Health Resources and Services Administration
Targeted Oral Health Services Systems (TOHSS)

Connecticut Department of Public Health
Office of Oral Health
“Home by One”
Final Project Narrative Report

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# FINAL PROGRAM NARRATIVE

## Home by One

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2. Experience to Date</td>
<td>4</td>
</tr>
<tr>
<td>3. Impact of Home by One</td>
<td>18</td>
</tr>
<tr>
<td>4. Listing of Publications</td>
<td>19</td>
</tr>
<tr>
<td>5. Attachments</td>
<td>20</td>
</tr>
</tbody>
</table>

Attachment 1: Home by One Evaluation
1. Introduction

“Home by One”

Oral disease prevalence in children is and was a serious concern in Connecticut in 2007. Connecticut completed a statewide open-mouth oral health survey, called *Every Smile Counts* in April 2007. The survey was conducted to get representative baseline data on children in Head Start, kindergarten and third grade. The age of children in the survey ranged from 2-11 years. The survey revealed that for children in Connecticut, caries was a serious problem with unmet needs in all age categories. Thirty-one (31) percent of Head Start children, 27 percent of kindergarten children and 41 percent of third graders experienced dental disease. African American and Hispanic children experienced substantially higher rates of oral disease than their White non-Hispanic counterparts.

For Head Start children, in particular, the data showed a considerably higher rate of caries experience (30 percent) and untreated decay (20 percent) than the Healthy People 2010 Objectives of 11 and 9 percent respectively. In addition, in Connecticut, access to early care for children in this age group was limited. In 2005 more than 60 percent of children age 3 to 5 did not have a dental visit for preventive care or treatment.

These statistics demonstrated the need for Connecticut to focus on early childhood oral disease prevention.

Oral health initiatives were not incorporated into early childhood systems development. Integration of oral health in these initiatives was essential if oral health is to gain parity within these systems to address early childhood issues in Connecticut.

The Connecticut Department of Public Health’s Office of Oral Health proposed a project, the *Home By One Program*, is to build integrated partnerships with early childhood state and local initiatives, with medical and dental providers, and parents and caregivers, that focus on oral health as essential to the overall health and well-being of children in Connecticut through the achievement of the following goals: Increase 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

1. Increase the number of parents trained as advocates for oral health for children and families.

2. Expand the non-dental workforce competent in preventive dental strategies to increase access to dental services for at risk children.

3. Expand the number of dental practices and clinics providing dental homes for children including those with special health care needs.

With funding from the Health Resources and Services Administration, Targeted Oral health Services Systems, The Home by One program began.
While oral disease is still significant for Connecticut’s children, the impact of the Home by One program has also been significant. The following illustrates the impact of this innovative and essential program.

Section 2: Experience to Date

PROGRAM GOAL 1: To increase 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.

Objective 1.1: By November 2007, the Office of Oral Public Health will develop a Perinatal and Child Oral Health Advisory Group to aid in the success of the Home by One Program and promote the integration of oral health into early childhood initiatives.

The Home by One Advisory Group was established in year one to help the Home by One Program succeed. It is made up of stakeholders in the community that can directly influence the outcomes of the four goals for the Program. The specific charge to the Advisory Group is to provide guidance in building an oral health infrastructure that will result in at risk children having access to a dental home by age one. In keeping with that, members of the advisory include dentists, hygienists, maternal and child health leaders, a local foundation, advocacy groups, state and community agencies, a representative from state WIC agency and staff representing three local WIC agencies. We expanded medical provider representation including nurses and representatives of the Family Support Network. This Advisory met regularly during the course of this project and held a special meeting in March 2010 to strategize on the sustainability of the Home by One initiatives and activities beyond the grant period. Plans were to reconvene in October of 2011 to discuss the evaluation of the program, but due to the fact that the Program Coordinator, Tracey Andrews, left the CT Department of Public Health in June 2011, and staffing shortages within the Office of Oral Health, this event unfortunately did not take place. The hope on the Office of Oral Health is to reconvene this Advisory once appropriate staff is in place to oversee this program once again.

Several statewide collaboration with key early childhood partnered with the Home by One program including the (1) statewide Maternal and Child Health (MCH) Advisory Committee; (2) the Governor’s Early Childhood Cabinet; (3) the HRSA funded Early Childhood Comprehensive Systems Initiative to promote integration of oral health into their existing early childhood initiatives; (4) American Academy of Pediatric Dentists Head Start Dental Home Initiative; (5) Family Support Network, a well-defined family advocate group of CYSHCN designed around the Title-V medical home initiative program; (6) The Children’s Trust Fund, a state agency designed to help families of young children receive health and
educational resources as well as civic advocacy training for parents in communities and (7) the CT Department of Public Health’s Maternal and Child Health Block Grant (MCHBG) Needs Assessment Workgroup

1. **Statewide Maternal and Child Health (MCH) Advisory**

The statewide MCH Advisory includes a diverse group of health and social services providers, academicians, state agencies, parent groups, community leaders and advocates that focus on improving the overall health of Connecticut’s children and their families. Prior to the *Home by One* Program, no dental professional was a member of this Advisory. The intent of the *Home by One* Program is to integrate oral health initiatives in the planning process and initiatives of the MCH Advisory. Ms. Tracey Andrews replaced Ms. Linda Ferraro’s role of representing oral health as a member of the MCH Advisory in 2009. Ms. Izabella Pulvermacher, dental coordinator for CT Department of Developmental services was added as a member of MCH Advisory. Mr. Marty Milkovic, outreach coordinator of the CT Dental Health Partnership was also added as a member of MCH Advisory, broadening the scope of oral health integration into MCH Advisory activities. Office of Oral Health staff continues to attend these meetings.

2. **Governor’s Early Childhood Education Cabinet**

The *Governor’s Early Childhood Education Cabinet*, comprised of state agencies and community groups whose objective it was to develop a more integrated process for policy development, programs, and fiscal accountability for early childhood systems in the state are now a work group coming together as needed. The Cabinet standing committees were disbanded due to the budget cuts in the State of Connecticut. Oral health remains integrated in this group.

3. **Early Childhood Comprehensive Systems Initiative**

The *Early Childhood Comprehensive Systems Initiative* is a Connecticut Department of Public Health initiative called *Early Childhood Partners* (ECP). This initiative was the precursor to the Early Childhood Cabinet in that it brought together eight state agencies and other statewide institutions to ensure children arrive at school healthy and ready to succeed. The *Home by One Program* has collaborated with the ECP in the CT Department of Public Health to integrate oral health into the ECP continuation application process.

A component for oral health objectives are included in the CT Department of Public Health’s current ECP grant: publish an updated version of the Department’s OPENWIDE curriculum
to include current recommendations for the prevention of early childhood caries and the concept of a “dental home;” convert existing VHS oral health educational videos to DVD; create a training module on perinatal oral health to be utilized in training sessions for Child Care Consultants; and increase the number of parents trained as advocates for oral health for children and families. Collaboration on the implementation of this important effort continues.

4. American Academy of Pediatric Dentists Head Start Dental Home Initiative

The Home by One Advisory Group recommended collaboration between the Home by One Program and the American Academy of Pediatric Dentists Head Start Dental Home Initiative. Dr. Joanna Douglass is the New England district coordinator and Dr. Doug Keck is the State coordinator for the Head Start Dental Home Initiative. Both are members of the Home by One Advisory Group. Ms. Tracey Andrews represents Home by One Program on the Head Start Dental Home Initiative state leadership team and attended a two-day training in Maryland as part of the team in September 2008 and has attended all team meetings to date. Collaboration has been successful between the two programs. Early Head Start Program staffs are invited to Home by One Program presentations at local WIC agencies. Home by One is invited to participate at Head Start Dental Home Initiative presentations to dental professionals in the community. One such collaboration was a successful presentation to Manchester area dentists in March 2010. Unfortunately, due to spending cuts, this program’s state and regional coordinators are no longer working on this project.

5. Family Support Network

The collaboration between Home by One advisory member Ms. Izabella Pulvermacher, Dental Coordinator of the Department of Developmental Services, Home by One Program Coordinator, Ms. Tracey Andrews and Family Support Network liaison to CT DPH Medical Home Initiative, Ms. Tesha Imperati has resulted in sharing of oral health information for parents of children with special healthcare needs. A Statewide forum funded through the Family Support Network, Supporting Children with Special Health Care Needs in a Dental Home, was held as a result of this collaboration. In addition, Ms Imperati is providing information on dental homes which see children and youth with special health care needs directly to the 5 regional Family Support Network coordinators and their a section of the Family Support Network’s website, dedicated solely to Home by One.
6. **The Children’s Trust Fund**

Collaboration between two programs of the Children’s Trust Fund and Home by One Program began December 2009 and continues to develop. The Help Me Grow Program and Nurturing Family Network are a direct link to parents of young children who benefit from the Home by One Program messages and resources as well as a vehicle for providing Home by One professional trainings to case managers and home visitors. Presenting through their community network breakfasts throughout the state expanded the Home by One Program liaisons and outreach to many state and local agencies.

**Objective 1.2:** By August 2008, an oral health component of the Department of Public Health Early Childhood Partners (ECP) Initiative administered by the Family Health Section (Title V Section) of the Department will be integrated into the next competitive grant application to HRSA.

