From the Office of Oral Public Health

By Ardell Wilson, DDS, MPH

It gives me great pleasure to present the first statewide oral health newsletter, Oral Health Matters from the Department of Public Health, Office of Oral Public Health.

The Office of Oral Public Health is newly established as of May 1, 2005. I will head the Office and serve as the Oral Health Director for the State of Connecticut. Oral Health Matters will be issued quarterly and feature articles about what you are doing in the community to improve the oral health of Connecticut residents as well as information on oral health policy, planning, funding, the dental workforce, surveillance, education and training and more.

I am excited that this newsletter will offer its readers an opportunity to learn more about oral public health in Connecticut and keep the public and health care providers up to date on important oral health initiatives in the State.

Also, please visit our Oral Health Website at www.dph.state.ct.us/bch/oralhealth.

The newsletter will be available on the website. The website will offer frequently updated oral health news, bulletins, health statistics, important oral health links and oral health care facts.

I invite you to send your submissions for the Oral Health Matters newsletter or the Oral Health Website to me at ardell.wilson@po.state.ct.us or contact me at 860-509-7797.

I invite you to send your submissions for the Oral Health Matters newsletter or the Oral Health Website to me at ardell.wilson@po.state.ct.us or contact me at 860-509-7797.

Inside this issue:

Oral Health Director’s Welcome 1
An Act Concerning Access to Oral Health Care 1
Oral Health Bonding Update 2
An Oral Health Plan for Connecticut 3
New Britain Sponsors Give Kids a Smile Day 4
The Changing Face of Dentistry 4
Dental Professionals Repay Student Loans 5

An Act Concerning Access to Oral Health Care

By Jennifer Filippone, RN

During the 2004 Legislation Session, the General Assembly required the Department of Public Health (DPH) to establish an Ad Hoc Committee to evaluate possible statutory changes that would improve access to and the quality of oral health care in the State of Connecticut.

Public Act 05-213 is the result of the combined efforts of that committee, and becomes effective October 1, 2005. Highlights include:

• New definition of dentistry
• Licensure of foreign trained dentists
• Administration of local anesthesia by dental hygienists
• Mandatory continuing education requirements for dentists

Revised Definition of Dentistry

The Dental Practice Act was last updated in 1968. In evaluating the current practice of dentistry in Connecticut and working toward revising the dental practice act, DPH experimented with a new approach toward mediating scope of practice issues. Along with our professional partners from the dental and medical communities, we retained the services of a mediator to assist in developing the revised definition of dentistry.

The new definition clarifies that the practice of dentistry involves the diagnosis, evaluation, prevention or treatment by surgical or other means, of an injury, deformity, disease or condition of the oral cavity or its contents, or the jaws or the associated structures of the jaws.

The revised dental practice act also contains specific provisions to allow licensed dentists who have completed specialized postdoctoral training programs to diagnose, evaluate, prevent or treat by surgical or other means, injuries, deformities, diseases or conditions of the hard and soft tissues of the oral and maxillofacial area, or its adjacent or associated structures, and if such dentist has hospital privileges, perform surgical...
An Act Concerning Access to Oral Health Care, Cont.

- Continued from page 1

The Department of Public Health (DPH) has recently contracted with several community health centers, St. Mary's Hospital and the City of Stamford to provide support for projects that expand access to dental care. Contract efforts that began during the 2002 state fiscal year are now nearing completion.

In June 2001, DPH was authorized to provide funding for grants-in-aid to community health centers, primary care organizations, and municipalities for:

- School-based health clinics
- Renovations & improvements
- Expansion of facilities
- Purchase & installation of dental equipment
- Acquisition of mobile dental health clinics

In the spring of 2002, DPH issued a Request for Proposals to identify potential projects to be funded through the first year's $2,500,000 funding. Through the RFP process, DPH identified twelve proposals to be funded. With the budget crisis resolved, the State Bond Commission approved funding for all twelve projects in October 2004.

Of the twelve selected, eight contracts have been fully executed, three are pending final approval and one was completed using other funds. DPH has fully-executed contracts for the following projects:

**Community Health Center, Inc. (Middletown) - $ 250,000.00**
Funds will be used to purchase dental equipment for new operatories and replace aging equipment at Community Health Center dental clinics located in New London, Old Saybrook, Meriden, Middletown and New Britain.

**Hill Health Corporation (New Haven) - $250,000.00**
Funds will partially fund a comprehensive expansion of the dental facility at the Hill Health Center. The expansion will provide three additional dental operatories and renovate a fourth.

**Saint Mary's Hospital (Waterbury) - $40,125.00**
Funds will be used to purchase dental equipment to provide for a new pediatric dental examining room and pediatric dental operatory.

