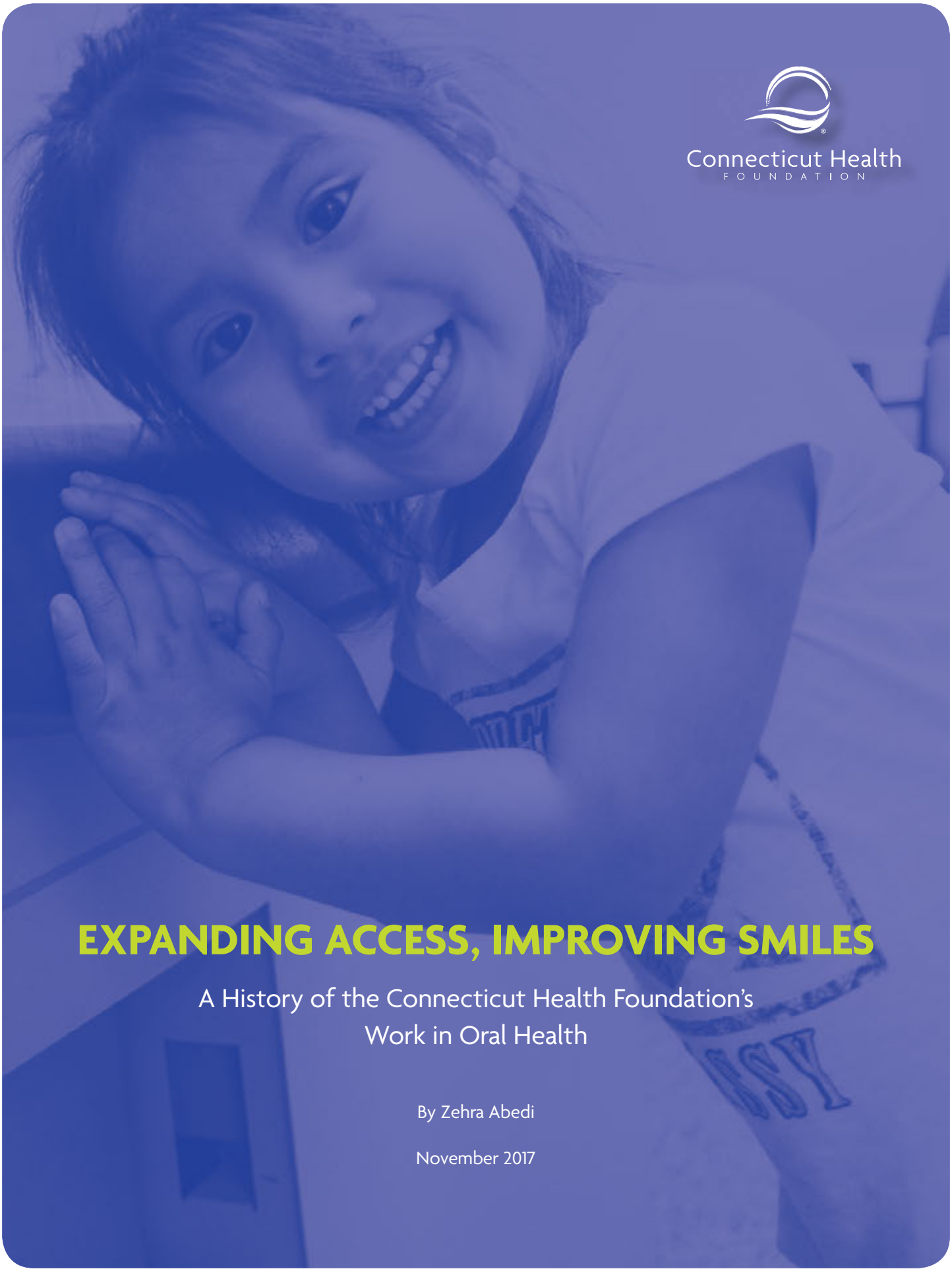

Connecticut Health
FOUNDATION

EXPANDING ACCESS, IMPROVING SMILES

A History of the Connecticut Health Foundation's Work in Oral Health

By Zehra Abedi

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EXECUTIVE SUMMARY

Over the past 18 years, the **Connecticut Health Foundation** (CHF) has been at the forefront of oral health reform, and its efforts have had lasting effects.

