

Testimony in Support of an Act Concerning an Advanced Dental Hygienists Practice Pilot Program

Given By Mary Farnsworth, Manager of Community Health and Wellness Programs for the Community Health Center, Inc.

I came today to testify in support of Act Concerning an Advanced Dental Hygienists Practice Pilot Program on behalf of the Community Health Center. My name is Mary Farnsworth and I am the manager of our mobile dental department.

The mobile dental program of the Community Health Center has over 16,000 low income children enrolled statewide. It was designed, in 2006, to remove the barriers children on HUSKY or uninsured children face when they try to access dental care. We use portable equipment to allow our hygienists to deliver full hygiene services in settings such as schools, WIC offices, Headstarts, public housing—wherever the children are. We currently deliver care to over 140 locations throughout CT. For the children enrolled in our program, their barriers to accessing regular, preventive dental care are essentially eliminated. The access crisis for prevention no longer applies to them.

We cannot say the same for follow-up care. In our program over 30% of the children need additional care— they have decay. The dentists in our fixed clinics are prepared to treat that decay for families, as we do for all other Community Health Center dental patients. We have automatic systems to remind parents to make an appointment— postcards, phone call reminders, notes home. We even have staff dedicated to contacting families who need a restorative dental appointment for their child.

Though we make these huge efforts, our rates of completing the needed follow-up care are abysmally low. Only between 14%-25% of the children who need restorative care have come to the dentist to complete their care. That means that despite our best efforts, over 60% of children who have cavities do not get them restored. This confirms our original hypothesis: the reason that uninsured and publicly insured children did not get preventive care was not just because of provider participation—it was because of hurdles, obstacles, and barriers that families faced in connecting with care. We have addressed this by going where the kids are—and have concluded we must do the same thing if we are to improve our treatment completion rates. We are so pleased with the increased participation in HUSKY by Connecticut's dentists—and we need everyone of them for dentistry beyond the simple restorative care. We want to put our focus on simple restorative care, as well as preventive care, in the schools, and referral to community dentists for more complex care.

We have experimented with adding dentists to the mobile program, who will go into the schools to provide restorative dental care on our mobile equipment and were able to treat 100% of the children with decay in those instances. However, we have been unable to identify a cadre of dentists and a sustainable model, even after 9 months of recruitment. . We have had no such trouble recruiting hygienists for our program. If we were able to have well qualified, advanced dental hygienists with master's level training complete simple restorative care, we could solve the access crisis for restorative dental care for low income children the same way that we have been able to solve it for preventative dental services for children in our mobile dental program. We would simply complete all simple restorative work at the schools.

Please approve the Act Concerning an Advanced Dental Hygienists Practice Pilot Program.