The Early Childhood Comprehensive Systems Initiative is a Connecticut Department of Public Health initiative called Early Childhood Partners (ECP). This initiative was the precursor to the Early Childhood Cabinet in that it brought together eight state agencies and

(7) **CT Department of Public Health’s Maternal and Child Health Block Grant (MCHBG) Needs Assessment Workgroup**

Ms. Ferraro’s inclusion in the Maternal Child Health Block Grant (MCHBG) needs assessment workgroups for both children and youth with special health care needs (CYSHCN) and children and adolescents and Ms. Andrews’, inclusion in the MCHBG needs assessment workgroup for pregnant women and infants, brought significant insight to the MCHBG needs assessment groups into why oral health is a critical health issue for these populations and how it impacts total health. The results of which saw oral health as one of the top five priorities need in all three work groups, giving it inclusion into the MCHBG application for CT. As a result of this identification as a priority need, a state performance measure was established for the first time in CT. This performance measure relates to the percentage of dental and medical providers who provide oral health assessments, education and fluoride varnish to children less than 24 months, directly linking this to age one oral health interventions.

**Lessons Learned**

- Diversify Advisory to include representation from the State Department of Education, Office of Health Care Advocate, Private Insurance, Office of Health Care Access and CT Association of Health Plans and members of the Community
other statewide institutions to ensure children arrive at school healthy and ready to succeed. The *Home by One Program* has collaborated with the ECP in the CT Department of Public Health to integrate oral health into the ECP continuation application process.

A component for oral health objectives are included in the CT Department of Public Health’s current ECP grant: publish an updated version of the Department’s OPENWIDE curriculum to include current recommendations for the prevention of early childhood caries and the concept of a “dental home;” convert existing VHS oral health educational videos to DVD; create a training module on perinatal oral health to be utilized in training sessions for Child Care Consultants; and increase the number of parents trained as advocates for oral health for children and families. Collaboration on the implementation of this important effort continues.

**Lessons Learned**

- Collaboration with other sections and programs within the CT Department of Public Health is essential to the success of this type of program

**Objective 1.3:** By October 2010, the Project Director in collaboration with the Maternal and Child Health Advisory will have a maternal and child health strategy that incorporates oral health.

Tracey Andrews, Program Coordinator for Home by One and Linda Ferraro, Program Coordinator for the CT Office of Oral Health attended the Maternal and Child Health (MCH) Advisory regularly. Presentations on Home by One and the results of the 2007 Basic Screening Survey for children in CT were provided to the MCH Advisory to inform them on the oral health status of, in particular the Head Start population and raise their awareness of the importance of oral health for children and families in our state.

Ms. Ferraro’s inclusion in the Maternal Child Health Block Grant (MCHBG) needs assessment workgroups for both children and youth with special health care needs (CYSHCN) and children and adolescents and Ms. Andrews’, inclusion in the MCHBG needs assessment workgroup for pregnant women and infants, brought significant insight to the MCHBG needs assessment groups into why oral health is a critical health issue for these populations and how it impacts total health. The results of which saw oral health as one of the top five priorities need in all three work groups, giving it inclusion into the MCHBG application for CT. As a result of this identification as a priority need, a state performance measure was established for the first time in CT. This performance measure relates to the percentage of dental and medical providers who provide oral health assessments, education and fluoride varnish to children less than 24 months, directly linking this to age one oral health interventions.
A media campaign was developed in 2009 using print, advertisements on buses and radio ads in English and Spanish, to promote the rational for age-one dental visits and the value of preventive visits early to the public, and to early childhood providers and health professionals. This resulted in a successful branding of the program. The print ad developed was turned into a parent brochure, *My Baby’s Firsts...Smile...Tooth...Dental Visit by Age One*, which is used by WIC Nutritionists as a tent card on their desks to stimulate conversation with WIC parents about oral health for themselves and their infants. The parents learn how to take care of an infant’s oral health to prevent transmitting the bacteria that cause early childhood caries to their children. They learn what to expect at an age one dental visit through the pictorial in the brochure and they have a place to record their baby’s dental milestones, including their baby’s dental home contact information. Dental providers are using the brochure by stamping their contact information on it and sharing it with pediatrician’s who are referring children by age one to a dental home. Finally, the brochure is inserted into the CT Department of Public Health’s Immunization program’s New born packets that are distributed to every child born in a CT hospital, within two weeks of their birth. This campaign has led to the development of Posters, which were distributed to CT Hospitals in July 2010, as well as 266 libraries across the state. A banner was also developed and is displayed in the Capitol of CT during Children’s Dental Health Month.

**Lessons Learned**

- You have to be “at the table” for your message to be heard.

**Objective 1.4:** By October 2011, Governor’s Early Childhood Education Cabinet (Cabinet) through promotion of oral health by the Project Director will include oral health into its strategies for improvement of early childhood systems in Connecticut

The Governor’s Early Childhood Education Cabinet comprised of state agencies and community groups whose objective it was to develop a more integrated process for policy development, programs, and fiscal accountability for early childhood systems in the state. Dr. Ardell Wilson, initial Project Director (PD) for this grant, attended the monthly meetings of this Cabinet and was appointed co-chair of the standing committee on State and Community Partnerships. The PD provided recommendations to the Early Childhood Cabinet and while not all of these were included in the Infant and Toddler report to the Cabinet, *First Words, First Steps*, the overall concept that oral health is an essential component for the wellbeing of parents and infant and toddlers was included.

In addition, oral health/dental home have been included as part of the essential components of child health services building blocks in the March 2009 CT Healthy Child Development Work
Group document; *A Framework for Child Health Services Supporting the Healthy Development and School Readiness of Connecticut’s Children.*

The Governor’s ECE cabinet was disbanded July 2009, as a result of State budget cuts. An ECE Work group reconvened in May 2010 to collaborate on grant opportunities targeting early childhood systems. Oral health was represented at the meetings.

**Lessons Learned**

- A strong leadership and data need to be present in order for there to be any systems change.

**Responsiveness to Goal**

**For goal 1: Integration:** (1) inclusion of oral health issues into foundation documents (*First Words, First Steps Connecticut’s Infant Toddler System’s Framework and A Framework for Child Health Services*) of the Governor’s Early Childhood Education Cabinet to build early childhood systems has been accomplished; (2) Two program staff were integrated into the Maternal and Child Health Block Grant 5-year needs assessment process to promote the integration of oral health into the existing state MCH infrastructure; and oral health was one of the top five needs identified through the workgroups. First state performance measure related to oral health established; (3) the application for continuation of the HRSA *Early Childhood Comprehensive Systems Initiative* grant, submitted by the Family Health Section of the Department, has an oral health component; (4) A media campaign was launched in late July 2009 the *My Baby’s Firsts...Smile, Tooth, Dental Visit* parent brochure and posters; (5) A Home by One website is linked with the Early Childhood Partners website as well as linked to multicultural health, Family Support Network and WIC’s websites. (6) The *My Baby’s Firsts...Smile, Tooth, Dental Visit* parent brochure was included in the *Rainbow Information Packets* sent to all infants born in Connecticut hospitals two weeks after their birth, through the DPH Immunizations program, brochure and posters distributed to 226 libraries and all CT hospitals, as well as 211 Infoline; (7) An abstract about CT DPH home by one was accepted as a poster presentation to AMCHP for March 2010 and the *Home by One program* was accepted for AMCHP’s Innovation Station of best practices in March 2010. (8) Participation in NOHC WIC: Building Collaborations Presentation April 2010; (9) Poster Presentation NOHC 2011: *HOME BY ONE PROGRAM BUILDING INTEGRATED PARTNERSHIPS WITH CONNECTICUT AGENCIES, PARENTS & PROVIDERS*; (10) Strong web-based oral health resources available on the Home by One website [www.ct.gov/dph/homebyone](http://www.ct.gov/dph/homebyone) developed for consistent messaging among early childhood partners.
PROGRAM GOAL 2: Increase the number of parents trained as advocates for oral health for children and families

Objective 2.1: At least 15 parents per year will become oral health community advocates

We contracted with The CT Oral Health Initiative (COHI), the statewide oral health advocacy organization COHI to develop and administer an oral health advocacy curriculum for WIC parents at local WIC sites or other sites were WIC parents congregate. In order to assure cultural and appropriate information for WIC parents, COHI has collaborated with “Connecticut Parent Power” a parent-centric non-for-profit organization that is run by parents with the goal to improve their children’s chances for success in life. We also directly interfaced with WIC parents through our collaboration with the local WIC Programs. Local WIC program staff is part of our Home by One Advisory Group and advise us how best to make contact with WIC parents that is meaningful and long lasting. Local WIC liaisons have been instrumental in coordinating the advocacy workshop dates, recruiting parents for workshops, calling to confirm parents before the workshop, offering childcare while parents attend workshop session and supply meeting space to hold the workshop. One hundred and fifty-four (154) parents have been trained to advocate for oral health by COHI, and are sent invitations to advocate for oral health around legislative issues. A certificate was developed to send to parents who have completed the advocacy and oral health training to keep them encouraged to continue advocating for oral health in their communities. The last 36 parents trained have been recipients of the certificates. A list of parents trained by WIC region has been established for some of the parents trained. Unfortunately records of participants in some of the COHI trainings were unable to be shared with the Project Coordinator and were lost due to staff turnover. Although we do not have all of the names of the parents trained, they are entered in the large database that COHI uses to send out alerts on oral health legislative issues. COHI has begun to collaborate with the parents who have attended the advocacy workshops for a few legislative phone calls in their local areas concerning proposed Medicaid reimbursement cuts to the budget. COHI continues to send all parents who have trained in advocacy updates and invitations to other advocacy events across the state, we have found that some of the original contact information is no longer valid.