CHF's involvement in oral health has been wide-reaching, targeting change on many levels, from community interventions to state policy. Much of this work grew out of a **report the foundation commissioned in 2001**, which assessed the state of oral health care in Connecticut and highlighted the changes that needed to be made for oral health care to improve.

CHF has since been actively implementing the strategies identified in the report, and its efforts have aided in making Connecticut a nationwide leader in oral health care. **Over the past two decades**, Connecticut has moved from being one of the nation's lowest-performing states with regard to children's access to oral health care to a top performer in various measures of dental health.

The foundation will end its funding of oral health as a standalone category at the end of 2017, although it remains **committed to oral health** as a part of its focus on advancing health equity. The sunset of CHF's oral health funding focus comes in a context far different from when it began. This change is the result of the foundation's commitment, as well as the work of many partners, including oral health professionals, advocacy groups, health care providers, and state agencies. While oral health received little attention when the foundation began its work, the topic is now widely recognized as a necessary part of the health care agenda, and many other organizations now consider oral health an integral part of their work.

The foundation's oral health work can be viewed as a powerful example of how strategic philanthropy can serve as a catalyst for establishing new sustainable structures and systems. Connecticut can be proud of the major strides made in oral health – **increasing access to care and improving dental health outcomes** – and can look to these accomplishments as a model for taking on other health system challenges.

Achievements in oral health care in Connecticut:

- Connecticut is ranked #1 in the country by U.S. News & World Report for adult and child dental visits.[1]
- Dental utilization for children in Medicaid – defined as having at least one visit in the past 12 months – increased from 33 percent in 2000 to 64 percent in 2013, making Connecticut the state with the highest dental utilization rate for children of low-income families.[2]
- The number of visits by Medicaid patients to private dental practices rose by 210 percent from 2006 to 2011.[3]
- Connecticut ranked fourth in the nation in the prevalence of sealant use among children ages 6 to 9 covered by Medicaid.[4]
- The use of preventive dental services among children covered by Medicaid rose by up to 273 percent from 2001 to 2007.[5]

The importance of oral health

Tooth decay is the single most common chronic disease among U.S. children, despite the fact that it is overwhelmingly preventable. Decay is five times more common than asthma, and 80 percent of dental disease is found in only one-quarter of children.[6] Low-income children and those from racial or ethnic minority groups have more untreated decay on average than the U.S. population as a whole.

Pain and infection from poor oral health can result in missed school and work, problems eating and sleeping, and adverse effects on growth. Furthermore, poor oral health can instigate and exacerbate systemic conditions, from premature delivery to cardiac disease.

ORAL HEALTH REFORM IN CONNECTICUT

2000

- Carr v. Wilson-Coker, a federal class-action lawsuit, is filed on behalf of Connecticut children enrolled in the Medicaid dental program, contending that reimbursement levels were too low to enable dentists to participate

2001

- CHF approves funding at the community level for a multi-year strategic initiative to improve access to oral health care throughout the state, totaling $1.4 million
- CHF partners with the Connecticut Oral Health Initiative (COHI) to further oral health issues through advocacy efforts

2002

- CHF grant helps COHI become an independent, nonprofit organization
- CHF awards a grant to Greater Hartford Legal Aid, which played a pivotal role in the Carr v. Wilson-Coker lawsuit

2008

- Carr v. Wilson-Coker lawsuit settled. Children's dental fees are increased to the 70th percentile of private insurance 2005 fees. Adult fees are increased to 52 percent of children's fees
- HUSKY dental services are "carved-out" of managed care

