

CONNECTICUT ORAL HEALTH INITIATIVE (COHI) REPORT



TARGETED RESIDENTS

2025

Recommended Citation: Betz, G., Restrepo, M., Coman, E. & Sprague Martinez, L., Connecticut Oral Health Initiative (COHI) Report: Providers. UConn Health Disparities Institute. 2025. Corresponding Author: Dr. Linda Sprague Martinez, spraguemartinez@uchc.edu

COHI
Connecticut Oral Health Initiative

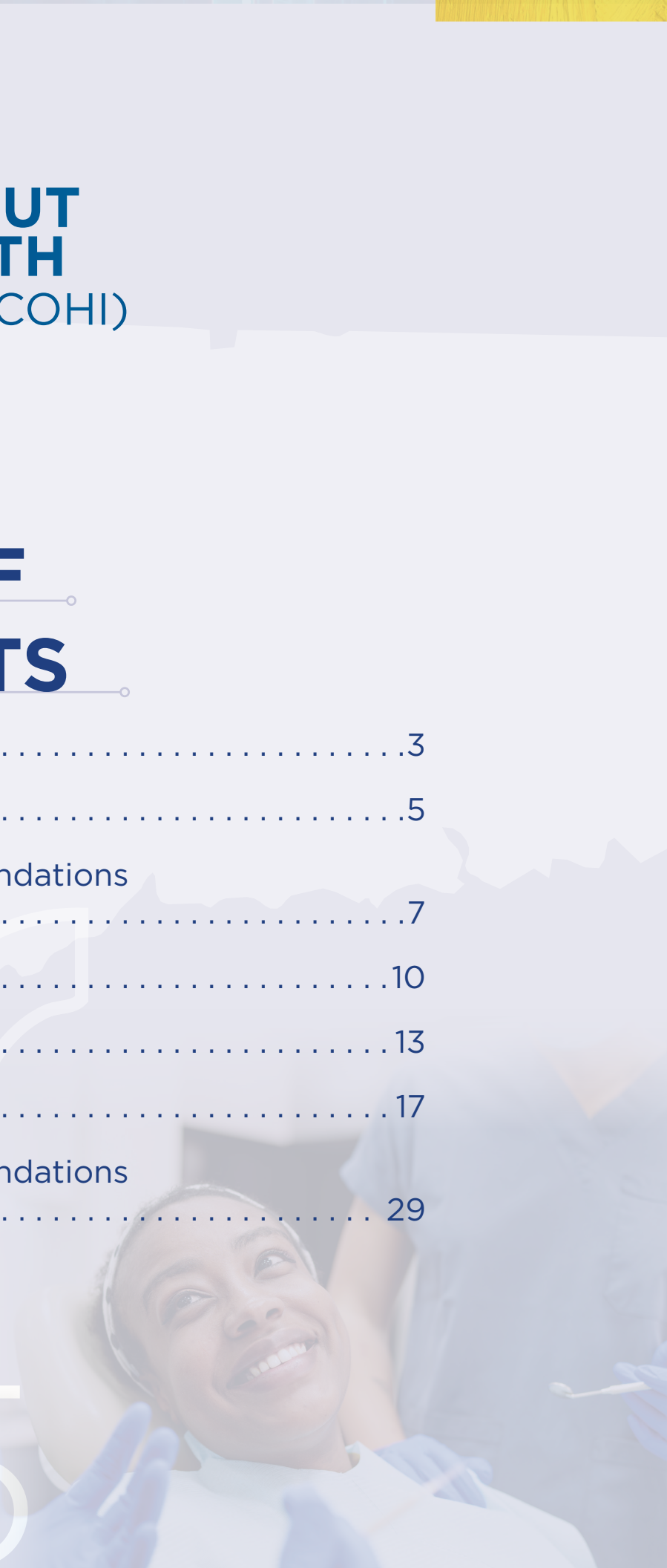
**UConn
HEALTH**
HEALTH DISPARITIES
INSTITUTE

CONNECTICUT ORAL HEALTH INITIATIVE (COHI) REPORT

TABLE OF CONTENTS

Acknowledgements	3
Executive Summary	5
COHI Policy Recommendations Based on Findings.....	7
Background	10
Methods.....	13
Findings.....	17
COHI Policy Recommendations Based on Findings.....	29

2025



ACKNOWLEDGEMENTS

The Connecticut Oral Health Initiative (COHI) would like to thank the American Rescue Plan Act (ARPA) for funding this project and acknowledge the support from the State of Connecticut's Department of Social Services (DSS), our Board of Directors, staff, and volunteers. We would like to recognize the UConn Health Disparities Institute for conducting data analysis and preparing the report. Lastly, we extend gratitude to the community partners and oral health providers who contributed to this project.

About COHI

COHI is a 501c3 organization founded in 2001, focused on strengthening and safeguarding access to quality, affordable oral health services for all Connecticut residents. COHI does this work by advocating for statewide policy changes, communicating the impact of structural and social factors on oral health, and promoting the necessity of good oral health for overall health and well-being. COHI envisions a Connecticut where residents achieve equal opportunity, regardless of race, ethnicity, or socioeconomic status, to the services needed to maintain good oral health.



About HDI

The UConn Health Disparities Institute (HDI), established in 2011 through a bioscience legislative mandate, is committed to advancing health equity across Connecticut. HDI addresses the root causes of health inequities by implementing sustainable, data-informed solutions through interdisciplinary research, workforce development, and community-based partnerships. Its work focuses on improving care delivery and outcomes for marginalized populations. As a statewide leader, HDI collaborates with policymakers, researchers, and communities to inform policy, share actionable insights, and drive systemic change to reduce and eliminate health disparities.



ACKNOWLEDGEMENTS (CONT.)

COHI Project Staff

Gary Turco, MS— *Executive Director and Program Manager*
Dr. Brianna Muñoz, DMD, MPH — *COHI Board President, Dentist, Forum Facilitator and Survey Developer*
Sandra Ferreira-Molina, MSM, MBA — *Program Policy and Advocacy Director and Program Assistant Manager*
Megan Wallett — *Program Assistant Manager*
Jon Trister, MPA — *Program Assistant Manager*
Sara LeMaster, MPAP — *Program Assistant Manager*
Kristin Natali, RDH, MS, MPH — *Registered Connecticut Dental Hygienist*
Joanna Scamporlino Bonney, RDH — *Registered Connecticut Dental Hygienist*
Molly Stadnicki — *Community Communication Manager and Community Engagement Team*
Sharon Dickey — *Community Engagement Outreach Team*
Amanda Stern, MLIS — *Community Engagement Outreach Team*
Tenaya Taylor — *Community Engagement Outreach Team*
Adam J. Gerena — *Community Engagement Outreach Team*
Matthew Plourd — *Forum Facilitator*
Cris Rodriguez — *Forum Translator*
Diana M. Aragon — *Forum Translator*
TJ Clark II, MBA — *Former COHI Executive Director*
Pareesa Charmchi Goodwin, MPH — *Former COHI Executive Director*
Steve Eppler-Epstein — *Former COHI Interim Executive Director*
Najla Mack — *Former Office Manager*

COHI Board Members

Dr. Brianna Muñoz, DMD, MPH — *President*
Trisha Pitter, MS — *Vice President*
Roberta Friedman, SM — *Secretary*
Dr. Jean J. Schensul, PhD — *Treasurer*
Rachel Green, RDH, M.Ed — *Director*
Dr. Leslie Bumpus, DDS — *Director*
Christina Emery — *Director*
Dr. Howard I. Mark, DMD — *Board Member Emeritus & Co-Founder*

Volunteers

McKenna Oberheim
Alyssa Foster
Sefali Koirala
Callie Annas
Sophie Tulchinsky

Special thanks...