-See Oral Health Bonding, page 3

---

Licensure of Foreign-trained Dentists

The Department will be authorized to issue a dental license to a foreign-trained dentist provided the applicant:

- Is a graduate of a dental school located outside the United States and has received the degree of doctor of dental medicine or surgery, or its equivalent
- Has passed the national dental board examinations and a clinical performance test
- Has successfully completed not less than 2 years of graduate dental residency training in an accredited program
- Has successfully completed 2 years of residency or fellowship training in a community or school-based health center that is affiliated with and under the supervision of a school of dentistry in Connecticut, or has served as a full-time faculty member of a school of dentistry in this state for not less than 3 years

Administration of Local Anesthesia by Dental Hygienists

Licensed dental hygienists will be authorized to administer local anesthesia, limited to infiltration and mandibular block, under the indirect supervision of a licensed dentist, provided the dental hygienist has successfully completed a course in basic and current concepts of local anesthesia and pain control in a program accredited by the Commission on Dental Accreditation.

“Indirect supervision” means a licensed dentist authorizes and prescribes the use of local anesthesia for a patient and remains in the dental office or another location where the services are being performed.

For more information go to www.dph.state.ct.us/bch/oralhealth and click Statutes and Regulations.

DPH wishes to extend its thanks to all of the mediation participants as well as the members of the Ad Hoc Committee for their commitment and willingness to work together toward reaching a mutual agreement.

Oral Health Bonding Update By Bob Johnson

The Department of Health and Human Services (DHHS) has recently contracted with several community health centers, St. Mary's Hospital and the City of Stamford to provide support for projects that expand access to dental care. Contract efforts that began during the 2002 state fiscal year are now nearing completion.

In June 2001, DHHS was authorized to provide funding for grants-in-aid to community health centers, primary care organizations, and municipalities for:

- School-based health clinics
- Renovations & improvements
- Expansion of facilities
- Purchase & installation of dental equipment
- Acquisition of mobile dental health clinics

In the spring of 2002, DHHS issued a Request for Proposals to identify potential projects to be funded through the first year's $2,500,000 funding. Through the RFP process, DHHS identified twelve proposals to be funded. With the budget crisis resolved, the State Bond Commission approved funding for all twelve projects in October 2004.

Of the twelve selected, eight contracts have been fully executed, three are pending final approval and one was completed using other funds. DHHS has fully-executed contracts for the following projects:

**Community Health Center, Inc. (Middletown) - $ 250,000.00**
Funds will be used to purchase dental equipment for new operatories and replace aging equipment at Community Health Center dental clinics located in New London, Old Saybrook, Meriden, Middletown and New Britain.

**Hill Health Corporation (New Haven) - $250,000.00**
Funds will partially fund a comprehensive expansion of the dental facility at the Hill Health Center. The expansion will provide three additional dental operatories and renovate a fourth.

**Saint Mary's Hospital (Waterbury) - $40,125.00**
Funds will be used to purchase dental equipment to provide for a new pediatric dental examining room and pediatric dental operatory.

-See Oral Health Bonding, page 3
An Oral Health Plan for Connecticut

By Meredith Ferraro, MS, PT

Doctor David Satcher released Oral Health in America—A Report of the Surgeon General, which identified oral health as integral to the general health and well-being of all Americans. Oral health is identified as critical for inclusion in the provision of health care and the design of community programs.

To address oral health as an integral part of general health, a State Oral Health Improvement Plan for Connecticut needed to be created—one that would promote the social value of oral health and improve oral health access for all. A public health conference was proposed to bring the constituency concerned with oral health status in Connecticut together with the ultimate goal of developing a unified strategy to educate, improve access, and influence policy and policy makers.

Therefore the purpose of the conference was to:

...“help Connecticut in building a vision for oral health within the state. This entails a unified strategy which maximizes the use of limited resources in the current economic and political environment, encourages an integrated system of care, avoids duplication and fragmentation, prioritizes service needs, and fosters appropriate culturally appropriate interventions that are linked to the Healthy People 2010 Oral Health objectives, and support and advocates for the development and implementation of statewide Oral Health Improvement Plan”.

“Building and Embracing a Vision for Oral Health in Connecticut,” a statewide oral health conference, was held June 3, 2004. The conference was seen as a first major step toward building a coordinated and targeted vision of oral health for the state of Connecticut.

The conference had five stated objectives:

- Discuss five critical issues regarding oral health in Connecticut
- Identify what a statewide oral health plan is and why it is important
- Educate people without a dental background why oral health is critical to general health
- Understand at least three barriers that Connecticut residents who are uninsured and/or insured by HUSKY face when attempting to obtain oral health care
- Identify a minimum of three strategies that need to be considered for a statewide oral health plan

Overall, the conference was a significant step in the effort to create a statewide oral health plan for Connecticut. The conference outcome measures, including a strong consensus supporting the development and implementation of a statewide oral health plan and a core group of volunteers who would work on this plan, were all achieved.

