

Dental Public Health Activity Descriptive Report

Practice Number: 08005
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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: Home by One Program		
Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Assurance – Population-based Interventions Assurance – Building Linkages and Partnerships for Interventions Assurance – Building State and Community Capacity for Interventions Assurance – Access to Care and Health System Interventions		
Healthy People 2020 Objectives: OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth OH-2 Reduce the proportion of children and adolescents with untreated dental decay OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year		
State: Connecticut	Federal Region: Region I	Key Words for Searches: Oral Health, Dental Home, CHIP, TOHSS, WIC, Service/Program Integration
Abstract: Connecticut Department of Public Health’s Home By One Program is funded by a 4-yr Targeted Oral Health Services Systems (TOHSS) grant. The Home by One Program receives \$160,000 per year of funding. The program has recently received the fourth year of funding and has met grant expectations for the program initiative. The MCH block grant for the state gave \$10,000 to the program for supplies and incentives to be used in educating parents. CT MCH block grant committee has included oral health in next state performance measures. The program seeks to establish a dental home for CT children by age one, targeting those at high risk, through an integrated partnership connecting parents, WIC nutritionists, pediatricians, dentists, & state and local agencies. The Program successfully implemented oral health train-the-trainer programs for WIC staff, who then educate WIC parents. WIC parents receive oral health advocacy training from CT’s Oral Health Initiative, enabling them to advocate in their communities. Pediatricians are trained in fluoride varnish application; caries risk assessment, & guidelines for dental referral. CT pediatric & general Dentists are trained in the appropriate technique for age one dental visits, caries risk assessment & fluoride varnish application. Home By One established partnerships between pediatric practices, dental homes, WIC offices, & HUSKY(CT’s SCHIP program) case managers providing a safety net referral system to ensure that consistent messages are delivered to parents across a variety of existing contact opportunities. Reports from individual dental homes indicate >10% of practice patients are now age one. The Home By One model of systemic integration of services could be applied to a variety of services targeting young at-risk children. By increasing the percentage of Connecticut’s children who receive preventive dental care by age one, and encouraging the establishment of continuous care through the dental home model, the Home By One program strives to reduce the burden of dental decay among Connecticut children and may help reduce dental expenditures for HUSKY children.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The CT Department of Public Health's 2007 Every Smile Counts Report showed that more than 20% of 3-year old Head Start children in the state already have decayed teeth and the percentage with a history of decay rises with age. To prevent dental caries, efforts need to focus before the age at which children already have the disease. The American Dental Association, the American Academy of Pediatric Dentistry and the American Academy of Pediatrics all recommend preventive dental care by age one and parent education. The Connecticut Department of Public Health received a 4-yr Targeted Oral Health Services Systems (TOHSS) grant to fund the Home By One Program to build the dental home network around early childhood partnerships that focus on oral health as essential to the overall health and well being of children in Connecticut. The program aimed to build a statewide infrastructure of integrated partnerships and referral patterns between WIC, dental and medical providers, parents and caregivers, and develop a network of providers that are knowledgeable, available and accessible, with the goal to reduce and prevent oral disease by increasing age one dental visits in state of Connecticut and increase parents' understanding and value of oral health.

Justification of the Practice:

Tooth decay is the most common chronic disease among children in the United States and the implications of dental decay are significant. Oral health problems are responsible for more missed school days than any other type of health problem. In a 2006-2007 screening of more than 600 Connecticut Head Start students, 31% had evidence of dental decay, and 20% of those students with decay had untreated decay at the time of screening. Nationally, 25 percent of children living in poverty have not seen a dentist before entering kindergarten. In Connecticut, in 2004, more than half of children enrolled in the SCHIP program (HUSKY) received no dental care at all. A 3-year aggregate comparison of Medicaid reimbursement revealed that it is ten times more costly to treat dental emergencies in a hospital (\$6,498) than to provide preventive treatment in a dental office (\$660). In 2004, HUSKY children made more than 77,000 emergency visits to dentists, because of difficulty in obtaining timely routine care that would have prevented a crisis. In Connecticut, nearly 10% of all Medicaid dollars are expended for emergency or palliative care.