In addition, Infant Oral Health & Advocacy Workshops were coordinated with August 2009 breast-feeding events at Bridgeport, Torrington and Waterbury WIC sites. This tested the sustainability of presenting the curriculum annually at WIC sites. Four sites will hosted this event in August 2010, including East Haven, Bridgeport WIC sites. Home by One was invited to participate in a WIC baby fair for prevention against child abuse at the Bristol WIC site. This April 1 annual event was revisited in Year 4, as it allowed one to one parent training with home by one program and sharing of resources.
Another strategy employed to recruit and educate parent oral health advocates was to provide oral health information to the Commission on Children for distribution to at least 100 parents during their Parent Leadership Training Institute (PLTI). The Commission on Children, a state agency focused on policy development in the best interest of children, established the Parent Leadership Institute (PLTI) to train parents to become advocates for the next generation. Oral health information was sent to all 10 PLTI coordinators) to include in their classes.

Nurturing Family Network and Help Me Grow Program of the CT agency Children’s Trust Fund hosted Home by One presentation at seven community networking breakfasts (Norwalk, Waterbury, Hartford, Killingly, Bristol, Bridgeport, Hartford and New Haven.)

A survey was developed and sent to 36 parent dental advocates in May 2010. Unfortunately, parents did not respond to requests to participate in the online survey about their involvement in advocacy or oral health activities since the trainings.

Responsiveness to Goal

**Parent Advocacy**: 154 parents have been trained to advocate for oral health by COHI, and are sent invitations to advocate for oral health around legislative issues.

**Lessons Learned**
- Due to parents moving and changing contact information, it is very difficult to follow-up with them
- Develop a very good system of coordination of contact information with the WIC program.
- Provide incentives for parent advocates to participate in events
- Provide more educational opportunities and trainings in advocacy and oral health to ensure engagement

**PROGRAM GOAL 3**: Expand the non-dental workforce to increase access to preventive dental services for at risk children

**Objective 3.1**: At least 100 physicians per year will be trained in oral health preventive strategies.

We collaborated with the University of Connecticut Health Center, School of Dental Medicine (UCHC). Dr. Joanna Douglass, Associate Professor, who provided training to both physicians (RNs, APRNs & PAs as well) and dentists about age one dental visits and becoming a dental home. She is a member of the *Home by One Advisory Group* and was the Region 1 representative for the *Head Start Dental Home Initiative*. 
This training took place through 4 delivery venues. The first was provided to physicians in their offices via teleconferencing. This teleconferencing was developed through a partnership with UCHC & CT chapter of American Academy of Pediatricians. A total of eight (8) teleconferences took place.

The second means of providing the training was through the Educating Practices in the Community (EPIC) program provided by the Child Health and Development Institute (CHDI). EPIC is currently responsible for training physicians who will participate in the medical home model on the importance of age one dental visits and their role in oral disease risk assessment, dental referral and prevention interventions. We negotiated a new working relationship with the EPIC Program to assist the Home by One Program beyond the medical home model project to identify dental practices who were interested in the training modules for age one dental visits and assist in providing some of the training to practices. There has been a successful collaboration with EPIC training, especially around the credentialing process for CME to be offered to physicians and dentists. EPIC and UCHC provided 22 in office trainings to physicians and staff.

The third training option is an online course, developed by Dr. Joanna Douglass, *Fluoride Varnish Application for Pediatric Medical Providers: Home by One*, which is available through the CT Department of Public Health’s online training platform, CT Train. This course is currently still available, but data on the number of providers who have accessed this course was not available at the time of this report.

The last training venue was through a very successful peer to peer training session, *Infant & Toddler Oral Health: Building Effective Networks between the Medical and Dental Professionals*, which was conducted in October 2010 and was developed in partnership between the CT State Dental Association and The CT Chapter of the American Association of Pediatricians. The half-day session was implemented to provide cross-training between dentists and child health care providers to appropriately assess and refer dental/medical issues in very young children. There was a strategy in inviting dentists and child health care providers whose practices were in relatively close proximity to the WIC programs in an effort to develop some networking opportunities.

The session was well attended, 17 dentists and 7 child health care providers participated. The morning consisted of a didactic session provided by Dr. Joanna Douglass and Dr. Jessica Zimmerman, a pediatrician trained by the American Academy of Pediatrics on oral health advocacy for CT. This section consisted of oral health issues from both the medical and dental perspective, the etiology of early childhood caries and the need to assess the risk factors and provide interventions as soon as the teeth erupt. A topic that was stressed was the need for increased communication between the two disciplines to improve health outcomes.
The next session involved hands on lap to lap examinations and fluoride varnish applications for both disciplines. Dentists that had received Home by One training “coached” the child health providers. Some parents from WIC that had been trained in the Home by One oral health and advocacy trainings and other volunteers, brought their children for this fun event. All the providers received kits which contained fluoride varnish, toothbrushes, educational materials, the AAP “Bright Futures” booklet and a hand puppet to demonstrate proper brushing, as well as a flash drive with additional resources. Recommendations from attendees were to hold smaller regional sessions.

The Department of Social Services (DSS) has also implemented its ABC Program to allow physicians to get reimbursement for both risk assessment and fluoride varnish application to expand the number of health care providers who can play a role in caries prevention.

Four hundred and twenty (420) child health providers have been trained in oral health risk assessment, oral health education and fluoride varnish application for early childhood through CT approved training. Two hundred and sixty-two (262) child health providers are approved for Medicaid billing for oral health risk assessments & fluoride varnish at well child visits with the Department of Social Services.

**Objective 3.2:** By 2011, all WIC sites will have staff trained in recognizing good oral health and oral disease, trained in dental caries risk assessment, and their role in promoting oral health by the project coordinator and health program associate

Partnerships with local WIC agencies and their staff have been successful. WIC staff’s participating in the Advisory Group has been instrumental in guiding the Program as it developed. They offer feedback on the training that is offered to WIC staff, the evaluation protocol for the training and the process for integration of oral health into the assessment process for women, infants and children.

In the first year of this program, Linda Ferraro, program coordinator for the Office of Oral Health and Project Director, Dr. Ardell Wilson attended the annual meeting for the WIC staff. Ms. Ferraro presented on Home by One and Early Childhood Caries. In subsequent years, the Home by One program coordinator, Tracey Andrews attended and provided updates.

A media campaign was developed in 2009 using print, advertisements on buses and radio ads in English and Spanish, to promote the rational for age-one dental visits and the value of preventive visits early to the public, and to early childhood providers and health professionals. This resulted in a successful branding of the program. The print ad developed was turned into a parent brochure, My Baby’s Firsts...Smile...Tooth...Dental Visit by Age One, which is used by WIC
Nutritionists as a tent card on their desks to stimulate conversation with WIC parents about oral health for themselves and their infants. The parents learn how to take care of an infant’s oral health to prevent transmitting the bacteria that cause early childhood caries to their children. They learn what to expect at an age one dental visit through the pictorial in the brochure and they have a place to record their baby’s dental milestones, including their baby’s dental home contact information. Dental providers are using the brochure by stamping their contact information on it and sharing it with pediatrician’s who are referring children by age one to a dental home. Finally, the brochure is inserted into the CT Department of Public Health’s Immunization program’s New born packets that are distributed to every child born in a CT hospital, within two weeks of their birth. This campaign has led to the development of Posters, which were distributed to CT Hospitals in July 2010, as well as 266 libraries across the state. A banner was also developed and is displayed in the Capitol of CT during Children’s Dental Health Month.

We developed a collaboration/contract with the Child Health and Development Institute (CHDI) to conduct an evaluation of the Home by One Program. CHDI used a combination of qualitative and quantitative methods to evaluate each goal of the Home by One Program. Their collaboration helped with assessment of the pre and post tests that are given to WIC staff and the parents at advocacy and oral health. Changes were made to the tests based on the evaluation, such as the addition of tools that parents can use when engaging in advocacy. Questions were added to measure if WIC staff learned statistical data presented in the WIC staff trainings. They have also been instrumental in fostering the collaboration between the Home by One Program and Family Support Network regional coordinators for CYSHCN.

To date 153 WIC staff have been successfully trained oral health, early childhood caries and what their role is in preventing this disease through Home by One. Training also expanded to include Home Visitors in the Nurturing Family Network as well as Home Visitors for Hartford Healthy Start.

Responsiveness to Goal

- **153 WIC staff** have been successfully trained oral health, early childhood caries and what their role is in preventing this disease through Home by One. Training also expanded to include Home Visitors in the Nurturing Family Network as well as Home Visitors for Hartford Healthy Start.

- **420 child health providers** have been trained in oral health risk assessment, oral health education and fluoride varnish application for early childhood through CT approved training. Two hundred and sixty-two (262) child health providers are approved for Medicaid billing for oral health risk assessments & fluoride varnish at well child visits with the Department of Social Services.
Lessons Learned

- Develop a very good system of communication with all stakeholders and partners from the beginning of the process and keep them engaged.
- Establish systems that can be self-sustaining, but there needs to be coordination and a presence to maintain interest.

PROGRAM GOAL 4: Expand the number of dental practices and clinics providing dental homes for children including those with special health care needs

Objective 4.1: The Project Director in collaboration with the state dental association and other key provider groups will identify three or more dental practices or clinics per year that will become dental homes.

The Home by One program has had the support for the CT State Dental Association (CSDA) from the very beginning of this project. In the beginning of the second year of the project, Project Director, Dr. Ardell Wilson met with the CSDA Board of Directors and they agreed to be the champions for Home by One and become the first dental homes for the WIC children. They received the Home by One Age One Dental Visit training and very gingerly at first, started accepting children aged one and other very young children from the WIC program. Through strong coordination from the Project Coordinator, these practices provided various avenues to ensure the children were seen in their offices. Some provided specific blocks of time in their schedules for the children; others would notify the coordinator of openings in their schedules which could be filled. This coordination was done in collaboration with the WIC staff.