2011

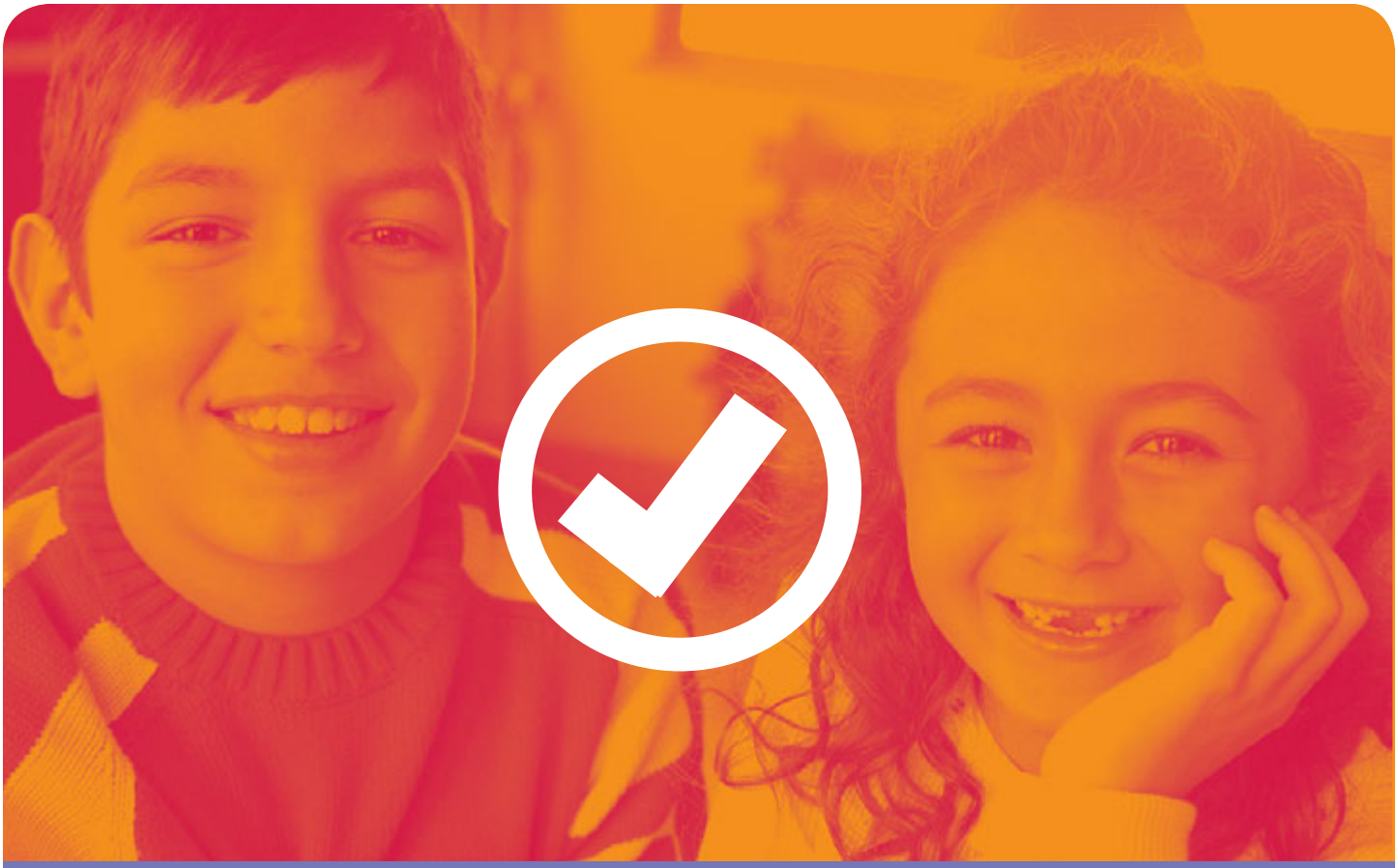
- Nearly 70 percent of children covered by HUSKY receive dental care, up from 46 percent in 2006[7]

2012

- Data shows that Connecticut has decreased dental access disparities for kids across gender, race, and ethnicity within the HUSKY program and between publicly and commercially insured kids

2017

- CHF's oral health focus comes to an end, paving the way for a broader focus on health equity



WHEN THE CONNECTICUT HEALTH FOUNDATION WAS FORMED, 18 YEARS AGO...