Early and consistent preventive care is key to reducing overall expense. Low-income children who see a dentist by age one are less likely to have subsequent restorative care or emergency room visits and their average dental costs are almost 40% lower (\$263 vs \$447) over a 5-year period than children who receive their first preventive visit after age one. By increasing the percentage of Connecticut's children who receive preventive dental care by age one, and encouraging the establishment of continuous care through the dental home model, the Home By One program strives to reduce the burden of dental decay among Connecticut children and may help reduce dental expenditures for HUSKY children.

Inputs, Activities, Outputs and Outcomes of the Practice:

Program Goals:

The overall goals of the program include:

- Increasing the coordination and exchange of oral health information as it relates to overall health among state agencies and community organizations that address early childhood services
- Increasing the number of parents trained as advocates for oral health for children and families
- Expanding the non-dental workforce to increase access to preventive dental services for at risk children

- Expanding the number of dental practices and clinics providing dental homes for children including those with special health care needs

Program Activities:

Home By One has successfully implemented oral health train-the-trainer programs for WIC staff, who then educate WIC parents. WIC parents receive oral health advocacy training from Connecticut's Oral Health Initiative, enabling them to advocate within their communities. Children's medical providers, pediatric and general dentists are trained in the appropriate technique for age one dental visits including caries risk assessment, fluoride varnish application and guidelines for dental referral. Home By One established partnerships between pediatric medical practices, dental homes, WIC offices and case managers providing a safety net referral system to ensure that consistent messages are delivered to parents across a variety of existing contact opportunities. In addition, broader media campaigns have sought to increase knowledge of the importance of the age-one dental visit in lower-risk populations.

Evaluation & Outcome Data:

The program collected data to measure outcomes including pre and post surveys for trainings of WIC professionals, parents and caregivers, dental professionals and medical professionals. Data are also collected on the number of children receiving age one dental visits by survey of 41 dental homes providing the service.

This data collection analysis is in progress and the results are expected to be released in December 2011. Short-term results include: the creation of 41 dental homes which provide care with 24 WIC sites in the state of Connecticut starting at age one. Additionally, 262 child health providers have credentialed to bill for fluoride varnish and oral exam dental codes through Medicaid.

(The following outcomes are based on 2009 data)

- 118 parents and caregivers have been trained in advocacy & oral health workshops.
- 19 of the 24 Fulltime staffed WIC sites in CT have received training in oral health risk assessment criteria, disease recognition, oral health education messages for parents and caregivers.

Performance –Based Outcomes:

- Advisory Group for the Home by One Program has been established and meets regularly
- Health Program Associate, the designee to the MCH Advisory, has attended all meetings since October 2007, has promoted Home by One concepts and activities and has presented an MCH workshop on Oral Health and perinatal issues
- The Project Director (PD) has attended monthly meetings of the Governor's Early Childhood Cabinet since September 2007 and recommended oral health strategies for inclusion in the Infant Toddler Workgroup for the report to the Cabinet and A Framework for Child Health Services report published by the Child Health and Development Institute March 2009.
- The completed curriculum for advocacy was incorporated into 9 advocacy and oral health workshops that were given in the following WIC sites, Torrington, Willimantic, East Hartford, Meriden, Norwich, Bridgeport, Stamford (Separate English and Spanish workshops) and Norwalk. The Putnam and Bridgeport workshops were cancelled by the WIC staff and have been rescheduled. The Project Coordinator and has met with the WIC coordinators, nutritionists and dietitians to request their guidance and assistance in identifying parents who may be interested in becoming oral health advocates.
- 85 parents received advocacy oral health training
- 19 of the 24 Local WIC sites with full time staff have received an orientation to the Home by One Program and provided with tools to facilitate the incorporation and integration of oral health in the WIC risk assessment and nutritional guidance. WIC sites includes, Waterbury (3), Hartford (2), East Hartford (2), New Haven(2), Norwich, New London, Torrington, Danbury, Stamford, Norwalk, Bridgeport, Meriden, Willimantic and Putnam.
- 130 WIC professionals have received oral health training through Home by One program.
- Physician curriculum in oral health concepts and fluoride varnish application has been developed, tested and finalized. Thirteen training sessions have been provided and 114 physicians have completed the credentialing process allowing them to bill DSS for oral risk assessment and fluoride varnish application. Over 300 child health providers have been provided the training between September 2008 and August 2009.
- A core medical-dental home group has been established and outlined the essential components of the medical-dental home model. A plan for implementation has been developed and medical-dental home sites have been identified. An evaluation consultant has been hired for the medical-dental home model development and measures have been drafted