... to the Connecticut Department of Social Services and staff at the Connecticut Dental Health Partnership for their assistance and guidance on the project, especially:

Dr. Donna Balaski, DMD, FACD, FPAF
Connie Estanislau
Dr. Fatmata Williams, DNP, RN, MPH, PMHNP-BC
Kate Parker-Reilly, LMSW
Michael Massarelli
Sandra Rodriguez

UConn Health

Dr. Linda Sprague Martinez, PhD — *Health Disparities Institute*
Gillian Betz, MPH — *Health Disparities Institute*
Dr. Mayte Restrepo, PhD — *Department of Public Health Sciences*
Dr. Emil Coman, PhD — *Health Disparities Institute*

EXECUTIVE SUMMARY

Overview

In 2023, COHI was contracted to assess HUSKY Dental providers' and Connecticut residents' knowledge of and experiences with the HUSKY Dental program. A mixed-methods approach was employed, including community forums and a brief survey. Four hundred residents participated. Key findings in this report describe the impacts of barriers to oral health care and poor oral health on residents' quality of life, the ways in which systems level inefficiencies impact patient experiences, and factors that impede access to care. In addition, residents provided important recommendations which inform the state's policymakers, and COHI's efforts to strengthen oral health services for all Connecticut residents. Below we outline key findings, resident recommendations, and relevant COHI policy recommendations. Further findings are detailed in the full report.

Key Findings

- Poor oral health negatively impacts self-esteem, confidence, mental health, and physical health—and is often linked to social stigma and isolation for many Connecticut residents.
- Limited understanding and education around HUSKY Dental coverage, language barriers, delayed treatment, rushed visits, and a confusing referral process make it difficult for individuals to understand their benefits and navigate the system effectively.
- Dental care remains unaffordable for many; payment plans are unrealistic for uncovered benefits, and the \$1,000 annual cap can be quickly reached—often without residents knowing it exists.
- Low provider participation in HUSKY Dental and outdated provider lists restricts access.

Recommendations

Below is a summary of participant recommendations inclusive of strategies based on issues raised by participants. Of note, many of these recommendations are consistent with what is known but are critical areas that still need to be improved and addressed.

Coverage Awareness & Education

- Develop and distribute plain-language HUSKY Dental coverage guides, including benefit caps and covered services, in multiple languages, ensuring accessibility for residents with varying literacy levels and language needs.
- Conduct targeted outreach campaigns through social media, community centers, schools, and public events to educate residents about HUSKY benefits.

Care Coordination & Access

- Create a centralized, user-friendly portal that integrates dental and medical benefit information, allowing residents to access coverage details, track appointments, and view treatment history.
- Train primary care, pediatric, and maternal health providers to incorporate oral health guidance during routine visits.
- Increase awareness, promote, and support reliable transportation services for dental appointments.
- Provide resources and guidance for childcare to reduce barriers for caregivers attending appointments.
- Support integration of dental records with primary care systems to improve coordination of care.
- Encourage dental practices to offer flexible scheduling, including evenings and weekends.
- Deploy mobile dental units and other forms of community-based care to reach communities with

limited transportation options or other difficulties with access.

- Support policies and programs that integrate medical and dental care, particularly for high-risk populations.
- Support funding initiatives that reduce operational access barriers by expanding oral health mobile clinics (especially in rural areas) and ensuring reliable transportation and childcare options.

Affordability & Financial Support

- Advocate for increasing the annual maximum dental benefits cap for adults only to cover more services.
- Develop income-based payment plans or financial assistance programs for services not fully covered under HUSKY Dental.
- Expand coverage to include periodontal treatment, additional annual cleanings and oral health exams, and necessary dental prosthetics.

Oral Health Promotion & Community Engagement

- Launch public campaigns and educational initiatives to promote preventive oral health practices and raise awareness of the importance of dental care in schools, clinics, and community spaces.
- Partner with community organizations to deliver oral health education and preventive care outreach through workshops and outreach programs

targeting families, seniors, veterans, unhoused populations, and disabled communities.

- Provide dental offices with educational toolkits and guidance on preventive services for both children and adults to support patient education and care.

Provider Reimbursement & Clinical Support

- Increase provider reimbursement rates to incentivize participation in HUSKY.
- Offer technical assistance to providers on billing, coverage updates, and utilization of expanded benefits.
- Provide training to ensure dental offices are welcoming, calm, culturally competent, and comfortable for all patients, and conduct periodic inspections to verify compliance with these standards.
- Provide standardized coverage summaries to dental providers for patient distribution.
- Provide interpreter services and establish protocols to ensure effective, accessible communication for all residents, including guidance for community partners and dental teams.
- Train dental teams on trauma-informed care and best practices for serving neurodiverse and developmentally disabled patients.

COHI POLICY RECOMMENDATIONS BASED ON FINDINGS

Based on the report findings, COHI offers the following policy recommendations:

Medicaid Coverage Expansion

- Expand adult Medicaid by exempting preventive services, such as cleanings and oral exams, from the annual \$1K benefit cap to improve access and utilization of care to ensure the cap benefits are available for restorative procedures needed by residents, such as root canals and fillings.
- Increase coverage to include periodontal treatment and a second-annual dental cleaning and two oral examinations for all adult enrollees.
- Provide Medicaid dental benefits to all Connecticut residents who are income eligible up to age 21, regardless of immigration status.
- Exempt disabled individuals who receive dental services in an operating room setting from the cap, as accessibility needs are often not known until the patient is sedated.

Medicaid Reimbursement Rate Increases

- Raise adult and child Medicaid reimbursement fee-for-service rates for all dental services, especially for preventative services and non-invasive treatments, to prevailing average commercial rates to incentivize provider participation and improve appointment availability.
- Expand the Access to Baby Care (ABC) Program to older children during well-child pediatric medical visits.

- Increase Medicaid reimbursement rates for Community Health Centers and provide more support for the University of Connecticut to expand their patient availability, provide more affordable care, and recruit and retain more providers.

