

Dental Public Health Activity Descriptive Summary

Practice Number: 08005
Submitted By: Association of Maternal and Child Health Program
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Home By One Program

Abstract:

Provide a full and detailed paragraph of the dental public health activity (a practice, program, service, event, or policy). Include information on: (1) what are you doing; (2) who is doing it and why; (3) what is the cost; and (4) why do you think it made a difference such as the benefits & achievements. Prepare one or more paragraphs. Add space as needed but please limit the summary description to around one page.

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.

Lessons Learned:

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.

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