In 1999, when CHF was established, the state of oral health in Connecticut left much to be desired. Despite strong dental care resources, including 43 safety net facilities in 18 of Connecticut's most underserved cities and towns, **access to dental care for low-income children** was declining. Low Medicaid reimbursement rates for providers meant that there was low participation by dentists and as such, utilization of dental benefits in the Medicaid program – known as HUSKY – was inadequate. There was little public conversation about addressing these problems.

In 2001, CHF commissioned a report on oral health issues and potential solutions, the first of its kind. The report, "Elements of Effective Action to Improve Oral Health & Access to Dental Care in Connecticut's Children & Families," by James J. Crall and Burton L. Edelstein, recommended a clear course of action, identifying five strategies for improving oral health in the state:

1. **Funding and training to maximize the contribution of existing HUSKY dental care providers**
2. **Expanding the number of HUSKY dental providers through plan improvements, community centered action, and workforce policies**
3. **Connecting families to dental care**
4. **Reducing disease burden in the HUSKY population**
5. **Implementing accountability and quality improvement systems**

Since 2000, CHF has funded more than 125 oral health projects, totaling more than $13.8 million. The grants were awarded to a wide range of organizations, including charitable foundations, community health centers, patient advocacy groups, professional associations, school systems, state agencies, and university-based programs.

A STRATEGIC PATH TOWARD ORAL HEALTH CARE REFORM

The foundation used the Crall and Edelstein report as a blueprint for its work in oral health care, using the strategies to guide its grantmaking and policy work. This resulted in supporting a wide range of efforts, including advocacy on policy issues, education for dentists and other health professionals, outreach to oral health providers, the development of coordinated local networks to ensure that families could access oral health care, and the integration of oral health care into prenatal care.

The following is a detailed account of the oral health work CHF has funded based on the strategies identified in the Crall and Edelstein report.

Increasing dental care providers' participation in HUSKY

A major catalyst for change in access to oral health care in Connecticut was a class-action lawsuit filed in 2000 by two legal aid organizations on behalf of children enrolled in Medicaid. In the lawsuit, Greater Hartford Legal Aid and Connecticut Legal Services contended that reimbursement levels were too low to enable dentists to participate. This reflected an argument that dentists had made for years, that low Medicaid reimbursement was the primary reason for limited access.

Grants from the foundation helped to support the legal aid organizations' work.

The lawsuit was settled in April 2008, and dental reimbursement rates for children were increased to the 70th percentile of 2005 private insurance fees. The Connecticut Department of Social Services (DSS) also simplified the administration of the Medicaid dental program, addressing another source of concern among dentists. Previously, four companies managed the program and accepted financial risk for expenditures. Each company had different claims processes and procedures for joining the network, creating complexity that dentists said discouraged participation in HUSKY. The changes DSS made resulted in dental services being managed by a single organization, the Connecticut Dental Health Partnership (CTDHP). To administer the program, the partnership contracts with BeneCare, which has no financial risk.

In response to these changes, the Connecticut State Dental Association made a commitment to increase the number of private sector dentists participating in the Medicaid program. The association also engaged private dentists through public-private partnerships to provide pro bono treatment.

Through the efforts of the CTDHP, the pool of dental providers participating in HUSKY increased from just over 300 in 2008 to more than 1,500 private and public health dental providers – including dental hygienists – by July 2012. Before the increase in HUSKY reimbursement rates, private practices accounted for about 60 percent of Medicaid dental patients, visits, services, and expenditures.[8] After the fee increase, private dentists accounted for 73 percent of patients, visits, and services, and 83 percent of expenditures.

These changes reflect the results of the legal settlement, structural changes to the program administration, and hard work by many individuals to increase participation, including officials at DSS and in the dental association. As of 2016, the Connecticut Dental Health Partnership covered 762,000 state residents.[9]

Making it easier for children and adults to get care

Efforts to increase provider participation in HUSKY were complemented by work done to ensure that children and adults could get care easily.

To foster local coordination and efficiency, CHF provided grants to establish community-based collaboratives that included a wide range of organizations, including school-based health centers, community health centers, dentists in private practice, hospital dental clinics, public health departments, and others. Together, they were charged with identifying ways to increase efficiency and eliminate duplication in dental services within their community – with the goal of increasing access to care.