Provider Training & Patient Experience

- Improve services for people with disabilities, including those with intellectual and developmental disabilities, and other neurodivergent communities, by providing additional resources to providers for care coordination and improved training.
- Provide additional training to direct care providers and front office staff on how to build trusting relationships and communication with enrollees, especially those who may be traumatized, discriminated against, and/or have increased dental anxiety due to poor past experiences.
- Improve the cultural and linguistic competency through additional training of oral health providers and front office staff to assist in providing higher quality care to a more diverse patient base, to better understand their cultural beliefs and practices, while emphasizing the importance of dental care as a priority in their health.
- Improve the standards for treatment plan explanation from providers, so enrollees of Medicaid have more understanding and increased comfort level with respect to their oral health treatment needs and are fully informed of minimally invasive alternative treatments.

Public Health & Education

- Defend against any movement to change laws and regulations which would reduce Connecticut's Community Water Fluoridation Policy to prevent tooth decay.
- Support broader community-based oral health education campaigns especially for adults and underserved populations.
- Develop improved messaging and more effective strategies for tailoring oral health literacy and at-home hygiene to different ages, genders, and ethnic groups.
- Incentivize the integration of medical and dental care through oral health inclusion in the Health Information Exchange (HIE).

INTRODUCTION

The mission of the Connecticut Oral Health Initiative (COHI) is to strengthen and safeguard access to quality, affordable oral health services for all Connecticut residents through advocacy, education, and coalition-building. In 2023, COHI was contracted by the Connecticut Department of Social Services (DSS) to examine the knowledge of and experience with the Connecticut Dental Health Partnership (CTDHP). COHI systematically collected data across the state from target residents and dental providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the goal of informing policy recommendations and programmatic efforts to improve service delivery and to address existing gaps in dental coverage of Medicaid (HUSKY Dental Health). The following section provides key terms that will orient readers to the CT Medicaid Program.

Medicaid, HUSKY, and HUSKY Dental

Jointly funded by state and federal governments, Medicaid is a public health insurance program that provides coverage for low-income individuals. Depending upon the state, Medicaid covers a wide range of services, including but not limited to doctor visits, hospital care, and dental care.

CT is an expansion state under the Affordable Care Act (ACA). In this state, DSS oversees the HUSKY Health Program, which is comprised of both the Connecticut Medical Assistance Program (CMAP) and the Children's Health Insurance Program (CHIP)^[1]. It also includes several programs that help children, caretakers, pregnant individuals, and adults receive health coverage.

HUSKY Dental is part of the HUSKY Health Program, which covers oral health care.

Contracted by the state, CTDHP serves as the dental benefits administrator for the HUSKY Health Program, provides dental coverage to approximately 1 million enrolled residents, and

supports a network of over 1,800 participating dental providers ^[2]. Responsibilities include:

- Operating a member services call center to assist beneficiaries with dental care access.
- Offering outreach and oral health navigation services to community-based organizations.
- Supporting and educating the provider network through resources and training.
- Managing the prior authorization process for certain dental procedures to ensure medical necessity and compliance.
- Overseeing the grievance and appeals process, including coordination with DSS for hearings when services are denied.

Purpose of this Report

This is one of two reports prepared to inform policymakers, providers, and residents about the barriers to oral health care in the state. These reports provide a set of recommendations that draw on the expertise of impacted Connecticut residents who receive oral health care through HUSKY Dental and providers to improve the state of oral health care in Connecticut. The purpose of the resident report was to elicit information from CT residents about access to oral health services as well as their knowledge of and experiences with HUSKY Dental. This report also presents a set of recommendations grounded in lived experiences, insights, and expertise of 400 residents. The companion report draws data from 27 current and former HUSKY providers and staff members from across the state. The combination of these two reports offers perspectives from those both working in and navigating the dental health care system and ensures resident and provider perspectives are represented in shaping policy and practice.

The resident report begins with a brief background on oral health disparities in Connecticut. The background is then followed by assessment methods and findings, which include a detailed set of recommendations. Supplementary materials and supporting documentation are included in the appendices.

BACKGROUND

Oral health is an essential aspect of overall health and well-being. It has been said that “the mouth is the gateway to the body” [1]. Yet, oral health care continues to be unattainable for many in the US as a result of persistent structural barriers [2, 3]. These barriers leave some communities exposed to greater oral health risks, simultaneously limiting access to factors that play a role in strengthening oral health. Individuals who are low-income and from minoritized populations are at a higher risk for poor oral health outcomes [6, 7]. Additionally, individuals in both rural and urban communities face significant access barriers [6, 7]. These inequities persist due to systemic issues such as insurance coverage gaps and limited providers who accept HUSKY Dental. In recent decades, there has been a call for policymakers to take into account the social determinants of health (SDOH), which are the “conditions in which people are born, grow, live, work and age, influencing [their] access to power, money and resources” [8]. In the case of oral health, SDOH are associated with access to care, dental care utilization, and oral health conditions across the lifespan [7].

While Connecticut has one of the highest average incomes by resident, stark income disparities exist. This can impede access to secure housing, quality health care, food security, reliable transportation, employment, and education. Similarly, Connecticut is one of the healthiest states according to national standards. However, state health data indicate significant disparities when stratified by race, ethnicity, income, age, gender, disability, and immigration status [9]. Health disparities in CT are further perpetuated by systemic and institutionalized forms of oppression, which creates inequitable living environments [9].

Impacts of Poor Oral Health

Emerging research continues to affirm the strong correlation between oral health and health

outcomes [4-7]. Poor oral hygiene and untreated oral diseases are associated with a range of serious medical conditions, many of which contribute to increased morbidity and mortality. Key associations include:

- **Heart Health:** Periodontal Disease (PD) or “gum disease” increases the risk of heart attacks and other heart conditions [8].
- **Diabetes:** People with diabetes are more likely to have gum disease, and gum disease can make it harder to manage blood sugar levels [8].
- **Stroke:** Gum disease has been linked to a higher risk of stroke [8].
- **Lung Health:** Older adults with many cavities or missing teeth are more likely to get pneumonia, a leading cause of death in this age group [8].
- **Human Papillomavirus (HPV) and Cancer Risk:** Poor oral hygiene may raise the risk of oral HPV infection, which is linked to certain types of cancer [8].
- **Pregnancy Outcomes:** Pregnant people with gum disease are more likely to experience complications like preeclampsia, premature birth, or low birthweight [8].
- **Brain Health:** Poor oral health may contribute to memory loss and dementia [9].
- **Oral Cancer:** Gum disease may increase the risk of developing oral cancer [9].

Oral Health Disparities in CT

Oral health is crucial for broader well-being such as impacts on chronic diseases, nutrition, employment, and quality of life. Access to affordable and quality dental health care plays a critical role in overall dental health. However, due to environmental, social, and economic factors, some communities are at greater risk of developing dental diseases. Such disparities stem from broader systemic issues. For example,

systemic racism compounds socioeconomic disadvantage and geographic isolation and has a significant influence on access to dental care. Meanwhile, rural communities often face shortages of dental providers, and systemic bias limits access to affordable, culturally competent care for marginalized populations.

These patterns are evident in Connecticut, where persistent inequities continue despite overall state wealth. For further information, please see CTDHP 2025 Medicaid Oral Health Equity Report which goes deeper into inequities in utilization and access to services for minoritized and marginalized populations in the state [2].