At the conclusion of the conference, a number of individuals expressed interest in continuing to meet in order to work on developing a statewide oral health plan for Connecticut. The first meeting of the key stakeholders representing a broad variety of agencies and oral health collaboratives took place on June 24, 2004. The Coalition for Connecticut’s Oral Health Plan (CCOP) was formed.

The next steps were to begin collecting data on what has been done in Connecticut regarding Oral Health, and to review other states that have developed oral health plans, particularly on how they worked to develop them.

To date, the CCOP has:

- Created workgroups
- Reviewed other state plans.
- Adopted a vision and mission for the CT Oral Health Plan
- Completed data collection on oral health information that is currently available in Connecticut.
- Drafted five strategic goals for the plan, and have identified objectives and activities to accomplish the goals.

The CCOP is in the process of finalizing the first draft of the plan in preparation for the most important step, soliciting input from the public, health and human services professionals, academic organizations, legislators and governmental agencies. Only with widespread participation can the Oral Health Plan for CT succeed.

For more information about how you can participate in Oral Health Planning for CT contact Meredith Ferraro at (203) 396-8381 or ferrarom@sacredheart.edu.

Oral Health Bonding Update, Cont.

- Continued from page 2

Southwest Community Health Center (Bridgeport) - $250,000.00
Funds will be used for the purchase of dental equipment to furnish seven dental operatories at the center's new facility located at 968 Fairfield Avenue in Bridgeport.

StayWell Health Care (Waterbury) - $97,500.00
Funds will be used to purchase dental equipment to provide two additional dental operatories at Staywell Health Center

United Community & Family Services (Norwich) - $92,813.00
Funds will be used to equip dental operatories in the school-based health centers at Claude Chester and West Side Middle schools in Groton and expand the school-based dental program to the towns of Lisbon, Voluntown, Franklin, Bozrah and Preston. Funds will also be used to purchase a van suitable for transporting dental equipment to and from various school-based dental sites.

An update on contracts pending final approval will be included in the next issue of Oral Health Matters.
To emphasize the importance of assisting uninsured and underinsured children who desperately need oral health preventive and treatment services, the New Britain Oral Health Collaborative sponsored a hugely successful Give Kids a Smile Day 2005.

Under the direction of Dr. Fred Thal, chair of the collaborative, the planning team consisted of Executive Committee members, New Britain High-School Based Health Center staff, and the Start Smiling staff. Through the efforts of Dr. Thal, Dr. Bruce Fletcher, and other collaborative members, 10 community dentists and their staff, and four dentists and their staff from the Community Health Center participated in the event.

A Give Kids a Smile Day informational packet was disseminated through the school nursing supervisor to students, and was distributed at Head Start, community daycare facilities and after school programs. The event was publicized through posters displayed at key points throughout the community, press releases and flyers.

Prior to Give Kids a Smile Day, provider packets were prepared and delivered to each participating community dentist. The packets included a parent questionnaire and student consent form, a data sheet for each child to be completed by the dentist, Start Smiling brochures, and a large Give Kids a Smile Day poster to be displayed in the dentists’ waiting rooms. In addition, balloons were delivered to each participating dentist on February 3rd to publicize their participation.

In addition, Community Health Network’s HUSKY dog spent two days at the New Britain High School-Based Dental Center to encourage students to utilize the school’s new dental hygiene program. These combined activities yielded phone calls to the care coordinator to request this day of no-cost dental services for uninsured children. The care coordinator scheduled 123 children who received services on February 4th and additional dates throughout February and March.

On February 4, 2005, a well-coordinated and publicized kick-off ceremony was held at the Community Health Center to honor the participation of collaborative members and community dental providers, and to emphasize how lack of insurance can negatively impact a child’s oral health. Local legislators, care providers, media, parents, educators and funding partners attended the event.

Dr. Thal was honored with coverage on the evening news in an event that was hailed as a wonderful example of community collaboration on behalf of New Britain’s children. Of the 123 children that received services through the event, the vast majority of the uninsured children will continue to receive free services at the offices of the participating community dental providers.

“The care coordinator scheduled 123 children who received services on February 4th and additional dates throughout February and March.”

For additional information on the New Britain initiative, contact:
Jesse White-Fresé, Project Director
NB Oral Health Collaborative
Start Smiling Program
860-893-0800

Connecticut experienced many changes to dentistry during the years of 2004 and 2005. Some of these changes involved private organizations while other changes involved state entities.

The Medicaid Dental Program was slated to carve out dentistry from the HUSKY Managed Care Organization. The idea was to provide the state with greater control and accountability over dental services through a direct statewide contract.

