

Improving Oral Health for Young Children in Connecticut Through Policy, Practice, Education, and Evaluations

The Improving Oral Health for Young Children in Connecticut Through Policy, Practice, Education, and Evaluations project (Connecticut [CT] project) is one of eight Maternal and Child Health—Improving Oral Health Integration (MCH-IOHI) projects funded by the Maternal and Child Health Bureau. MCH-IOHI projects aim to advance the integration of preventive oral health care (POHC) into primary care to make POHC more accessible to infants, children, adolescents, and pregnant women, including those with special health care needs, who are at risk for poor oral health.

The CT project team is implementing a two-tier, state- and local-level approach to improve access to oral health care for their target population—infants and children ages 6 months to 5 years who receive care in participating community health centers (CHCs).

Partners

The project is led by the Moses-Weitzman Health System (MWHS), Weitzman Institute. An alliance of key stakeholders provides guidance and recommendations to the project team and includes the Connecticut Department of Public Health, the Connecticut Department of Social Services, the Connecticut Dental Hygienists' Association, the Community Health Center Association of Connecticut, the Connecticut Dental Health Partnership, and the Connecticut Oral Health Initiative.



State-Level Approach

The project team's state-level approach aims to advance three core functions (policy and practice; outreach and education; and data, analysis, and evaluation) to promote integrated POHC for the target population.

Core Function Activities

Policy and Practice

The Connecticut Oral Health Initiative completed an environmental scan with input from alliance members to gain knowledge about factors that could impact

the integration of oral health care into primary care for the target population at the state level. The scan included questions focused on medical providers' and dental providers' scope of practice, Medicaid billing and payment, and policies and regulations. Selected findings include:

- Registered nurses, licensed practical nurses, and certified or registered medical assistants cannot perform an oral health risk assessment or apply silver diamine fluoride. However, they can apply fluoride varnish if they are delegated by an authorized provider.

- While Connecticut has a certification program for community health workers (CHWs), the curriculum does not include oral health.
- Connecticut’s Medicaid program reimburses medical providers for performing an oral health risk assessment and applying fluoride varnish.
- CHCs and other clinics using the Medicaid prospective payment system (PPS) are not reimbursed for any oral health services performed by medical providers outside the PPS encounter rate.
- Oral health risk assessment and fluoride varnish application are considered part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement (medical encounter only).
- CHCs can be reimbursed for medical and oral health services provided on the same day.
- CHWs are not reimbursed for oral health services, including case management.

The project team and alliance members used the *Capacity Inventory for Integrating Oral Health Care into Primary Care for Children: Tool* to identify policy and practice improvement opportunities and selected two overarching policy and practice strategies to address during the 4-year project period to improve access to oral health care for the target population:

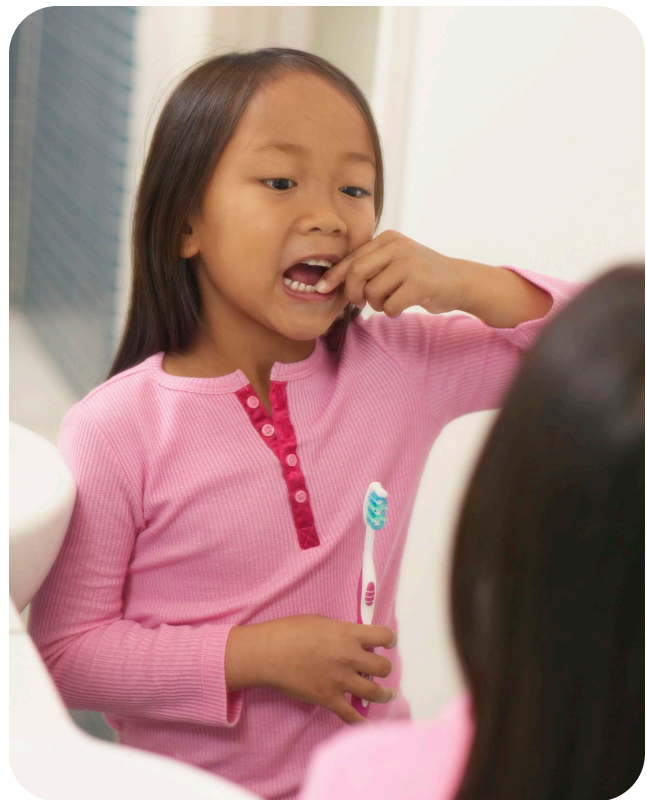
- *Oral Health Care for Children as a State Priority:* The state oral health plan includes integration of oral health care into primary care for children.
- *Workforce Factors:* There are opportunities to improve scope of practice for dental hygienists and/or advanced practice dental hygienists to deliver oral health care.