Medicaid Dental Coverage in Connecticut

States are required to cover dental services for people with Medicaid under the age of 21, under the Federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT). However, dental coverage for adults is optional under Medicaid. This creates a huge gap in access, as it is entirely up to the state's discretion to decide if and to what extent it will cover. At a minimum, most states provide at least emergency dental services, yet less than half of states provide comprehensive dental care [10]. Under Medicaid, there are no minimum requirements for adult dental coverage [10].

As of December 31, 2024, 11 states and the District of Columbia meet the criteria for providing extensive Medicaid adult benefits [10]. Under CareQuest's Institute for Oral Health, to be considered "extensive" a state must have an annual benefit maximum (ABM) of \$1,000 or greater and provide specific coverage within seven dental service categories: "diagnostic (exams), preventive (cleanings and fluoride treatments), restorative (fillings and crowns), endodontic (root canal therapy), periodontal (scaling and root planing and periodontal

maintenance), prosthodontic (dentures, relines, and rebases), and extraction services" [10].

In 2024, HUSKY Dental includes an annual benefit limit of \$1,000, but this cap can be exceeded if a dentist determines that additional care is medically or dentally necessary and approval is given by the CTDHP [11]. Adults age 21 and older are eligible for fluoride treatments once a year, and those living in facilities like nursing homes or group homes can receive them twice a year [11]. These treatments don't require prior approval unless more frequent care is needed. Additionally, maintenance cleanings are covered for most adults only once a year, while children are covered for twice a year. It's important to note that coverage may vary depending on the type of Medicaid beneficiary, and not all adults ages 21–64 receive the same dental benefits [11].

The Medicaid budget has been increasingly under threat in the past several years. Optional benefits are often the first to go to save costs. Between 2000 and 2025, at least 21 states cut benefits to some or all adult Medicaid beneficiaries [10]. Connecticut was one of these states that made significant cuts by reducing two cleanings and exams to one and added the \$1,000 cap between 2017 and 2018. Despite these cuts, coverage continues to expand to meet the needs of the state's population. In CT, effective January 1, 2024, adults with treatable gum disease and at least one qualifying medical condition can receive periodontal services with limits on how many procedures can be done per visit [10].

While HUSKY Dental has gone under some expansion and includes strengths, still notable gaps are present in comparison to peer states.

To assess the current gaps as well as the experiences of Connecticut residents and dental providers, COHI implemented a comprehensive statewide assessment using mixed data

collection methods. A detailed description of the assessment methods can be found in the section that follows.

Consequences of Inadequate Dental Coverage

Lack of dental coverage can result in serious health consequences. This can lead to direct oral health problems like gum disease, loss of teeth, and cavities [12]. Untreated dental problems can cause or make current health conditions worse. Examples of this include an increased risk of cancer, cardiovascular disease, and diabetes [12].

Going to the dentist and having a proper dental exam can be a lifesaving preventative measure.

Dental exams can be used to identify underlying conditions, infections, and certain cancers [12].

Dental care is expensive and is often associated with out-of-pocket costs. High healthcare costs may dissuade people from getting care. Additionally, if people already have high medical debt, they may avoid coming back for care, as it could add to their medical bills. The delay or avoidance of care due to cost is a serious consequence for overall oral health. Such consequences can result in the progression of disease and an increase in pain. Poor dental care can significantly impact quality of life, as demonstrated in this report.

This means that while Connecticut offers strong benefits on paper, real access to care remains limited for many residents.

METHODS

COHI conducted community forums (n=20) with residents across the state to explore barriers and facilitators of oral health care in Connecticut. Community forums were held in person and virtually. During each session, oral health education was provided by a licensed CT dental hygienist, and data was collected. Data collection included a brief survey and qualitative group discussions.

Participant eligibility and recruitment

Participants were eligible if they were over the age of 18 and living in Connecticut. In addition, they had to be either currently or previously

enrolled in Medicaid, or Medicaid-eligible, including individuals who may have qualified for Medicaid based on income level, but were not eligible due to current immigration status. They were recruited through community partners, the use of social media posts, and community engagement events. In addition, COHI partnered with community organizations to ensure participants reflected the diversity of the Medicaid population in the state.

While the study was designed for adults 18 and older, one 15-year-old participant was included with permission and a present parent. This decision was made thoughtfully, recognizing the value of their experience and ensuring appropriate ethical considerations were in place.

Table 1: List of Community Forums

This table illustrates the date of each community forum where it was held and the number of facilitated breakout group discussions. In addition, the final column indicates the number of participants in each session and the percentage of participants based on the number of people who registered. For example, on September 14, 2024, 43 people participated in the Hartford session, representing 66% of the total people that registered.

Date of Forums	Name of Session - Region	Number of Breakout Group Discussions (n=45)	Registrants that participated (n, %)
9/14/24	Hartford - (In-Person)	4	43, 66%
9/18/24	New Haven - (In-Person)	3	34, 51%
10/2/24	Middletown - (In-Person)	3	36, 70.5%
10/5/24	Willimantic - (In-Person)	1	18, 72%
5/12/25	Norwich - (In-Person)	3	21, 56.7%
5/29/25	Vernon - (In-Person)	2	19, 61%

6/18/25	Torrington - (In-Person)	3	18, 39%
6/30/25	Bridgeport - (In-Person)	3	33, 38.8%
8/18/25	New London - (In-Person)	2	11, 68.7%
8/27/25	Hartford South End - (In-Person)	2	17, 94%
8/25/25	Waterbury Forum - (In-Person)	4	15, 35.7%
8/27/25	Norwalk Forum - (In-Person)	1	23, 143.7%*
3/13/25 7/29/25	Parents/caregivers of African American Children - Session 1 and 2 (Virtual)	4	37, 82%
8/6/25	Intellectual and Developmental Disability (IDD) (Virtual)	2	19, 22.8%
8/11/25	High Risk Medical Condition (HRMC) - (Virtual)	2	24, 40%
8/12/25	Male Focused - (Virtual)	2	11, 61%
8/13/25	Rural - (Virtual)	2	16, 38%
8/16/25	Pregnancy Focused Forum - (Virtual)	1	6, 33%
8/28/25	Asian American Pacific Islander (AAPI) (Virtual)	1	1, 11%
Total	20	45	402, 50%

**Additional participants attended beyond those that registered.*

Procedures

At each community forum, the COHI Program Manager or Program Assistant Manager provided an overview of the purpose of the forum as well as background information about COHI. The director then

- Outlined the process of participation,
- Explained the voluntary nature of participation and the limits of confidentiality, and

- Provided participants with the opportunity to ask questions.

Each forum was two hours long. Forums were conducted in English (n=15), and Spanish (n=4), and Arabic (n=1). In-person forums were regionally-focused and virtual forums were demographically-focused.

During the first 10 minutes of the session, participants completed a brief survey. At the in-person forums, paper surveys were collected. At virtual forums, the survey was completed

electronically through SurveyMonkey. Some examples from the survey included: how they used dental services in the last two years; diagnoses related to oral health; relationship with dental provider(s); services that HUSKY doesn't currently cover; and how long it took to schedule an appointment with a HUSKY provider. The survey also captured participant demographics.