The foundation ultimately funded eight collaboratives, in Bridgeport, Danbury, New Britain, New Haven, Hartford, Waterbury, Stamford, and New London County.

The collaboratives succeeded in increasing access to care. Their work to do so included:

- The use of oral health screening and education programs in schools.
- Added evening clinical sessions at the Fones School of Dental Hygiene in Bridgeport, which attracted new patients, including 435 visits in the first year.
- The creation of public-private partnerships such as Give Kids a Smile Day in 2007, in which 21 dentists in private practice provided free services to 86 kids.

Many collaboratives also created resource directories of HUSKY and Medicaid providers in the community, which were widely disseminated through health provider offices, schools, day care centers, parent organizations, and social service agencies.

The collaboratives hired additional safety net staff, expanded safety net services, and developed new school-based dental health programs, including through school-based health centers that were already providing medical and mental health care. In some cases, portable equipment allowed for oral health services to be delivered at schools, providing children with preventive and restorative treatments.

As an example, the New Britain Oral Health Collaborative worked in 10 elementary, middle, and high schools, and collaborated with the Connecticut State Board of Education to provide dental hygiene services in middle and high schools. Its high school dental center managed to increase the number of students receiving services by 23 percent, an achievement that was recognized at the National Assembly on School-Based Health Care's Annual Convention in Washington D.C. and the Statewide Oral Health Conference in 2007.

The Connecticut Association of School Based Health Centers produced a school-based dental services manual, and has produced monthly newsletters for medical clinicians to ensure they keep oral health issues high on their list of priorities.

Community interventions such as Fair Haven Community Health Center's Smiles to Go mobile dental clinic have also increased access to dental care. The clinic has two fully equipped dental labs that can provide even involved treatments such as root canal therapy. The truck is stationed at five school-based health clinics and serves both insured and uninsured patients.

Many collaboratives have changed the overall systems of care in their regions to ensure a patient can schedule an appointment within one to two days of calling. At one collaborative, patients or their families receive an automated reminder call, followed by a call from the care coordinator. The system has helped to reduce the no-show rate from 35 percent to 13 percent.

Oral health care for pregnant women

Pregnancy is a critical time for oral health. Dental disease during pregnancy can lead to preterm labor or other adverse outcomes, and mothers can pass oral bacteria to their children. Preventing the transmission of oral health disease from mother to child was a key goal for CHF, but one that required addressing many barriers. Many dentists avoided treating pregnant women because of concerns about liability, and women often expressed fear and mistrust about getting oral health care while pregnant.

The foundation awarded grants intended to help address these barriers. The Institute for Community Research surveyed dental practices to understand the landscape. The Connecticut State Dental Association worked with the Connecticut section of the American Congress of Obstetrics and Gynecology to develop recommendations for ensuring pregnant women received oral health care.

Bridgeport's Healthy Start program screened pregnant women and identified a dental home for them. The program also provided on-site dental services for low-income women who participated in the Women, Infants, and Children (WIC) nutrition program. Through a dental care coordinator, these women were set up with dental appointments, and 74 percent of women who made appointments attended them.

Coordination between WIC, OB-GYNs, and dental providers has been a central focus of many grantees' work. For example, United Community and Family Services, a community health center in Norwich, created the Healthy Smiles, Healthy Moms program for the northern New London County area, working in collaboration with other local agencies and OB-GYNs. Their work was designed to improve oral health promotion and linkage for low-income pregnant women and to provide education to dental providers on safe practice standards for pregnant women.

The Women's Health Center at Saint Francis Hospital and Medical Center in Hartford created a systemic oral health protocol to assure that all expectant women and teens in the practice receive comprehensive oral health care during pregnancy. Every patient's first prenatal visit includes questions to determine if she has a dental provider and if she has received oral health care in the past year. The center added an oral health page to its electronic health record system, allowing oral health information to be updated at each prenatal visit. The staff at the center also developed relationships with dental providers, allowing them to arrange expedited appointments for pregnant women in need of oral health care. Because some dentists are hesitant to treat pregnant women, the center developed an introductory letter for women to bring to their appointments, explaining what treatment is safe during pregnancy and providing contact information for a medical provider to call if the dentist has any questions. In addition, all staff in the Women's Health Center took the online Smiles for Life Oral Health in Pregnancy course.