One serendipitous event which occurred in October of 2008 was the increase in reimbursement rates for children dental services under the Medicaid and CHIP program as the result of a lawsuit. This resulted in a significant increase in dentists participating in this public insurance program. Prior to the increase, as little as 300 of the over 3000 dentists practicing in our state accepted Medicaid insurance. Currently, close to 1500 of them do. This had a very beneficial effect on dentists participating in the Home by One program.

We gave a presentation about our successful CSDA pilot dental homes to the CSDA board September 2009. Board members have championed the program and recruits were overwhelming. The training was placed on CT TRAIN to be available online and meets the demand of dentists wanting training. As a result of CSDA success, 41 dental homes have been established for age one children in WIC.
A collaboration of Department of Social Services, Electronic Data Services and Benecare has formed the Connecticut Dental Health Partnership (CDHP). They have been responsible for recruiting 1200 more providers of Medicaid dental services in our state, taking the number of providers from 300 prior to 2008 to over 1500 in 202011. The CDHP has dental care specialists for six regions of the state and one for SHCN. They work in collaboration with Home by One Program and the WIC sites including, access to translation and transportation services. WIC sites are given the contact information for their regions care specialist and liaisons are encouraged. Care specialists are invited to community breakfasts or WIC events in conjunction with Home by One. We also engaged dental hygienists in private dental practices and public health programs. The program coordinator presented Home by One concepts to three of the four dental hygiene schools located in the state. Briarwood School of Dental Hygiene had 14 students attend a presentation. FONES School of Dental Hygiene held a presentation for 52 students and has incorporated infant oral health into their curriculum. The program coordinator also presented at the University of New Haven Dental Hygiene program to 32 students. A statewide continuing education program held September 16, 2009 on infant oral health, sponsored by the CT Dental Hygienists Association, had 45 participants. The program coordinator participated in the program as a speaker. Due to the Home by One presentation given, a dental home contact was made in the New Haven area.

According to a report from the CT Voices for Children CHILDREN’S DENTAL SERVICES IN THE HUSKY PROGRAM: Program Improvements Led to Increased Utilization in 2009 and 2010, published in November 2011, there was a significant increase in preventive visits for children under age three in the Medicaid and CHIP program from 13.7% in 2008 to 32.3% in 2010. While we cannot say the Home by One program had a direct effect on this increase, it would make sense to conclude that the program, along with the reimbursement rate increase and increased coordination of care certainly had an impact.

**Objectives 4.2:** By 2011, develop a model medical-dental home collaboration to promote an integrated approach to health care for young children

Prior to Tracey Andrews being hired for the program coordinator for the Home by One program, Linda Ferraro was part of the CORE Group of individuals involved in the development parameters of a medical home model for special needs children of pilot through the CT Department of Public Health. That initial pilot funded 3 sites to develop and implement the care coordination where the families act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential. In CT, this includes care coordination linking children, including children with special health care needs, to dental care services.

To date there are 41 Medical Homes with care coordinators who are either on-site or co-located with other medical homes. These care coordinators have received training on the importance of
oral health, especially for children with special health care needs. Through a collaborative effort between Home by One and the CT Dental Health Partnership (CTDHP), the care coordinators are aware of the resources available to them to directly refer a child to a dentist and if they have any difficulties, they know to call the CTDHP Dental Health Care Specialist dedicated solely to coordinating care for individuals with special health care needs.

**Responsiveness to Goal**

- 41 dental homes have been established for age one children in WIC.
- 41 Medical Homes with care coordinators who are either on-site or co-located with other medical homes

**Lessons Learned**

- Develop a very good system of communication with all stakeholders and partners from the beginning of the process and keep them engaged.
- Establish systems that can be self-sustaining, but there needs to be coordination and a presence to maintain interest

**3. Impact of Home by One**

Home by One has successfully brought early dental care issues to the forefront of several Connecticut initiatives dedicated to addressing early childhood health and development. In addition to HBO’s direct impact on the delivery of health education through the state’s WIC program, HBO has also had an impressive impact on state policy and system building to promote early childhood dental services. Please see attached evaluation for a detailed explanation of these impacts. (Attachment 1)

While parity with other issues within systems that address early childhood in Connecticut is not fully realized, the recognition that oral health is essential to children’s ability to learn, grow and be healthy is evident.

As noted earlier, there has been a significant increase in the utilization of preventive dental services for very young children on Medicaid. In addition, data from the 2011 Basic Screening Survey of CT’s Head Start children the rate of dental caries experienced in this program also saw a significant decrease.

The program did experience some setbacks with the departure of Tracey Andrews, the program Coordinator, prior to the conclusion of this grant, but her efforts at making many of the components of the program sustainable are significant.

In conclusion, there have been several initiatives relating to dental care for young children in our state that could certainly have impacted the improvements we have seen. but the name “Home by
One” is recognized by many and if identified with the age one dental visit. That in itself is a wonderful testament to Ms. Andrews and the many partners and stakeholders that made the Home by One program such a success for our state.

Moving forward, funding opportunities will be sought to continue the work of the Home by One program and potentially expand its focus to the oral health needs of Pregnant Women.

4. LISTING OF PUBLICATIONS AND OTHER MATERIALS

The following is a list of training materials and resources that have been put together for the Home by One Program:

- **Advocacy and Oral Health Curriculum** produced by Connecticut Oral Health Initiative and CT Department of Public Health, Office of Oral Health
- **Dental Home Curriculum** produced by Dr. Joanna Douglass, University of CT School of Dental Medicine
- **Dental Home Orientation Packet** produced by Tracey Andrews, CT Department of Public Health
- **Baby Oral Health Program-Binder, DVD, and risk assessment tool** produced by The University of North Carolina at Chapel Hill, School of Dentistry, and Department of Pediatric Dentistry
- **Physician Curriculum** produced by Dr. Joanna Douglass, University of CT School of Dental Medicine
- **Fluoride Varnish Poster, Infant Oral Health Poster, and Fluoride pocket card** produced by Dr. Joanna Douglass, University of CT School of Dental Medicine
- **Home by One Program Curriculum for WIC Staff** produced by Tracey Andrews, CT Department of Public Health

**My Baby’s Firsts…Smile, Tooth, Dental Visit** Infant oral health fact tent card for parents including a pictorial of what to expect at the first dental visit and a place to record dental milestones as well as their dental home contact information.

www.ct.gov/dph/HomebyOne
Connecticut Department of Public Health’s Home by One Program website.
Program Evaluation
Final Report
"Home By One"

Date of Report: October 2011

Prepared For: Rosa M. Biaggi, MPH, MPA
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1. Executive Summary

The *Home by One Program* was a federally funded, 4-year initiative of the Connecticut Department of Public Health, Office of Oral Health. *Home by One* was designed to build sustainable infrastructure in Connecticut to ensure that children in the state receive early and preventive dental care. *Home by One* had four goals specific to developing capacity in several service sectors so that children establish dental homes and have their first dental visits by age one, summarized in Table 1.

<table>
<thead>
<tr>
<th>Table 1. Goals of <em>Home by One</em> Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1: Integration</strong></td>
</tr>
<tr>
<td>Coordinate and exchange oral health information, as it relates to overall health, among state agencies and community organizations</td>
</tr>
<tr>
<td><strong>Goal 2: Parent Advocacy</strong></td>
</tr>
<tr>
<td>Train parents as advocates for oral health for their children and their families</td>
</tr>
<tr>
<td><strong>Goal 3: Non-Dental Workforce</strong></td>
</tr>
<tr>
<td>Expand the competency of the non-dental workforce in Connecticut in preventing oral disease and with education about prevention of oral disease</td>
</tr>
<tr>
<td><strong>Goal 4: Dental Homes</strong></td>
</tr>
<tr>
<td>Expand the number of dental practices providing “dental homes” for children beginning at age one</td>
</tr>
</tbody>
</table>

The *Home by One* program staff included a full-time project coordinator and part-time project director from the Connecticut Department of Public Health. The project coordinator was trained both in public health and as a dental hygienist. The project director was the state Dental Director. Several other organizations partnered with the Department of Public Health to develop and implement *Home by One* activities. These organizations included the Connecticut Oral Health Initiative (COHI), the University of Connecticut Health Center (UCHC), the Connecticut State Dental Association (CSDA) and the Child Health and Development Institute of Connecticut (CHDI).

CHDI served as the evaluator for the *Home by One* program. Program evaluation specialists from CHDI began collaborating with *Home by One* program staff in Year 2 of the program, meeting regularly with program staff, attending program activities, conducting evaluations and providing evaluation reports on ongoing program activities. This longitudinal relationship enabled the *Home by One* program staff to use evaluation findings to engage in continuous improvement. The program evaluation consultants utilized a combination of qualitative and quantitative methods to evaluate specific program activities and the extent to which *Home by One* met its stated program goals. This report summarizes the major program evaluation activities conducted by CHDI over the duration of the *Home by One* program and describes the results of their evaluation efforts, organized by the four goals described in Table 1. Key findings of the evaluation are summarized in the **Executive Summary** below.
Executive Summary: Key Evaluation Results

- **Goal 1: Integration**
  - *Home by One* (HBO) has successfully brought early dental care issues to the forefront of several Connecticut initiatives dedicated to addressing early childhood health and development. In addition to HBO’s direct impact on the delivery of health education through the state’s WIC program, HBO has also had an impressive impact on state policy and system building to promote early childhood dental services.
  - HBO’s accomplishments in the area of integration were the result of regular and frequent contact between *Home by One* program staff and key early childhood and oral health stakeholders in the state of Connecticut. A calendar review describing these contacts is included in this report.