After participants completed the electronic survey, a registered hygienist provided a presentation on the importance of oral health. Topics included: the relationship between oral health and overall health; the oral health-mental health relationship; strategies for managing oral health; community level prevention strategies; oral health hygiene; cancer and oral health; sealants; denture care; and oral health inequities. The presenter then answered questions related to oral health and hygiene.

Twenty forums were held, and 45 small group discussions were facilitated. Participants were then broken into smaller discussion groups of five to eight participants although in some cases participation dropped off. During discussion groups a facilitator shared prompts from a script with participants and allowed for discussion among the group. The average duration of discussion groups was one hour. All participants received a \$50 gift card, an oral health hygiene kit, and resources to promote better oral hygiene at home.

Data management and analysis

Brief Survey

For the in-person forums, survey data was collected by paper and then manually entered by COHI staff into SurveyMonkey. At virtual forums, survey data was collected electronically in SurveyMonkey. All survey data was collected anonymously. Data was exported by COHI staff into a Microsoft Excel file and transferred to HDI. The HDI team cleaned the data and conducted univariate analysis using Excel. Descriptive statistics are displayed using graphics and tables in the findings section.

Community forums

Community forum discussion groups were recorded, and transcripts were generated using Otter.ai for both in-person and virtual sessions. Of note, there were 61 transcripts due to the recording being stopped and restarted during some small group sessions. One COHI team member made corrections, and a second conducted a final review. All identifying information was removed. In the case of non-English language groups (Spanish and Arabic), a member of the COHI team transcribed and translated the files with the assistance of Otter.ai.

Table 2. Codes

Code	Definition
Barriers to Access	References to barriers or challenges to obtaining dental care
Impact of Oral Health on Quality of Life	References to impacts of oral health on quality of life
Patient Experience and Engagement	References to patient quality of care
Recommendations for Improving Dental Care (Patients)	References to improving dental care from patient perspective

The deidentified data was analyzed by the UConn Health Disparities Institute. Forum transcripts were uploaded and managed using NVivo [13]. The data was analyzed using Directed Content Analysis [14]. Based on the script, codes included barriers to access, the impact of oral health on quality of life, patient experience and engagement, and recommendations for improving dental care (see Table 2).

The transcripts (n=61) were reviewed, and codes were applied to segments in the text. Personal

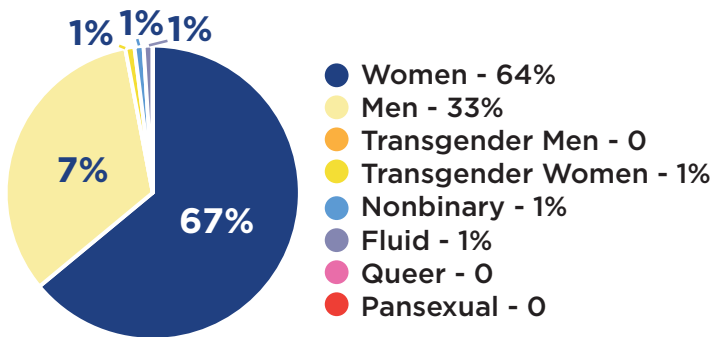
observations and questions were recorded throughout the coding process in a separate file to facilitate data discussions and synthesis. After coding was completed, reports were then generated for each code. Coding reports were reviewed by the team, and the data was synthesized through discussions to identify emergent themes, which are described in the section that follows, and brought to the weekly analysis meetings with the project lead.

FINDINGS

Survey Findings

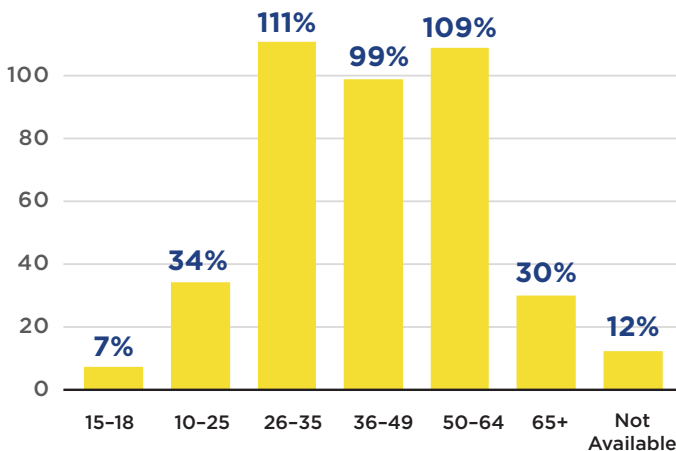
A total of 402 Connecticut residents completed the survey, but not all respondents completed each item. There was a higher representation of women (63.2%) than men (32.3%) in the total sample. Fewer individuals identified as transgender, nonbinary, or gender fluid participated in the forums.

Figure 1. Gender Identity Breakdown by Respondents



The age range of residents who participated was 15 to 86 years, with a mean age of approximately 43 years. Most residents were 26-64 years old. Twelve residents did not report their age or did not enter an exact age. There was one individual under 18 who attended with a caregiver. A full breakdown of age ranges can be seen in Figure 2.

Figure 2. Age Breakdown by Respondents



As seen in Table 3, residents who participated were racially and ethnically diverse, with two in five identifying as Black and one in five as Latine or White. Almost eight percent of the participants self-identified with one or more races or ethnicities.

Table 3. Race and Ethnicity Breakdown by Respondents

Race and Ethnicity	n	%
Black	153	38.3%
Latine	82	20.5%
White	90	22.5%
Asian/Pacific Islander	22	5.5%
Native American	3	0.8%
Mixed	31	7.8%
Not Available	12	3.0%

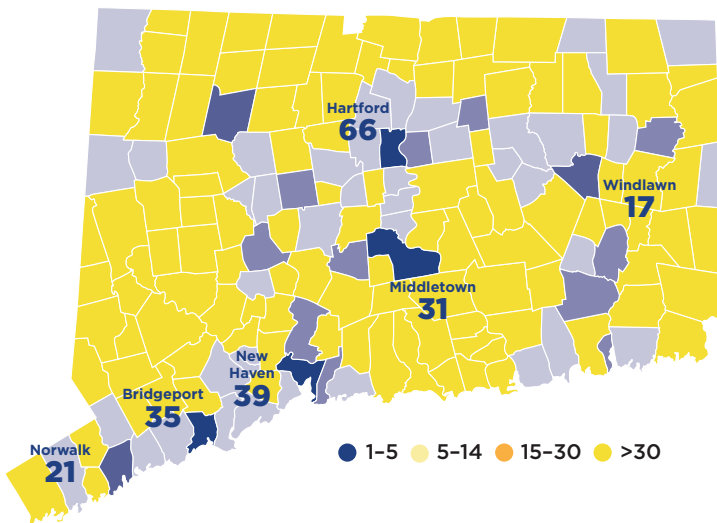
In terms of income, most participants (60%) reported household income under \$25,000. Nearly 25% of participants reported a household income of \$26,000-\$49,000.