Training for health care professionals

CHF recognized the importance of promoting children's oral health through dental training, and supported the University of Connecticut School of Dental Medicine to create training programs for general dentists to enhance their pediatric skills. These training sessions took place at four community health centers and consisted of seminars, lab-based exercises, and clinical training. They produced increases in complex pediatric procedures of up to 20 percent in the month following training.

The University of Connecticut Health Center also developed online modules for dental, medical, social work, nursing, and dental hygiene students, with a particular emphasis on interdisciplinary approaches to connect pregnant women to oral health care.

To address the lack of oral health care training in the medical field, CHF funded the DentaQuest Foundation to engage physician assistants by implementing the Smiles for Life program into their curriculum. The program is a series of educational resources designed to support the integration of oral health and primary care, and includes eight online courses. As of 2015, there were over 32,000 registered users of the online curriculum.

DentaQuest has since worked with Connecticut organizations to endorse Smiles for Life and is working with U.S. medical licensing examination and professional certification boards to incorporate oral health questions into examinations. In 2008, CHF helped fund the Symposium on Oral Health and Family Medicine, held in Washington – a major cross-professional event that secured a commitment from the physician assistant and nursing professions to prioritize oral health and seek to implement Smiles for Life in their professions.

The foundation also funded the development of a curriculum called Open Wide that was designed to train health and early childhood professionals – such as day care teachers and staff in home visiting programs – to identify possible oral health problems and provide referrals for proper care.[10]

Policy & leadership development

The foundation invested in policy work as a way to change the systems that affect the lives of all state residents.

The Connecticut Oral Health Initiative (COHI), an organization of dental professionals and advocates, has been a major policy partner with the foundation since 2002. COHI has advanced advocacy efforts in the state, building a statewide network of oral health advocates – including the eight oral health collaboratives

– as well as training parents to be grassroots activists in oral health advocacy. COHI has been instrumental in increasing public awareness of oral health issues, through presentations, an electronic newsletter, and legislative events.

COHI strengthened relationships with lawmakers to advocate for the preservation of comprehensive pediatric and adult dental care, and educated legislators on oral health policy. Its work helped to secure passage of legislation to simplify dental care administration within the HUSKY plan, prevent the passage of a proposal to eliminate mandatory water fluoridation, and increase cultural competency of dental professionals.

COHI has also promoted the integration of oral health into the State Innovation Model, a program funded by the federal Center for Medicare & Medicaid Innovation to test multi-payer health care financing models to improve health system performance and care quality while decreasing costs.

The foundation has also invested in leadership development in oral health to ensure sustained policy expertise. In 2015, a grant from CHF enabled Greater Hartford Legal Aid to create a health equity fellowship program, with a focus on oral health. The fellow, Geralynn McGee, participated in rotations at a variety of organizations, including COHI, Judith Blei Government Relations, and the Community Health Center Association of Connecticut. The experience helped McGee develop a firsthand understanding of the dynamics of policy advocacy and systems change. When the fellowship ended, she joined the staff of Greater Hartford Legal Aid, where she now serves as the organization's policy advocate and focuses on oral health.

Accountability and quality improvement

Connecticut lacked a systematic process to routinely collect data on the most prevalent oral diseases. As a result, CHF supported the Connecticut Department of Public Health (DPH) in implementing a basic screening survey called Every Smile Counts. During the 2006-2007 school year, 9,100 preschool and elementary school children were screened, with the intention of creating a baseline against which ongoing progress could be measured. DPH collected this data to inform the development of interventions and policies. Through the screening, DPH found that 1 in 3 children ages 3 to 5 in Head Start programs had tooth decay already, and 43 percent of third graders had decay. DPH used data from this survey to support applications for additional funding for intervention programs.