Due to continued budgetary constraints, the evaluation of the administrative processes involved and negative feedback from advocates and providers, it became clear that shifting the responsibility of supervision of the dental Medicaid program to a dental specialty vendor may not have effected a significant change for the beneficiaries. In January 2005, the carve out was cancelled.

Despite the fact that the long awaited “dental carve out” did not occur, the Department of Social Services (DSS) did proceed with some of the associated carve out steps. The most significant change involved the creation of the “Dental Advisory Council,” comprised of representatives from both the public and private sectors. Included are representatives from community health centers, advocacy organizations, hospital programs, school based programs, residency programs and other state agencies.

See Changing Face, page 5
Nationwide, 92% of dentists work in a private practice setting and only 26% of dentists treat Medicaid patients. Although the ratio of practicing dentists to population (66/100,000) in Connecticut is above the national ratio, this measure drops substantially within underserved areas in the state.

Most dentists in the state are concentrated in suburban areas and by all measures there are enough dentists for those who are able to pay. In contrast, there are no clear incentives for dentists to treat Medicaid patients or to work in underserved areas.

The State Loan Repayment Program administered by the Department of Public Health was established through a partnership between the state and the federal government to create financial incentives for dentists, dental hygienists and other primary care practitioners to work in underserved areas. The program was originally established in Connecticut in 1990 to increase availability of these primary care practitioners in health professional shortage areas (HPSA’s).

In Connecticut, there are federally designated HPSAs for primary care, dental and mental health. Thirty-five HPSA’s in 25 towns have been designated in CT for dental by the federal government which are typically served by dental care providers in community health centers.

Currently, the State Loan Repayment enrolls twenty-five primary care practitioners of which half of them are dental health professionals. These professionals serve a two-year period in exchange for a limited award to repay their student loans. Their employers also participate in the agreement by monitoring compliance with the program.

The Department of Public Health, through a collaboration with the Department of Social Services has been able to develop a state-specific Dental Loan Repayment Program which will allow dentists and dental hygienists to work in community health centers and other primary care setting on a full time or part-time basis.

This approach to reduce the lack of access to dental care in shortage areas of the state, although limited scope, works effectively as an incentive for recruitment and retention of dental providers in underserved areas.

The State Dental Loan Repayment program is not only a financial solution to a financial problem, it also represents an opportunity for dental health professionals to serve the most vulnerable populations of CT, reduce the health disparity of residents in the state and provide the greatest impact on reducing oral diseases in Connecticut.

For more information on Health Professional Shortage Designations and the State Loan Repayment Program visit the DPH website at www.dph.state.ct.us/bch/oralhealth.

---

Changing Face of Dentistry in Connecticut, Cont.

- Continued from page 4

Members serve on this committee for a two-year term, which can be renewed for a second tenure. The committee has also elected a chairperson, Dr. Laurence Loeb, who has dental practices in Vernon and New Britain.

Dr. Loeb was on the Committees of Public Health and Insurance for the Tenth District Dental Society of New York. He has also served for the last 14 years on the American Dental Association’s Task Force MD 156 and WG1 which have been charged with setting the professional standards for electronic patient records and information systems. Dr. Loeb is also a subject matter expert with the Department of Defense's Information Assurance Technology Assistance Center.

The Dental Advisory Committee (DAC) will make recommendations and work with DSS to change current procedural processes and policies pertaining to all aspects of dentistry. In addition to these tasks, DAC will assist DSS in addressing areas of interest which pertain to improving dental access. Currently, the committee is looking at an approach to simplify the claims submission form. In May, council members met with EDS to discuss where changes could be made.

The committee also met to discuss where other improvements could be made to current policy and decided to look at the credentialing process to see if the paperwork could be simplified.

The council has adjourned for the summer, but will begin work again in early fall. The upcoming meetings will continue to focus on issues that will result in improvements to the current administrative processes and the oral health system in the state.

If you have any specific areas of concern which you would like addressed, please contact Dr. Donna Balaski at the Department of Social Services; phone (860) 424–5342 or donna.Balaski@po.state.ct.us. Dr. Laurence Loeb can be contacted at his office at (860) 875–5989.
HRSA GRANT RECEIVED BY DPH

The Department of Public Health has received a 3-year grant from HRSA to develop best practice models for the delivery of sealants and securing dental homes for children in CT elementary schools. The City of Bridgeport and the Hartford School System are the pilot sites and will target third graders this coming fall. Watch for more information about the program on the Oral Health Website at www.dph.state.ct.us/bch/oralhealth.

Visit our website: www.dph.state.ct.us/bch/oralhealth

This inaugural edition of Oral Health Matters is dedicated to our friend and former colleague, Pamela Painter, RDH, MS, whose tireless efforts, dedication and enthusiasm kept the Oral Health Program alive and well in the absence of an oral health director. Now she is with the angels.