

Background

Opportunity Knocks (OK) is a community collaborative of early care/education, child health, and parent affiliates that was convened in 2003 to address the comprehensive health needs of children, ages birth through five, by linking pediatric health services and systems with early care and education programs. The collaborative's three areas of attention are oral health; social-emotional, behavioral, and developmental issues; and nutrition and physical activity promotion/obesity prevention. All areas have a foundation of cultural sensitivity. The collaborative's Oral Health Work Group is a multidisciplinary group of community members who have been working together since 2003.

Our 2003 community needs-assessment data revealed:

- 24% of Middletown, Connecticut preschoolers had dental decay
- no private dentists accepted Medicaid reimbursement
- only 23% of Medicaid-enrolled children had dental treatment
- our Community Health Center (CHC) was overburdened
- education and health/medical providers had little knowledge of caries etiology, prevention, and reduction strategies

Objectives

1. Expand access to preventive/treatment oral health care for Medicaid enrolled/eligible children and their caregivers by creating a local sustainable system of oral health care and coordination via a mobile dental program
2. Provide oral health education to early care/education and health/medical providers
3. Engage at least five private dental practices to accept Medicaid reimbursement

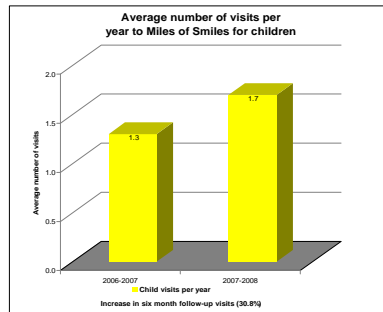
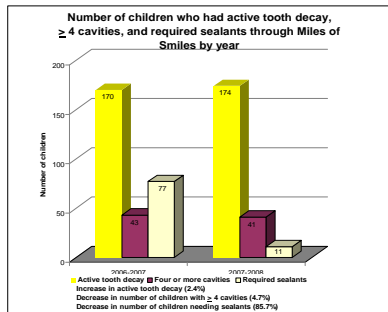
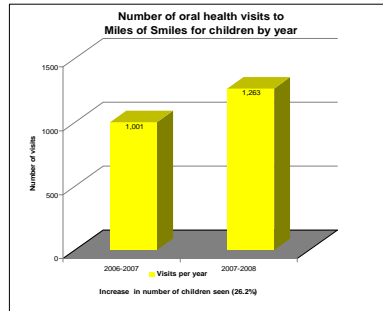
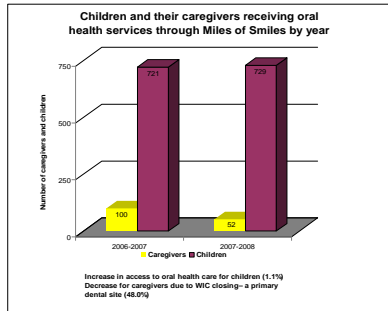
Population

1. The **primary** target population was approximately 1,500 preschoolers from low-income and ethnically diverse families at all fifteen state and federally-subsidized preschool sites, and Medicaid enrolled/eligible children and pregnant women at elementary schools, the Women Infant and Children (WIC) program, and the American Red Cross.
2. The **secondary** target population was local early care/education providers, maternal and child health providers, and pediatric primary care providers and the children they serve.

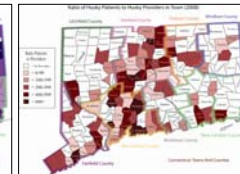
Methods

The OK Oral Health Work Group met monthly to identify gaps and strategize solutions. Based on community specific data, a shared system-level work plan was created for and by early care/education and pediatric health providers, for community-wide implementation in September 2004, focusing on dental consultation, service delivery, referral, care coordination, and education.

Results



- Middlesex County Miles of Smiles mobile dental program was created
- Every local pediatric primary care physician trained about oral health; one could argue that every child being seen for well child visits in Middletown is impacted
- Engaged 12 private dentists in advocacy and treatment
- Increase in Medicaid-enrolled children seen for any dental procedure—24% to 46% (2003 and 2006, respectively)



Conclusion

Bringing community members together from across specialties and empowering and supporting them to identify needs, strategize interventions, implement changes, and measure results is an attainable goal. We have demonstrated that such activity can result in community-wide pride in the knowledge gained, practices modified, services provided, and ultimately resulting in children with more access to care and less caries burden.