Table 4. Income Level Breakdown by Respondents

Income levels	n	%
Under \$25,000	241	60%
\$26,000-\$49,000	100	24.9%
\$50,000-\$74,000	28	7.0%
\$75,000-\$99,000	6	1.5%
Over \$100,000	5	1.2%
Not Available	22	5.5%
Not Available	12	3.0%

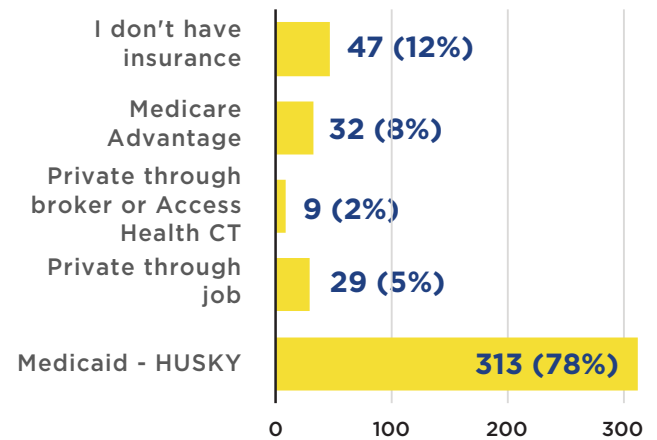
As seen in Figure 3, there was significant geographic variation among participants, with a higher concentration of residents from urban areas.

Figure 3. Geographic Distribution of Survey Respondents



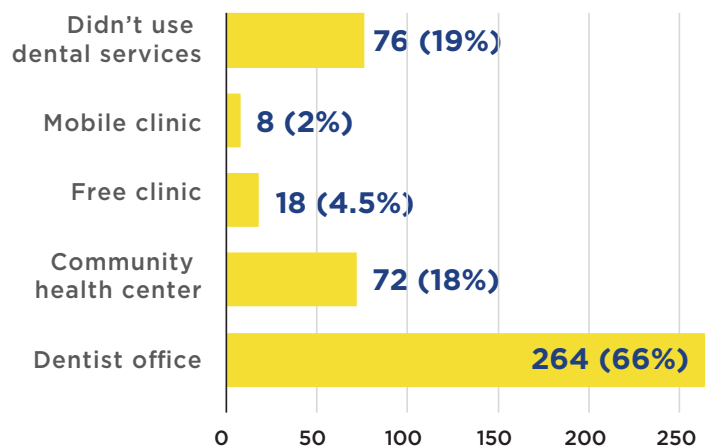
We asked participants to check off all the types of insurance they have. As shown in Figure 4, most participants (313, 78%) indicated they are currently enrolled in HUSKY. Forty-seven participants, 12% reported not having insurance.

Figure 4. Dental Insurance Coverage Among Survey Respondents



Participants were asked about the types of dental services they had used over the past two years. Most participants (264, 66%) reported going to a dental office in the past two years. Notably, nearly 20% did not use dental services during the last two years. Of note, participants could select more than one response.

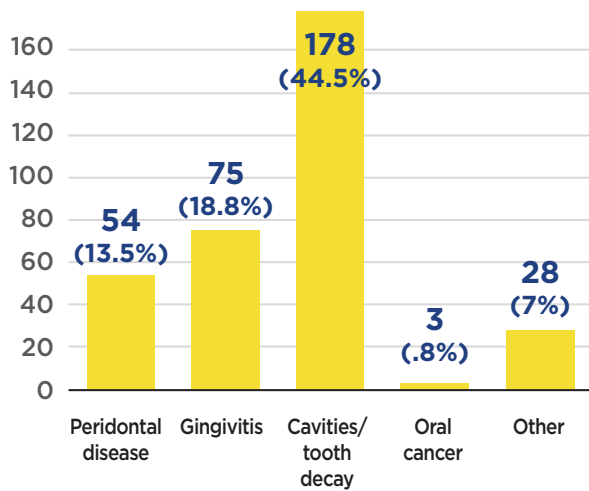
Figure 5. Dental Service Utilization in the Past Two Years



We found that cavities were the most common oral health diagnosis reported by participants in

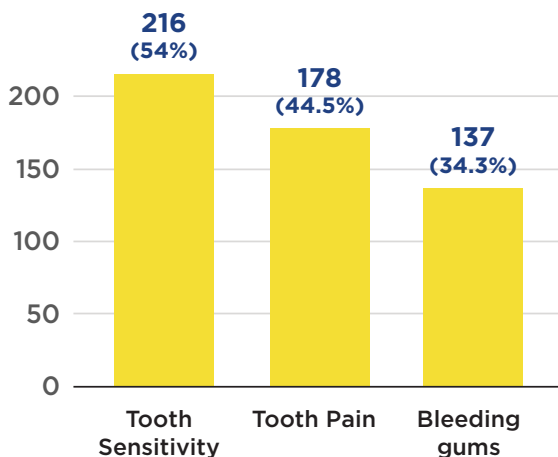
the past two years, followed by gingivitis. One hundred and seventy-eight participants, nearly 45% reported a diagnosis of a cavity or tooth decay, while 75 participants, just under 20% reported being diagnosed with gingivitis. Additionally, 54 participants, 13.5% of participants reported a diagnosis of periodontal disease. Among those who reported another diagnosis, the most common example was broken or fractured teeth.

Figure 6. Oral Health Diagnoses in the Last Two Years



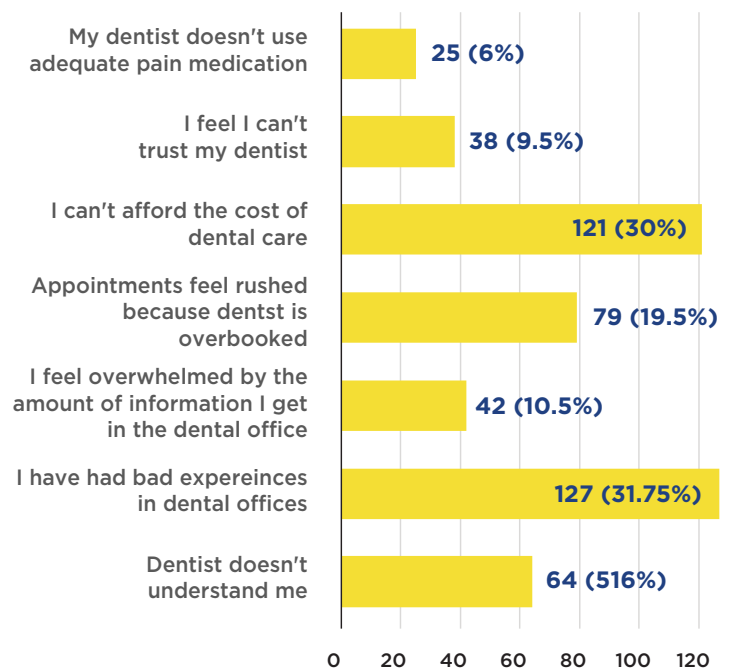
Most participants experienced oral health symptoms during the last two years. These symptoms included sensitivity (218, 54%), pain (178, 44.5%), and bleeding gums (137, 34.3%).