- **Goal 2: Parent Advocacy**
  - From 2008-2010, *Home by One* held advocacy and oral health trainings for more than 150 parents across the state. Participants were asked to complete evaluations of these trainings, and they consistently rated the trainer and training very highly. Parents’ responses to pre- and post-tests showed marked improvement in knowledge about advocacy. After the pre- and post-tests for training were modified in December, 2009, parents who took the modified surveys demonstrated improvements in knowledge about oral health.

- **Goal 3: Non-Dental Workforce**
  - *Home by One* sought to encourage and train medical providers to participate in early childhood dental health services. In collaboration with the University of Connecticut Health Center, *Home by One* developed a training program to teach medical providers about early childhood oral health issues, and to train medical providers to provide oral health exams and fluoride varnish applications and bill for these services. In 2007, the state Medicaid program approved payment for oral health risk assessments and application of fluoride varnish for children younger than 3 when performed by a medical provider. Medicaid reimbursement required that primary care providers attain certification through one of the *Home by One* approved training programs.
  - To date, 420 child health providers have been trained in early childhood oral health issues and 262 (62%) of these providers have been approved for Medicaid billing for oral health risk assessments and fluoride varnish application at well child visits. From 2009-2010, 56 primary care providers billed for oral health risk assessments and fluoride varnishes, for a conversion rate of 21% from receiving Medicaid approval to billing for procedures.
  - Over the past 2 years, child health providers have performed almost 7,000 dental procedures on children younger than 3. This includes risk assessment for more than 2,000 parents and fluoride varnish application for more than 1,000 children. The delivery of dental services in child health sites grew from a baseline of zero in 2008, before the state Medicaid program approved payment to child health providers for early dental services. From 2009 to 2010, the number of Medicaid-billed dental health services provided by medical providers
for children younger than three years of age increased substantially: the number of oral health risk assessments increased by 45% and fluoride varnish application increased by 15%. These increases are especially impressive given the short window of implementation of Home by One at the time of the preparation of this evaluation.

- The Home by One program also provided funding to the Child Health and Development Institute’s Educating Practices in the Community (EPIC) program on Oral Health. The EPIC Oral Health module was approved by the state Medicaid program as a certified training for child health providers interested in expanding their practice to include early dental services. From June 2006 to October 2011, the EPIC Oral Health module was presented in 22 primary care practices. Participants rated the EPIC training highly in terms of usefulness, intent to use, and the helpfulness of the information provided. Participants expressed concern that lack of time might be a barrier to using information from the EPIC module.

- In October 2010, Home by One sponsored a collaborative training for pediatric medical providers and pediatric dentists with the goal of identifying strategies for building collaborative relationships between the two professions. In training evaluations, participants in the workshop stated that improving relationships between pediatric dentists and pediatric medical providers was valuable and had the potential to benefit patient access to both health and dental services. Participants also responded very positively about the content and usefulness of the collaborative training session.

- Home by One also educated nutritionists employed by the Connecticut Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program about oral health education and connecting families to dental care. Home by One developed and presented trainings in 21 of 24 Connecticut WIC sites. On pre and post tests of knowledge about oral health, WIC staff members’ scores were high overall, and there was an improvement in the number of respondents correctly answering two “trick questions.” WIC staff members gave the oral health training very high scores on evaluations, rating the objectives of the course, course materials, and instructors very highly.

- The Home by One coordinator formally connected 6 WIC sites with dental homes available to serve age one dental referrals. In September 2011, three of these WIC sites responded to a request to complete a survey about their experiences in connecting families with dental services, including their dental home. All three WIC sites stated that their offices had incorporated new or additional information on oral health education since the Home by One training, and all three sites estimated that they had referred over 30 WIC participants to their Dental Home in the past 6 months. The majority (2/3) of WIC sites stated that their relationship with a Dental Home had made them more likely to refer WIC participants for dental services, and all (3/3) stated that they were satisfied or very satisfied with their Dental Home. Respondents also identified continuing barriers to WIC participants accessing early childhood dental services, including insurance coverage for dental services and misconceptions about dental health.
• **Goal 4: Dental Homes**
  - *Home by One* staff provided in-office *Home by One* program orientations in 18 dental professionals’ offices, training them to serve as Dental Homes for age one patients. In September 2011, six of the dental homes responded to a request to complete a survey about their experiences in serving as a dental home for age one patients and collaborating with a WIC office. The majority of the dental homes surveyed (5/6) served primarily a pediatric patient population, and all six were currently accepting patients for age one visits. All six were also currently accepting referrals for age one visits from a WIC site. All of the dental homes surveyed stated that they would like to receive additional age one dental referrals, and several emphasized the important of early dental care. All of the respondents indicated that the *Home by One* training prepared them very well (3/6) or well (3/6) to serve as a dental home for children under age one. The majority (5/6) had continued to have additional contact with *Home by One* staff following the training.
  - *Home by One* has posted their course, “Dental Provider’s Perspective on the Age One Dental”, on the CT TRAIN online education network and, to date, the course has been completed by 26 dental professionals. *Home by One* gave three presentations for the Connecticut Dental Hygienists Association, training 80 dental hygienists to provide care to children younger than three.

• **Impact on Access to Dental Services**
  - The over-arching goal of the *Home by One* program was to ensure that children in the state receive early and preventive dental care, establishing a dental home by age one. The available data on Connecticut children’s access to dental services indicates the positive and significant impact of the *Home by One* program:
    - By the end of 2010, 262 pediatric primary care providers were certified to provide dental services to children younger than three.
    - By the end of 2010, more than 2,000 children younger than three were receiving dental services from their primary care medical provider.
    - From 2009-2010, the number of Medicaid billings for primary care provider oral health risk assessment for children younger than three increased by 45%.
    - In 2010, 9432 children younger than two years of age received dental services. 2128 of those children (23%) received care in a Dental Home trained by *Home by One*.
    - Twenty-six dental home sites are currently accepting age one dental visit referrals from WIC sites. Data from Medicaid on age one visits from 9/1/08-8/31/09 showed a total of 1553 new patient exams.
Ongoing Impact

While the Home by One program ended in July, 2011, the efforts of the program continues to have an impact on oral health in Connecticut. Home by One has succeeded in bringing oral health to the agenda of several key early childhood health organizations.

The former Home by One program coordinator, Tracey Andrews, was recruited to take on a newly created position with the Connecticut Dental Health Partnership, with a focus on promoting and facilitating early childhood dental care for children insured by Medicaid in Connecticut.

Further evaluation efforts of the Home by One program are also underway. Dental students at the University of Connecticut, under the supervision of Dr. Joanna Douglass, have surveyed primary care providers who participated in the Home by One medical provider training to determine how these providers are using the training in their practices and to investigate barriers to implementing fluoride varnish and oral health risk assessment in primary care practice. Another dental resident intends to survey WIC nutritionists who participated in Home by One training about their experiences in providing oral health education services to families.
Goal 1. Integration

Goal 1 of the Home by One program was to coordinate and exchange oral health information, as it relates to overall health, among state agencies and community organizations. Goal 1 focused on improving statewide collaboration with key early childhood partners including the statewide Maternal and Child Health (MCH) Advisory Committee, the Governor’s Early Childhood Cabinet, the HRSA funded Early Childhood Comprehensive Systems Initiative, the Home by One Advisory Group and the American Academy of Pediatric Dentists Head Start Dental Home Initiative. Home by One also developed new collaborative partnerships with the Connecticut Family Support Network, a well defined family advocate group for children and youth with special health care needs (CYSHCN) designed around the Title-V medical home initiative program and; (7) The Children’s Trust Fund, a state agency designed to help families of young children receive health and educational resources as well as civic advocacy training for parents in communities. Home by One program staff sought to increase the inclusion of oral health in the agendas of these organizations and foster collaborative relationships.

A. Oral Health and Dental Care on the Early Childhood Health Agenda

CHDI annually reviewed statewide early childhood programs to determine the extent to which oral health was included in the agendas and services of these programs.

Key Finding: Home By One has successfully brought early dental care issues to the forefront of several Connecticut initiatives dedicated to addressing early childhood health and development. In addition to HBO’s direct impact on the delivery of health education through the state’s WIC program, HBO has also had an impressive impact on state policy and system building to promote early childhood dental services. These efforts are discussed below.

1) Governor’s Education’s Early Childhood Education Cabinet

Governor Rell established the Early Childhood Education Cabinet in 2007 to advance the integration of services to young children and families. State agency personnel, childcare providers, and child advocates serve on the Cabinet. HBO successfully brought recognition of the importance of early dental services to this high level policy group. The Cabinet’s first report, Ready by Five- Fine by Nine, which serves a blueprint for early childhood services in Connecticut, recognizes the role of dental health in ensuring school readiness. Specifically, the Cabinet’s identified the following measure as an indicator of the state’s progress in ensuring that children are health and ready to learn upon entering Kindergarten:

“the percent of young children ages 2, 4, and 5, enrolled in HUSKY A (Connecticut’s Medicaid program) who had a preventive dental visit within the previous one year period”

2) Maternal Health Subcommittee of the Medicaid Managed Care Council

The Medicaid Managed Care Council oversees implementation of the Department of Social Services’ administration of the state’s Medicaid program, HUSKY. Legislators, agency personnel, health care advocates and service providers sit on the Council. The Council also charges several subcommittees with
research and policy development to improve health services for the HUSKY population. One such subcommittee is the Women’s Health Subcommittee, which includes representatives from a broad array of state agencies and private organizations as well as the state’s three Medicaid Managed Care plans. The Women’s Health Subcommittee addresses dental health issues both in regard to pregnant women and young children. The Subcommittee’s agenda expanded to include dental health issues in 2009, with presentations from HUSKY dental health staff and HBO Advisory Committee members. Based on these presentations, the Subcommittee recommended that the state pursue technical assistance grants to help CT develop an oral health social marketing campaign as well as work with families at the community level to explain the importance of oral health and provide information about service resources.