Education and Outreach

The project team aims to improve oral health literacy among health providers and staff in CHCs in Connecticut. The team administered a survey to assess oral health literacy knowledge gaps among health care providers and staff. Selected findings include:

- Among health care providers (n=77), knowledge was low about the timing for a first dental visit.
- Among health care staff (n=59), knowledge was low about dental caries development in children.

The team identified and reviewed eight existing oral health literacy curricula for training medical providers and staff and selected *Smiles for Life: A National Oral*



Health Curriculum (Smiles for Life) as the curriculum for their project. The team is designing a communications campaign to encourage completion of *Smiles for Life* among medical providers and staff in Connecticut CHCs.

Data, Analysis, and Evaluation

The project team conducted an analysis of 2022–2023 data from the National Survey of Children’s Health, showing associations between community enabling factors and oral health care use among infants and children from birth to age 5 nationally and in Connecticut. The analysis of national data concluded that enabling factors such as neighborhood support, food or cash assistance, food security, and insurance coverage may play important roles in oral health care use among this population. Among infants and children from birth to age 5 who are uninsured or enrolled in Medicaid in Connecticut, family ability to pay medical bills, living in a safe neighborhood, and receipt of food or cash assistance were the top three enabling factors associated with oral health care use. The analysis has important implications for policy and practice to improve oral health care access and outcomes for this population.

Local-Level Approach

The project team is working with four sites in the Community Health Center, Inc. (CHCI), system, the largest CHC in Connecticut, which provides pediatric primary care and oral health care to approximately 10,000 infants and children ages 6 months to 5 years. The team's approach incorporates activities in three core function areas: policy and practice; outreach and education; and data, analysis, and evaluation.

Core Function Activities

Policy and Practice

The project team is testing models for the provision of POHC introduced through well-child visits in three of the four participating CHCI sites.

In two sites, the team is piloting a same-day visit for infants and children ages 6 months to 5 years who present for a well-child check (WCC) and have not had a dental visit in the past year. A coordinator identifies children who are eligible using a real-time list created by the MWHS business intelligence team. The coordinator contacts families the day before the scheduled WCC to remind them of the appointment

and inform them of an opportunity to receive a dental visit. On the day of the WCC, families are approached in the waiting room to ask if they would like to receive a same-day dental visit. The coordinator checks for dental visit availability for families who are interested in staying. If there is availability, the coordinator schedules the child and escorts the family to the dental clinic for routine care. If a same-day pickup dental visit is not available, or if the family cannot stay, the coordinator or another staff member schedules them for a future dental visit if they are interested.

The third site does not have a co-located dental clinic. The team is introducing oral health care via a mobile unit and providing funding for the site to establish a room and equipment to offer oral health care at the site.

Education and Outreach

The project team administered a survey to MWHS health care providers and staff to assess oral health literacy knowledge gaps. MWHS health care providers (n=28) had low knowledge about tap water benefits and dental caries risk. MWHS staff (n=32) had low knowledge about caries prevention and concerns about caries, particularly about early childhood caries.





The team will launch a *Smiles for Life* communications campaign at the four CHCI pilot sites before releasing it to all CHC sites in Connecticut.

The team also administered a survey to caregivers of children ages 6 months to 5 years. Data were collected in primary care and dental clinic waiting rooms at the four CHCI sites. Caregivers (n=115) had high knowledge about the importance of primary teeth but low knowledge about the importance of fluoridated water and about when a child can effectively brush their teeth independently.

The team identified oral health education materials for parents and other caregivers of infants and young children and reviewed the materials' content and reading levels. The team will review selected materials with parents and other caregivers to identify areas for improvement. The team is also developing a script for educating parents and other caregivers about oral health care during well-child visits.

Data, Analysis, and Evaluation

The project team worked with the MWHS business intelligence team to:

- Integrate and operationalize the electronic health record and Medicaid claims data.

- Develop a population definition (i.e., young children ages 6 months to 5 years, covered by Medicaid or uninsured, with well-child visits at one of the CHCI demonstration sites, and without a Medicaid-paid dental visit in the last 6 months) and ensure that this definition can be applied to identify the population in the electronic health record system.
- Develop a real-time list of infants and children meeting the population definition, and organize the list by well-child visit dates and times.
- Build a dashboard to report on project metrics monthly.

Early Successes/Lessons Learned

Using the wealth of oral health materials developed by the [Networks for Oral Health Integration \(NOHI\) Within the Maternal and Child Health Safety Net](#) project has been beneficial to the project. It has allowed the project team to focus on disseminating materials, rather than creating them. The project team is building on the work of others and modifying materials to address oral health literacy gaps among health care providers and families in Connecticut.

Early Challenges

Timely visit availability is limited in two participating CHCI sites; as a result, there has been only one successful same-day dental visit since the inception of the project; some dental visits have been scheduled as far out as early 2026. The project team is working with its dental and operational team members to brainstorm solutions to get children established as dental patients more quickly.

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