Figure 7. Oral Health Symptoms in the Last Two Years



Participants were asked to select the factors that impact their relationship with dental providers (see Figure 8). The two most frequently cited factors were having previously had a bad experience in a dental office, and cost, each referenced by nearly one-third of participants. “Appointments feel rushed because the dentist is overbooked” was cited by just under 20% of participants. Additionally, 16% selected “My dentist doesn’t understand me,” and 10.5% selected “I feel overwhelmed by the amount of information I get in the dental office.”

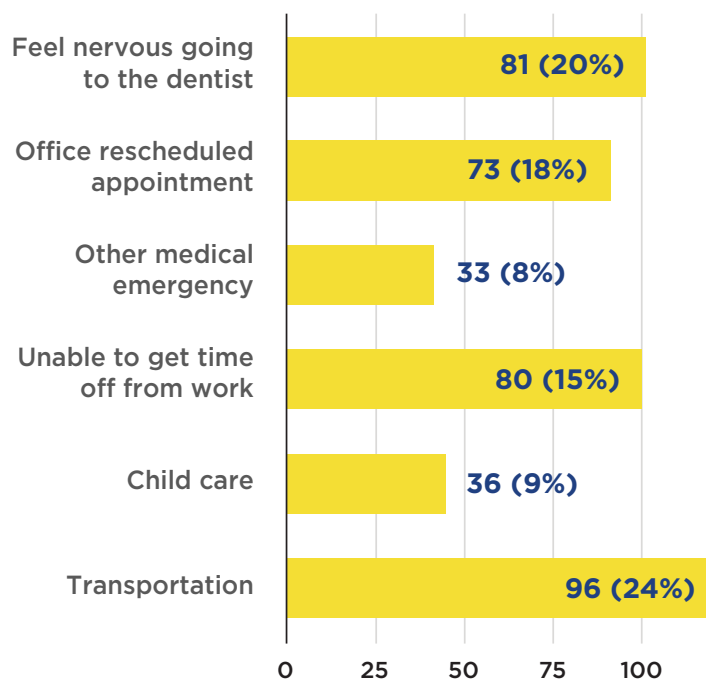
Figure 8. Factors that Impact Relationship with Dental Providers



Participants were asked about reasons for missing a dental appointment in the last year. Transportation was cited by 96 participants, 24%, as the reason for missing an appointment, followed by feeling nervous about going to the dentist, which was cited by 81 participants (20%). Additionally, 73 respondents (18%) reported missing an appointment because it was rescheduled by the office, and 80 participants (15%) reported being unable to get time off

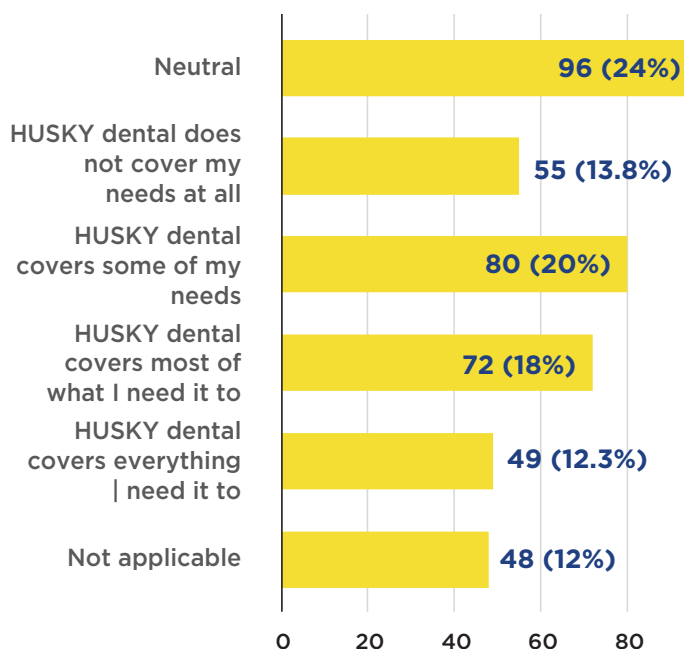
from work. Among those who selected “other” reasons, the most common were related to cost, dental anxiety, illness, and scheduling conflicts.

Figure 9. Reasons for Missed Appointments in the Last Year



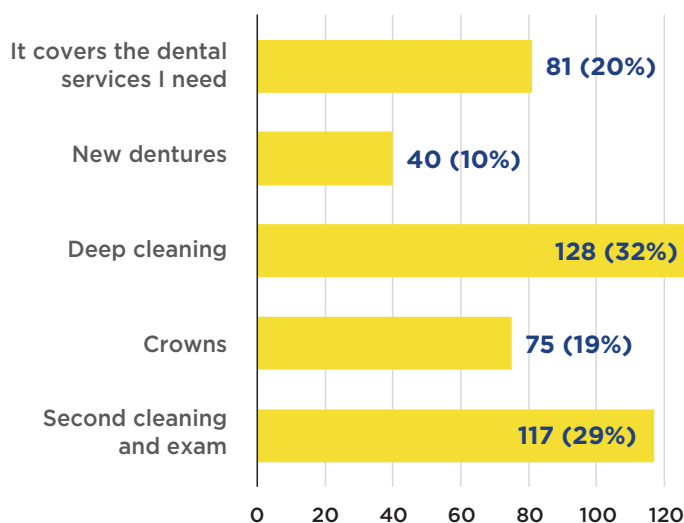
Overall, participants described HUSKY as covering some of their needs, but the extent to which it was seen as covering oral health needs varied. Notably, only 49 of participants (12.3%) reported that HUSKY covers all their needs. Thus, when it comes to oral health, there are unmet needs among the HUSKY population. Open-ended responses indicated that these unmet needs include both preventative services (e.g., a second annual cleaning and restorative services (e.g., root canal, tooth repair, and periodontal/deep cleaning).

Figure 10. HUSKY Dental Coverage Rating



Participants were asked if there were specific services they needed that were not covered. Only eighty-one participants (20%) reported their insurance covers all their needs. Deep cleanings and a second exam and cleaning were the most commonly cited services needed.