CHF also funded the Community Health Center Association of Connecticut to develop a survey tool and process to assess and measure the extent to which all dental and behavioral health services are integrated with primary care at community health centers. The association also developed an advocacy tool with phone and email features.

18 YEARS LATER: PROMISING RESULTS, MORE WORK TO DO

A follow-up Every Smiles Counts survey was conducted in 2011 to assess the progress since the Medicaid reimbursement increase. The survey showed that 12 percent of third-graders had untreated decay, a significant improvement from the 2006-2007 rate of 18 percent.

The biggest improvements were seen in children in Head Start programs, with 19 percent having experienced dental decay, substantially lower than the 31 percent of children with dental decay in 2006-2007. In addition, 10 percent of the Head Start children had untreated decay, half as many as in 2006-2007.[11]

Research has also found an increased usage of dental sealants, a key prevention strategy for tooth decay that is particularly effective in developing children. The 2011 Every Smile Counts survey found that 43 percent of children in third grade had dental sealants – an improvement from the 2006-2007 baseline of 38 percent. A separate study of Medicaid data found that in 2011, 41 percent of HUSKY-insured children received molar sealants, compared with 32 percent in 2006.[12]

Dental sealants are also effective at reducing the need for future treatment: Teeth that were sealed require no fillings, root canals, or extractions during follow-up 78 percent of the time, compared to only 58 percent of the time for those that were never sealed.[13]

The American Dental Association Health Policy Institute recently reported that Connecticut has the highest rate of dental care utilization for children in the nation. In 2013, 64 percent of Connecticut children covered by Medicaid had a dental visit in the past 12 months, compared to the national average of 48 percent. Among adults, the rate was 4th highest in the nation (48 percent had a dental visit in the past 12 months in 2013).[14]

The Connecticut Dental Health Partnership reported in 2016 that costs per client were declining, and a mystery shopper survey conducted in 2014 showed that 92 percent of callers got a routine appointment within an average of 10 days. All HUSKY enrollees had at least two primary care dentists within 10 miles of their home, far exceeding the contract standard for the provider network.[15]

However, there is still a long way to go. Though Connecticut has been a leader in collecting data to promote evidence-based initiatives, surveillance is still irregular. There is a need for robust and regular collection of data related to quality and outcomes, to ensure that increased access to care is successfully delivering better quality of services, and to inform further interventions.

A particular area of focus should be addressing the recent declines in HUSKY dental participation. Though utilization rates are still well above the utilization rates for 2008 (prior to reimbursement increases), participation rates have decreased since 2013 among children enrolled in the HUSKY program.[16]

CONCLUSION

The foundation's oral health emphasis will conclude in a vastly different context from when it began. Connecticut has risen from a low-performer to among the top states on many indicators of oral health care. While oral health once received little attention, it is now widely recognized as a key part of health care policy, and many organizations now play a role in oral health efforts. These changes reflect the results of the Connecticut Health Foundation's commitment, as well as the work of many partners, including oral health professionals, advocacy groups, health care providers, and state agencies. They are the result of policy changes, legal action, grantmaking, research, collaboration, and the hard work of many individuals and organizations.

The foundation's work in oral health represents an important example of the power of strategic philanthropy. The structures and systems established through the work of the foundation and its partners can now stand on their own, and can serve as a model to follow in addressing other health system challenges.

Connecticut's effort to increase access to dental care in its Medicaid program by increasing reimbursements to dental care providers and streamlining the administrative structure has no doubt increased access to both prevention and treatment, but better access alone does not ensure better quality care. More detailed patient-level analysis of oral health is needed to ensure that the vast improvements and interventions are having the intended impacts on oral health.

As Connecticut advances its oral health agenda, there must be steps in place to work toward ensuring that better access is synonymous with better care as well as improved health outcomes.

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About the Author

Zehra Abedi is a dentist from the United Kingdom and a recent graduate of the Yale School of Public Health, where she received an MPH degree in health policy. She wrote this report as an intern for the Connecticut Health Foundation. Abedi now works as a senior healthcare associate in New York and is particularly interested in reducing dental health access disparities and raising awareness of oral health's impact on overall health.

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