3) Medical Home Initiative of the Title V Children and Youth with Special Health Care Needs (CYSHCN) program

With state and federal dollars, Connecticut’s Medical Home Initiative supports five programs in different regions of the state to provide care coordination services through pediatric medical homes for CHYSHCN. As a result of HBO’s participation engagement with the Medical Home Initiative, care coordinators throughout the state CYSHCN system are involved in linking children to dental services. The CT Family Support Network (CT FSN), the family outreach contractor for the Medical Home Initiative, sponsored a statewide conference in June 2010 addressing dental needs for CYSHCN. The program included presentations by HBO staff and consultants. Over the final year of the HBO’s funding, the program will support the CT FSN in outreach to families of CYSHCN about dental needs and linkage of CYSHCN to dental services established through over the first four years of the HBO. HBO will provide funding for a statewide dental coordinator to work as a staff member within the CT FSN to support regional CT FSN coordinators in building their capacity to help families with dental needs.

4) Child Health and Development Institute’s (CHDI) Framework for Child Health Services: Support the Healthy Development and School Readiness of Connecticut’s Children

CHDI is a non-profit health policy institute dedicated to improving health and mental health systems for children in Connecticut. In 2008 CHDI received funding from Early Childhood Cabinet and three private foundations to analyze the health services system in place for Connecticut’s young children and develop recommendations for improving the delivery of services to children. The resulting document, A Framework for Child Health Services: Support the Healthy Development and School Readiness of Connecticut’s Children, highlights the critical role of health in school readiness and discusses how Connecticut can support child health services’ contribution to the state’s effort to ensure that children are ready to learn by age five or when they enter elementary school. CHDI developed the Framework with input from a variety of national child health experts as well as state stakeholders. HBO leadership participated in several aspects of the document development as well as review of the final draft. As a result, the Framework contains data on the dental needs of Connecticut’s children as well as recommendations for incorporating dental services into pediatric medical homes.
In addition to recognizing the importance of early dental services at the policy level, and with funding from HBO, CHDI has also embarked upon an aggressive outreach initiative to child health providers. The initiative falls under CHDI’s Educating Practices in the Community (EPIC) program, which uses academic detailing to provide practice-based education to pediatric and family medicine practices on a variety of child health topics. The oral health EPIC module stresses early prevention, mouth exams, and application of fluoride varnish as part of pediatric well child services. CHDI presented the oral health module in 14 practices over the HBO grant funded period.

5) William Casper Graustein Memorial Fund Discovery Communities Initiative

The William Casper Graustein Memorial Fund’s Discovery initiative aims to engage communities in ensuring that “Connecticut children of all races and income levels are ready for school by age five and successful learners by age nine” (Graustein Memorial Fund: http://discovery.wcgmf.org/). The initiative provides grants to local communities to develop early childhood partnerships and plans for ensuring school readiness. In 2008, with funding from the Children’s Fund of Connecticut, Graustein expanded the Discovery initiative to include extra dollars for communities that addressed the health of their youngest children. Fifteen communities received these supplemental funds for planning and programming in 2008 through 2012. As a result of HBO’s educational and awareness raising activities, which included participation in state level meetings between the Graustein Memorial Fund, Children’s Fund on Connecticut and State Department of Education, more than half of the 15 communities have dental health on their agendas.

6) Restructuring of Health for Uninsured Kids and Youth program

In January 2012 the Connecticut Medicaid program (HUSKY) will move from a managed care program with three organizational entities interfacing with providers to oversee care delivery to a single Administrative Services Organization. At the same time HUSKY will provide reimbursement incentives to primary care sites that are recognized as Person Centered Medical Homes (PCMH) according to National Committee for Quality Assurance Level 2 Medical Home standards. One component of incentive payments will be dollars for meeting levels of performance in several clinical areas. As a result of the work of HBO to raise awareness about the importance of early dental services, several pediatric providers have recommended to HUSKY that pediatric dental services be used as a performance measure. As a result the following is currently included in PCMH performance measures: Successful connection of children younger than 2 to dental services OR the provision of preventive dental services in the PCMH OR any child with a dental claim during the measurement period.
B. Calendar Review

CHDI staff reviewed the calendars of Home by One program staff to describe staff activities and determine the number of contacts with early childhood and oral health programs statewide. Activities considered "contacts" included attending meetings, participating in conferences, giving presentations, and other face-to-face, phone, or web-based contacts. The calendar review only describes direct contacts and activities of Home By One staff. The results of this calendar review are summarized in Table 2.

Key Finding: Home by One program staff engaged in regular and frequent contact with key early childhood and oral health stakeholders in the state of Connecticut. The impact of these contacts is reflected in the increasing inclusion of early childhood dental care in the agendas of state early childhood and oral health organizations.

Table 2. Calendar Review: Contacts with Early Childhood and Oral Health Programs

<table>
<thead>
<tr>
<th>Early Childhood Programs</th>
<th>Total Contacts June 2008-March 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td>59</td>
</tr>
<tr>
<td>Early childhood cabinet</td>
<td>3</td>
</tr>
<tr>
<td>CHDI</td>
<td>7</td>
</tr>
<tr>
<td>Parents/Parent Groups</td>
<td>46</td>
</tr>
<tr>
<td>American Academy of Pediatrics (AAP)</td>
<td>18</td>
</tr>
<tr>
<td>American Academy of Family Physicians (AAFP)</td>
<td>2</td>
</tr>
<tr>
<td>Head Start</td>
<td>22</td>
</tr>
<tr>
<td>Medical Home Advisory Council/Medical Home care coordinators</td>
<td>2</td>
</tr>
<tr>
<td>Maternal and Child Health Advisory/MCH work group</td>
<td>10</td>
</tr>
<tr>
<td>Association of Maternal &amp; Child Health Care Programs (AMCHP)</td>
<td>4</td>
</tr>
<tr>
<td>Nurturing Families Network</td>
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</tr>
<tr>
<td>Help Me Grow Program</td>
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</tr>
<tr>
<td>Connecticut Family Support Network</td>
<td>28</td>
</tr>
<tr>
<td>HUSKY Program</td>
<td>2</td>
</tr>
<tr>
<td>Private pediatric primary care providers</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>32</td>
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</table>
Oral Health Programs

Office of Oral Health 1
COHI 25
Home by One Advisory Committee 15
Adult Oral Health Task Force 8
Ct Dental Health Partnership 16
Dental hygiene programs 14
CDHA 16
CSDA 24
Head start Initiative w/ AAPD 2
Dental Home Orientation 40
Other 16

Goal 2: Parent Advocacy

A. Parent Oral Health and Advocacy Training

From November 2008-August 2010, Home by One trainers held oral health and advocacy trainings for parents in locations across Connecticut. Parents who participated in the trainings were asked to complete pre and post-tests, as well as evaluations of the training. 161 parents completed these evaluation materials. The questions on Oral Health from the pre- and post-tests are listed in Figure 1.

Figure 1. Parent Oral Health Pre- and Post- Test Questions, with correct answers checked

Q1. T ☑ F ☑ It is not important for parents and caregivers to wipe their baby’s gums with a clean, soft cloth every day, before the baby’s teeth first appear in the mouth.

Q2. T ☑ F ☑ Putting your baby to bed with a bottle of milk or juice will damage your baby’s teeth.

Q3. T ☑ F ☑ As soon as the baby’s first tooth appears in the mouth, it is important that parents and caregivers clean and brush their baby’s teeth with a soft toothbrush.

Q4. T ☑ F ☑ Children need adults to help them brush and floss away sticky food and germs until they are at least 7 years of age.

Q5. T ☑ F ☑ When you see white spots or stains on your child’s teeth; OR if your child has pain or swelling in their mouth, you need to take your child to a Dentist.

Q6. T ☑ F ☑ Regular cleaning, brushing, flossing and dental check-ups every 6 months starting at age one, is a way to prevent early childhood caries (cavities) and avoid unnecessary pain for your child.

Q7. T ☑ F ☑ A dental home is a place that provides continuous dental care and should be established by age one.

Q8. T ☑ F ☑ Parents and caregivers cannot spread the bacteria that cause dental disease to their children.
On the pre and post tests questions about oral health, parents’ scores showed little or no improvement in the percent correct. On both pre and post surveys, a high percentage of parents correctly answered the questions for which the correct answer was “True” (Questions 2-7), while a lower percentage of parents correctly answered the “trick questions” for which the correct answer was “False” (Questions 1 & 8). These “trick questions” were phrased in the negative, which might have been confusing for participants. Table 3 shows the percentage of parents responding correctly to each pre and post test question and the change from pre-test to post-test.

