

# Dental Public Health Activity Descriptive Summary

**Practice Number:** 08006  
**Submitted By:** Connecticut Dental Health Partnership  
**Submission Date:** April 2019  
**Last Reviewed:** April 2019  
**Last Updated:** April 2019

## Connecticut Perinatal and Infant Oral Health Project

Before 2009, dental utilization by perinatal women and infants in the HUSKY Health (Medicaid/CHIP) program in Connecticut was low. The Project works to improve the oral health of perinatal women and infants in HUSKY Health through four goals:

1. Increase the dental utilization of perinatal women
2. Increase the dental utilization of infants
3. Increase the number of children < four years who receive an oral assessment and/or an application of fluoride varnish by a pediatric health care provider
4. Establish and maintain a Perinatal and Infant Oral Health Work Group as an advisory committee to the Project

To achieve these outcomes the Project focuses on these activity areas:

- Develop materials for perinatal women, parents of infants, Obstetricians and Gynecologists (OB/GYN), pediatric Primary Care Physicians (PCP) and community agency staff
- Ensure the adequacy of the dental network for perinatal women
- Outreach to OB/GYNs
- Outreach to Pediatric PCPs
- Outreach to community agencies
- Measurement of outcomes using claims and enrollment data
- Coordination of perinatal and infant oral health stakeholders

The Project is integrated into the overall care coordination and outreach function of the HUSKY Health dental program, so direct cost information is not available. However, administration is about 4-5% of the overall costs. In September 2013, Connecticut was awarded a \$750,000 HRSA Perinatal and Infant Oral Health Quality Improvement grant for a four-year period, through March 2018.

Dental utilization for perinatal women increased from 29.8% in 2005 to 57.6% in 2017. Dental utilization for infants increased from 27.3% in 2009 to 55.7% in 2016. Oral assessments by pediatric medical providers for children under four increased from 4,310 in 2012 to 16,105 in 2017 (+274%) and fluoride varnish applications went from 1,993 to 10,511 (+427%).

The successes of the Project were achieved through intensive outreach to clients, medical/dental providers and community agencies.

### Lessons Learned:

Dental utilization for Medicaid/CHIP clients is impacted by multiple factors of which physical or geographic access is but one. Certainly, having physical access is a necessary condition for someone to get care, but it is not sufficient.

Our society as a whole does not value oral health highly, so we should expect that our clients would reflect that attitude. Addressing access to dental care is important, but do not neglect the other barriers.

Social determinants of health are also barriers to getting to a dentist. Medicaid/CHIP clients, and poor people in general face many daily obstacles to obtaining care. It is easy to prioritize food and shelter

above oral health in your daily life, especially if oral health is not considered important anyway. So, consideration of social determinants of health should be considered.

In looking at dental care access for a population, remember, you don't need all of the dentists in their geographic area, you only need enough. Consider what ratio of clients to dentists you want to achieve. One thousand clients to each dentist might be a point to start.

In our initial pilot of intensive community outreach for perinatal women, we attempted to get accurate client telephone numbers from the community agencies with whom we partnered. While this was a successful strategy in our small pilot, the logistics of doing that on a larger scale were overwhelming. We ultimately decided to stop that activity.

Convincing people that oral health is important is the major challenge. This includes policy makers, medical professionals, bureaucrats, clients and almost everyone. Overcoming this challenge is the focus of the entire project. Outreach and relationship building with these groups is based upon convincing them that oral health is important. The content of materials, the curriculum of training and presentations and outlines for relationship building interactions all include information and advocacy enhancing that point. The 'Trusted Person' model is based on the principal that we must first convince that person of the importance of oral health.

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