of Connecticut Department of
Social Services*

Scott A. Bialik, D.D.S.

*Former President, Connecticut Society
of Pediatric Dentists*

Noel Bishop

*Former Executive Director,
Connecticut State Dental Association*

Carol J. Dingeldey, M.P.A.

*Executive Director,
Connecticut State Dental Association*

Joanna Douglass, B.D.S., D.D.S.

*Oral Health Consultant,
Connecticut Health Foundation*

Linda Ferraro, R.D.H.

*Health Program Associate,
Office of Oral Public Health,
State of Connecticut Department
of Public Health*

Meredith Ferraro, M.S.

*Executive Director,
Southwestern AHEC, Inc.*

Robin Knowles, R.D.H., M.P.H.

*Assistant Professor of Dental Hygiene,
Tunxis Community College*

R. Lamont MacNeil, D.D.S., M. Dent. Sc.

*Dean,
University of Connecticut
School of Dental Medicine*

Marty Milkovic, M.S.W.

*Former Executive Director,
Connecticut Oral Health Initiative*

Cheryl Hanley Muñoz, M.A.

*Former Director of State
Clinical Affairs, Connecticut
Primary Care Association*

Wanda Nelson, R.D.H., M.S.

*Past President, Connecticut Dental
Hygienists' Association*

Sue Peters, M.B.A.

*Senior Vice President, United
Community & Family Services, Inc.*

Lisa Rau

*Program Manager,
Connecticut Primary Care Association*

Richard Skinner, D.M.D.

*Associate Professor of Pediatric
Dentistry, University of Connecticut
School of Dental Medicine*

Robert Slate

*Former Executive Director,
Connecticut Oral Health Initiative*

Ardell Wilson, D.D.S., M.P.H.

*Former Director,
Office of Oral Public Health,
State of Connecticut Department
of Public Health*

Jesse White-Fresé, M.A., L.P.C.

*Executive Director,
Connecticut Association
of School Based Health Centers*

For more information

Connecticut Oral Health Initiative

175 Main Street • Hartford, CT 06106

860-246-2644 • www.ctoralhealth.org

Funding provided by the Centers For Disease Control

This publication was supported by CDC Cooperative Agreement Number U58/DP001534. It's contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.