<table>
<thead>
<tr>
<th>Table 3. Parent Pre and Post Tests</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre- % Correct</td>
<td>66%</td>
<td>89%</td>
<td>97%</td>
<td>96%</td>
<td>99%</td>
<td>98%</td>
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<tr>
<td>Post- % Correct</td>
<td>61%</td>
<td>88%</td>
<td>94%</td>
<td>99%</td>
<td>96%</td>
<td>99%</td>
<td>97%</td>
<td>67%</td>
</tr>
<tr>
<td>Difference Pre-Post</td>
<td>-7%</td>
<td>-1%</td>
<td>-4%</td>
<td>3%</td>
<td>-3%</td>
<td>0%</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>

For some parent oral health & advocacy presentations in after December 2009, many of which were presented by the Connecticut Oral Health Initiative (COHI), pre- and post-tests were modified to add more substantive oral health information. Figure 2 shows the questions and correct responses on the modified surveys.

**Figure 2. Modified Parent Oral Health Pre and Post- Test Questions, with correct answers checked**

Q1. T __ F ✓✓ It is not important for parents and caregivers to wipe their baby’s gums with a clean, soft cloth every day, before the baby’s teeth first appear in the mouth.

Q2. T __ F ✓✓ Putting your baby to bed with a bottle of milk or juice will not damage your baby’s teeth.

Q3. T ✓✓ F __ As soon as the baby’s first tooth appears in the mouth, it is important that parents and caregivers clean and brush their baby’s teeth with a soft toothbrush.

Q4. T ✓✓ F __ Children need adults to help them brush and floss away sticky food and germs until they are at least 7 years of age.

Q5. T __ F ✓✓ Asthma is more common than tooth decay

Q6. T ✓✓ F __ Regular cleaning, brushing, flossing and dental check-ups every 6 months starting at age one, is a way to prevent early childhood caries (cavities) and avoid unnecessary pain for your child.

Q7. T ✓✓ F __ A dental home is a place that provides continuous dental care and should be established by age one.

Q8. T __ F ✓✓ Parents and caregivers cannot spread the bacteria that cause dental disease to their children

Q9. T __ F ✓✓ Only 14% of Head Start children in Connecticut have ever experienced tooth decay

Q10. T ✓✓ F __ Advocacy and oral health training empowers parents and caregivers to talk about oral health in their communities

Table 4 shows the percentage of parents responding correctly to the modified pre and post test questions, which enabled parents to demonstrate significant improvements in scores.
Table 4. Parent Pre and Post Tests

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Q9</th>
<th>Q10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre- % Correct</td>
<td>88%</td>
<td>96%</td>
<td>46%</td>
<td>75%</td>
<td>83%</td>
<td>96%</td>
<td>79%</td>
<td>88%</td>
<td>79%</td>
<td>96%</td>
</tr>
<tr>
<td>Post- % Correct</td>
<td>92%</td>
<td>100%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>96%</td>
<td>96%</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>Difference Pre-Post</td>
<td>4%</td>
<td>4%</td>
<td>50%</td>
<td>25%</td>
<td>17%</td>
<td>4%</td>
<td>17%</td>
<td>8%</td>
<td>13%</td>
<td>4%</td>
</tr>
</tbody>
</table>

The questions from the “Advocacy” portion of the parent pre- and post-tests are listed in Figure 3.

Figure 3. Oral Health Advocacy Survey Questions, with correct answers checked

Q1. Advocacy is:
   — Caring about an issue, problem or condition that is important to you
   — Talking and convincing other people to care about it too
   ☑ Both of the above

Q2. I can advocate by:
   — Talking to my senator or representative
   — Writing letters to my newspaper
   — Talking to people I know about what needs to be done
   — Voting
   ☑ All of the above

Q3. Who can I talk to about the need for better oral health care?
   — People at my church
   — My city council member
   — Friends I see in my community
   — People who work in state government
   — School board members
   — My doctor or dentist
   ☑ All of the above

Q4. Do you know the names of your representative and senator from the _______ area in the Connecticut state legislature in Hartford?
   — No, I don’t know their names
   ☑ Yes, I know both of their names!
   — I know one of their names

Q5. I know how to contact my representative and senator in the Connecticut legislature.
   — I don’t know how to contact them
   ☑ Yes, I know how to contact both of them
   — I know how to contact one of them

Q6. Which of these makes Laws and Rules (Policy) about Oral Health:
   — Connecticut legislature in Hartford
   — United States Congress in Washington, DC
   — City council
   — People who work in state government
   — School Board
   ☑ All of the above
Parents showed significant improvement in their scores on the oral health advocacy questions on the pre and post-test surveys. For example, the percentage of respondents who knew the names of one or both of the names of their representative and senator increased from 18% on pre-tests to 67% on post-tests. The percentage of respondents stating that they knew how to contact at least one of their elected officials increased from 24% on pre-tests to 78% on post-tests. Detailed responses to each of the advocacy questions are included in Appendix 1.

Parents gave the oral health and oral health advocacy training very high scores on the evaluations, rating the objectives of the course, course materials, and instructors very highly. Evaluation scores were high for both the oral health and advocacy portions of the class. Parent evaluation responses are summarized in Table 5.

<table>
<thead>
<tr>
<th>Table 5. Parent Home by One Program Evaluations</th>
<th>Average Score (5=Agree, 1=Disagree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eval2_1 Oral health objectives were clear.</td>
<td>4.8</td>
</tr>
<tr>
<td>Eval2_2 Oral health posters and visual materials were helpful.</td>
<td>4.6</td>
</tr>
<tr>
<td>Eval2_3 The oral health handouts were clear and useful.</td>
<td>4.8</td>
</tr>
<tr>
<td>Eval2_4 Oral health instructor communicated clearly.</td>
<td>4.8</td>
</tr>
<tr>
<td>Eval2_5 Oral health instructor was attentive to groups needs.</td>
<td>4.8</td>
</tr>
<tr>
<td>Eval2_6 Oral health demonstrations were helpful.</td>
<td>4.7</td>
</tr>
<tr>
<td>Eval2_7 As a result of this class I have a better understanding of oral health.</td>
<td>4.8</td>
</tr>
<tr>
<td>Eval2_8 Advocacy class objectives were clear.</td>
<td>4.4</td>
</tr>
<tr>
<td>Eval2_9 Advocacy instructor communicated clearly.</td>
<td>4.2</td>
</tr>
<tr>
<td>Eval2_10 Advocacy handouts are helpful.</td>
<td>4.3</td>
</tr>
<tr>
<td>Eval2_11 Advocacy instructor was attentive to groups needs.</td>
<td>4.3</td>
</tr>
<tr>
<td>Eval2_12 Advocacy exercises were helpful.</td>
<td>4.3</td>
</tr>
<tr>
<td>Eval2_13 This workshop increased my ability to advocate for oral health.</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Unfortunately, parents who participated in the advocacy & oral health workshops did not respond to requests to participate in an online survey about their involvement in advocacy or oral health activities since the training, so the long-term impact of the training is unknown.
Goal 3: Non-Dental Providers

A. Medical Providers

1. Child Health Provider Fluoride Varnish and Oral Health Exam Training

A third goal of Home by One was to encourage and train medical providers to participate in early childhood dental health services. In collaboration with the University of Connecticut Health Center, Home by One developed a training program to teach medical providers about early childhood oral health issues, and to train medical providers to provide oral health exams and fluoride varnish services and bill for these services. To date, 420 child health providers have been trained in early childhood oral health issues. Figure 4 shows the distribution of these child health providers across the state. Subsequent to completing the training, 262 (62%) of these child health providers applied for and were approved by the state Medicaid office to bill for oral health risk assessments and fluoride varnish application at well child visits.

Figure 4. Primary Care Providers Receiving Home by One training

From 2009-2010, 56 primary care providers billed for oral exams and fluoride varnishes, for a conversion rate of 21% from registering with Medicaid to billing for procedures. In 2009 and 2010, providers billed for a total of 2358 oral health evaluation/counseling services and 1548 fluoride varnishes for children younger than three years of age, after accounting for duplicate entries in the data provided. (Figure 5) From 2009-2010, the number of Medicaid billings for primary care provider fluoride varnish application for children younger than three increased by 14% and the number of billings for primary care provider oral health risk assessment for children younger than three increased by 45%.
2. EPIC Oral Health module

The *Home by One* program supported the CHDI Educating Practices in the Community (EPIC) module on Oral Health. The EPIC training discussed oral health risk assessment and fluoride varnish application for children younger than three. From June 2006 to October 2011, the EPIC Oral Health module was presented in 22 primary care practices across the state. Participants in the EPIC training included primary care providers and office staff members, and one presentation included several participants who were dentists. 153 participants completed evaluations of the presentation, rating the EPIC training highly in terms of usefulness, intent to use, and the helpfulness of the information provided. (Table 6)

According to evaluation responses, 96% of participants stated that they intended to use the information presented (selecting a 1 or 2 on a scale from 1/ Definitely intend to use to 5/ Definitely not intend to use), and 95% stated that the information was useful (selecting a 1 or 2 on a scale from 1/ Very useful to 5/ Not useful). 25% of participants expressed concern that lack of time might be a barrier to using the information (selecting a 4 or 5 on a scale from 1/ Not a barrier to 5/ May be a barrier). (Table 6)

<table>
<thead>
<tr>
<th>Table 6. EPIC Evaluation Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you intend to use the information presented today?</td>
</tr>
<tr>
<td>1/ Definitely Intend to Use</td>
</tr>
<tr>
<td>84%</td>
</tr>
<tr>
<td>b. Was this training useful?</td>
</tr>
<tr>
<td>1/ Very useful</td>
</tr>
<tr>
<td>79%</td>
</tr>
<tr>
<td>c. Which of the following might be barriers to using the information presented?</td>
</tr>
<tr>
<td>1/ Not a barrier</td>
</tr>
<tr>
<td>Lack of time</td>
</tr>
<tr>
<td>Not enough information</td>
</tr>
<tr>
<td>Information too difficult to use</td>
</tr>
</tbody>
</table>
3. MD/DMD Collaborative Training

In October 2010, *Home By One* sponsored a collaborative training for pediatric medical providers and pediatric dentists with the goal of identifying strategies for building collaborative relationships between the two professions. In training evaluations, participants in the workshop, 17 pediatric dentists and 7 pediatric medical providers, stated that improving relationships between pediatric dentists and pediatric medical providers was valuable and had the potential to benefit patient health care access. Participants were also very positive about the content and usefulness of the training session. The results of the pre- and post-training surveys are described below, and detailed responses to each question are included in Appendix 2.