Budget Estimates and Formulas of the Practice:

The Home by One Program receives \$160,000 per year of funding. The Program has recently received the third year of funding and expects to meet grant expectations for the fourth year of funding. The MCH block grant for the State of CT gave \$10,000 to the Program for supplies and incentives to be used in educating parents. Currently a packet of training materials, tools and Program incentives, including oral health care products, average \$45.00.

Lessons Learned and/or Plans for Improvement:

One factor in Connecticut that was an asset to the implementation of this program was that the Medicaid reimbursement rates for children under age 21 were raised and the dental Medicaid structure was changed to better coordinate dental services, including adding care coordinators through the Connecticut Dental Health Partnership who administer the dental Medicaid program in CT.

Challenges:

There is a high number of children that do not return after the initial preventative dental visit causing frustration among dental providers coordinating restorative appointments. Additionally, pediatric practices are hesitant to implement the oral risk assessments and fluoride varnish applications into their well child visits because it is only reimbursed for patients on Medicaid plans and not private insurance plans.

Although the program is still in the evaluation phase and not all challenges have been overcome, utilizing partnerships established through the Home By One advisory group to discuss specific challenges has helped to overcome some of the barriers and an infrastructure for supporting age one dental visits in CT is sustainable.

Another lesson learned is that involving parents in the advisory group from the beginning is important in order to increase buy-in. The great partnerships made through the advisory and the support from the professionals in the dental, medical and social services was essential. The parent oral health & advocacy workshops are very empowering and show promise as a great education model for other health topics.

Available Information Resources:

Resources and information about Home by One are available on the program website:

www.ct.gov/dph/HomebyOne

Examples include:

- [My Baby's Firsts...Smile, Tooth, Dental Visit](#) -includes picture series/What to expect at an age one dental visit
- A Guide to Keeping Your Child's Smile Shining Through (available in English and Spanish)
- Home by One Program Fact Sheet for Medical Professionals
- Home by One Program Fact Sheet for Dental Professionals
- Advocacy and Oral Health Workshop Curriculum/training parents and caregivers in infant oral health concepts and advocacy skills

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

As referenced above, short-term results include: the creation of 41 dental homes which provide care with 24 WIC sites in the state of Connecticut starting at age one. Additionally, 262 child health

providers have credentialed to bill for fluoride varnish and oral exam dental codes through Medicaid. The full evaluation report is expected to be available in December 2011.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

Home By One is an ongoing program. Two courses of the trainings have been posted online at CT Train: <https://ct.train.org/DesktopShell.aspx>. The program will be able to leverage existing resources to ensure sustainability and continuation of activities.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

The process to incorporate peer/stakeholder input was utilizing the Home by One Advisory. The first year of the Program bimonthly meetings of the advisory were held to help with design and implementation. Year two four advisory meetings were held to discuss implementation strategies, challenges, lessons learned and incorporate the input from advisory members. The Office of Oral Health Program evaluator administrator was utilized for input and incorporating suggestions, modifications into the Program from the evaluation contractor as well as the advisory.

Additionally, Home by One collaborates with: Women, Infant and Child Nutritional Supplementation Program, Early Childhood Partners, Family Health Section of Department of Public Health, Connecticut Oral Health Initiative, Child Health and Development Institute of Connecticut, University of Connecticut School of Dental Medicine, Department of Social Services and Department of Developmental Services.

Extent of Use Among States

Describe the extent of the practice or aspects of the practice used in other states?

This program has been presented at AMCHP's annual conference (2010), and the National Oral Health Conference (2010 & 2011). This program had not been replicated at the time of submission and is currently in process of evaluation.