**Survey Findings:**
- Pediatric medical providers and pediatric dentists reported infrequent communication about shared patients.
- Many barriers to good communication were identified by both pediatric medical providers and pediatric dentists
  - The most commonly reported barrier was “**lack of time.**” A future goal might be to train providers in ways to simplify/ streamline the communication process.
  - The second most commonly reported barrier was “**do not have good communication tools.**” A future goal might be to develop communication tools to facilitate better communication between pediatric medical and dental providers.
- All respondents were very positive about value of ‘closer relationships’ between pediatric dentists and pediatric medical providers.
- All respondents were very positive about the content and usefulness of the training session. A future goal might be to consider doing another similar session to include more providers.
- Pediatric medical providers reported barriers to providing fluoride varnish for their patients.
  - Most commonly reported barrier was “**Our providers do not have enough knowledge about fluoride varnish.**” A future goal might be to continue providing training to primary care providers on application of fluoride varnish.
- Pediatric medical providers reported barriers to providing oral health care at well-baby visits.
  - Most commonly reported barrier was “**Too many other health topics to discuss.**” A future goal might be to train providers in combining oral health topics with other health topics.

**B. WIC Nutritionists**

From July 2008-October 2010, *Home by One* trainers held trainings for WIC nutritionists at 21 of 24 Connecticut WIC locations. Staff members who participated in the trainings were asked to complete pre and post tests, as well as evaluations of the training. 71 WIC staff members completed these evaluation materials. On the pre and post tests of knowledge about oral health, WIC staff members’ scores were high across the board, and there was an improvement in the number of respondents correctly answering the two “trick questions” (Questions 1 and 8) as well as Question 3. The questions on the pre- and post-tests were identical to those listed in Figure 1. Table 7 describes the WIC staff members’ responses to pre- and post-test surveys.
Table 7. WIC Pre- and Post-Tests

<table>
<thead>
<tr>
<th>Pre- Percent Correct</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85%</td>
<td>99%</td>
<td>89%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
<td>99%</td>
<td>85%</td>
</tr>
<tr>
<td>Post- Percent Correct</td>
<td>91%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
</tr>
<tr>
<td>Percent Change</td>
<td>7%</td>
<td>-2%</td>
<td>13%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>11%</td>
</tr>
</tbody>
</table>

WIC staff members continue to give the oral health training very high scores on the evaluations, rating the objectives of the course, course materials, and instructors very highly. Table 8 summarizes evaluation responses.

Table 8. WIC Home By One Program Evaluations

<table>
<thead>
<tr>
<th>Eval2_1</th>
<th>Training objectives were clear.</th>
<th>Average Score (5= Agree, 1=Disagree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eval2_2</td>
<td>Audiovisual materials were helpful.</td>
<td>4.9</td>
</tr>
<tr>
<td>Eval2_3</td>
<td>The handouts were clear and useful.</td>
<td>4.9</td>
</tr>
<tr>
<td>Eval2_4</td>
<td>Instructor(s) communicated clearly.</td>
<td>4.9</td>
</tr>
<tr>
<td>Eval2_5</td>
<td>Instructor(s) were attentive to groups needs.</td>
<td>4.9</td>
</tr>
<tr>
<td>Eval2_6</td>
<td>Demonstrations were helpful.</td>
<td>4.9</td>
</tr>
</tbody>
</table>

The Home by One coordinator formally connected 6 WIC sites with dental homes available to serve age one dental referrals. In September 2011, three of these WIC sites responded to a request to complete a survey about their experiences in connecting families with dental services, including their dental home. All three WIC sites stated that their offices had incorporated new or additional information on oral health education since the Home by One training, including information “about the phone number to call to find a dentist/learn about dental benefits” (CT Dental Health Partnership number). All three sites estimated that they had referred over 30 WIC participants to their Dental Home in the past 6 months. The majority (2/3) of WIC sites stated that their relationship with a Dental Home had made them more likely to refer WIC participants for dental services—the other site responded that they had always made dental referrals. All three WIC sites stated that they were satisfied or very satisfied with their Dental Home. Respondents also identified continuing barriers to WIC participants accessing early childhood dental services, pointing to insurance coverage for dental services and misconceptions about dental health.

Goal 4: Dental Homes

A. Pediatric Dental Home Training

2008-2011, Home by One staff offered in-office Home by One program orientations for dental professionals’ offices interested in serving as dental homes for age one patients. All twenty-six dental home sites that have partnered with Home by One are accepting age one dental visit referrals from WIC sites, covering all twelve WIC regions. One school of dental hygiene has incorporated a WIC site into
their rotation, promoting age one dental visits and referring families to dental homes in the area. *Home by One* has also posted a course, *Dental Provider’s Perspective on the Age One Dental*, on the CT TRAIN online education network which has been completed by 26 dental professionals. *Home by One* gave three presentations for the Connecticut Dental Hygienists Association, training 80 dental hygienists.

**B. Dental Home Survey**

In September, 2011, six of the dental homes responded to a request to complete a survey about their experiences in serving as a dental home for age one patients and collaborating with a WIC office. The majority of the dental homes surveyed (5/6) served primarily a pediatric patient population, and all six were currently accepting patients for age one visits. Dental homes provided feedback on the experience of serving as an age one dental home, including:

- “Our experience has been very positive and the parents have been receptive regarding bring their children in for age one visits…It was a huge success for the community and our office. I cannot think of any notable challenges we have faced relating to this topic. The majority of our experiences have been great.”
- “Parents are very pleased with our office, when they show up”
- “We have seen some increase in the number of one year olds seen, but it hasn’t been striking”
- “We have seen a decrease in nursing decay DMFTs in the population of HBO patients as opposed to those who wait to bring their children at age 3 or later.”

All six dental homes were also currently accepting referrals for age one visits from a WIC site. Comments about the experience of receiving referrals from a WIC site included:

- “The number of WIC referrals could certainly be higher, but we are happy that these parents are taking their child’s dental seriously”
- “WIC clinic is very helpful in sharing information and answering any questions we have”

All of the dental homes surveyed stated that they would like to receive additional age one dental referrals, and several emphasized the important of early dental care:

- “One of our objectives is to teach the community about the importance of dental starting early even during pregnancy and if we can catch tooth decay early—we do”
- “We are a pediatric specialty office, and it’s what we do”
- “It is very important to educate parents about the things they should be doing to raise children with healthy teeth and gums.”

All of the respondents indicated that the *Home by One* training prepared them very well (3/6) or well (3/6) to serve as a dental home for children under age one. The majority (5/6) had continued to have additional contact with *Home by One* staff following the training. The respondents were also asked to indicate factors which needed to be improved for more children to receive dental care by age one. Responses are summarized in Figure 6.
Figure 6. Which (if any) of the following do you think need to be improved for more children to receive dental care by age one?

- Patient/family education
- Improved communication between dentists and...
- Improved relationships between dentists and...
- Education of pediatric medical providers
- Training for pediatric medical providers
- Training for dental providers
- Education of dental providers
- Reimbursement for dental providers
- Other
Recommendations

Evaluation results from the various components of Home by One yield several recommendations for sustaining gains in early dental health for children in Connecticut and further expanding commitment within Connecticut for addressing early and preventive dental services.

1. **It is imperative that Home by One maintain a presence in the early childhood policy and programming arenas.** The efforts of Home by One staff to ensure that early dental care is included among the essential services that ensure healthy child development have been highly successful. As the state develops a new Early Childhood Office, advocates for dental care need to have a voice and ensure that important policy gains made by Home by One are not lost.

2. **Training for child health providers and dental providers on delivering services to children younger than three should continue to ensure that access to early dental care is extended to all of the state’s young children.** Lowering the age of first dental services has been possible as a result of successful training efforts of pediatric health and general dental providers. As the state moves towards a medical home delivery system for children insured by Medicaid, Home by One training for health and dental providers can ensure that performance measures requiring provision of early dental care are feasible and implemented.

3. **Related to recommendation 2, Home by One should initiate the development of a standard communication tool that child health and dental providers can use to ensure coordinated care for children.** Pediatric health and dental providers overwhelmingly expressed frustration with caring for patients with dental needs when they have limited information relevant to general health and dental needs. A shared communication tool would ensure better coordination of care, decrease duplication of services, and generally improve the relationships between health and dental providers.

4. **Opportunities to engage families in pursuing and adhering to recommendations for early dental services should be expanded.** Home by One achieved success in engaging WIC providers in addressing dental issues. Similar efforts should be pursued with Early Head Start and other early care sites, including home-based day care. All programs in the state that serve children younger than three should have parent resources about early dental services.

5. **The Department of Public Health should assign duties for continuing the core work of Home by One to a permanent unit within the Department and ensure a high level of commitment to maintaining the gains in access to and utilization of dental services by young children.**