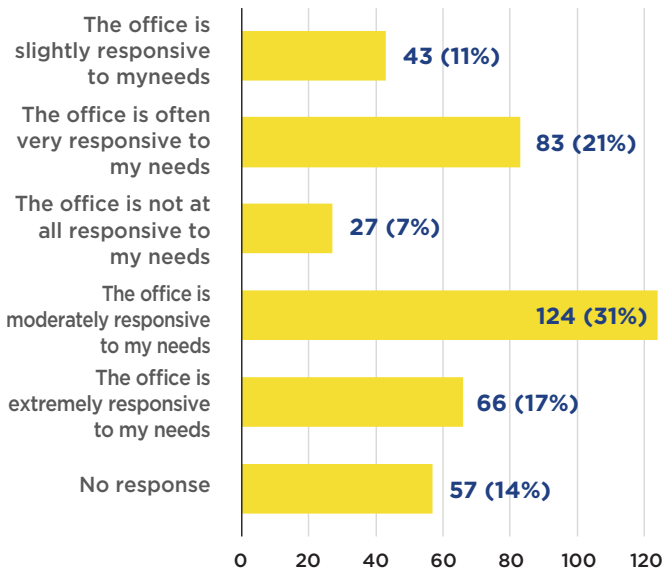
Figure 11. Services needed but not covered by HUSKY



We asked participants to rate their HUSKY Dental office experience. Most participants

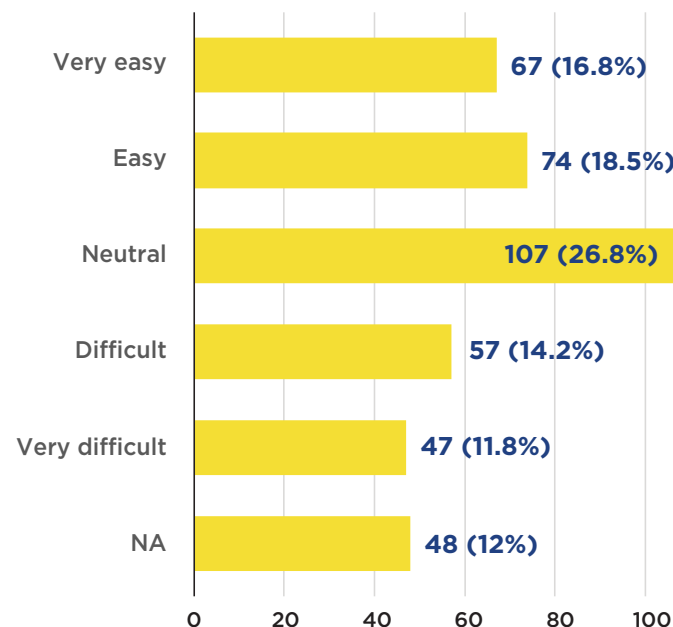
reported that their HUSKY Dental office is responsive to their needs. However, that level of responsiveness varied.

Figure 12. HUSKY Dental Office Experience



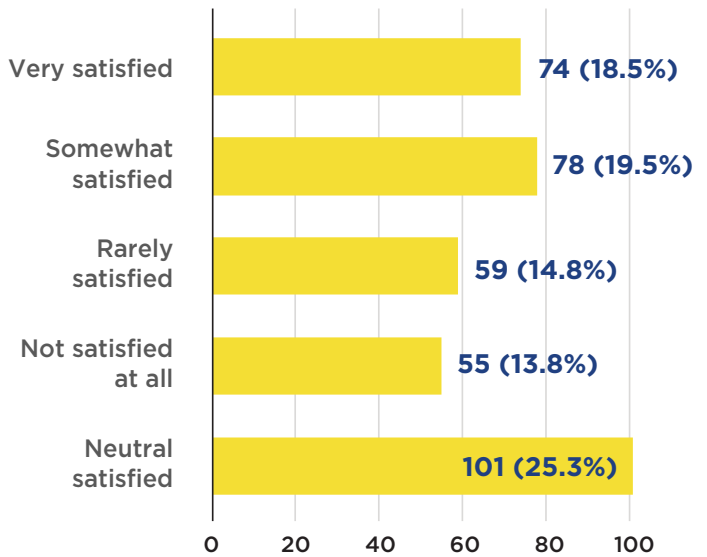
Participant experiences trying to get an appointment with their HUSKY provider varied. Just over a third of participants (141, 35.3%) found it easy or very easy to get an appointment with their HUSKY provider.

Figure 13. Experience Getting an Appointment with HUSKY Provider



We asked participants if they were satisfied with their oral health. Less than half (153, 38%) reported being somewhat or very satisfied. “Neutral” was the most frequently selected response, with 101 participants (25%) choosing this option. Thirty-three responses (8.3%) were missing.

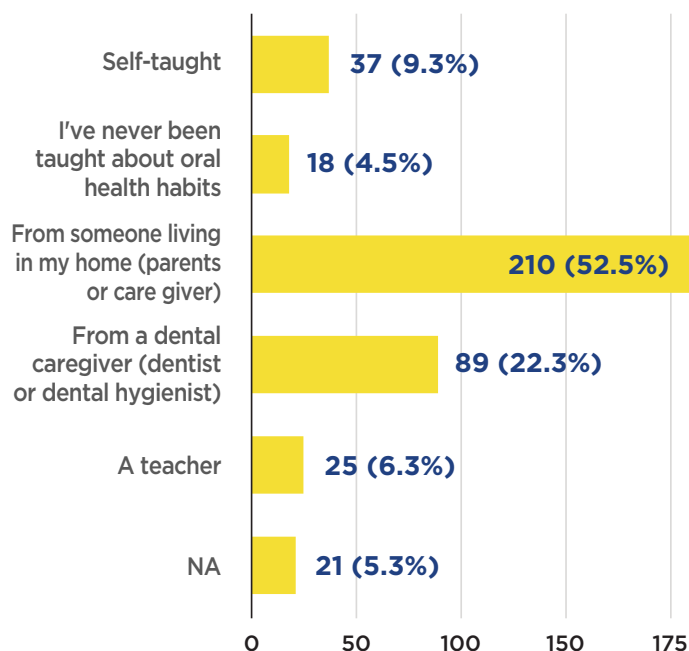
Figure 14. Satisfaction with Oral Health



Participants were asked about where they first learned about oral health. More than half reported learning about oral health at home. Twenty-two percent reported learning from a dentist. Fifty-five people, just under 14%, described being self-taught or not learning at all.

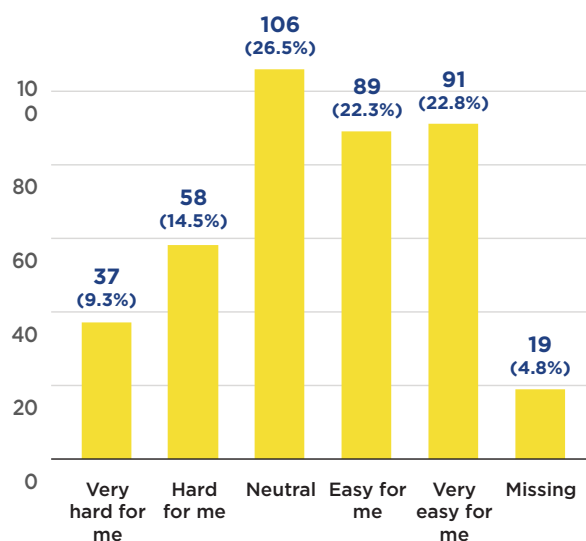
Figure 15. Oral Health Knowledge Acquisition

How participants first learned about oral health



Participants were asked about their oral health care. Specifically, how difficult or hard it is to take care of their oral health. Just under 25% of respondents reported it was hard or very hard to take care of their oral health, and approximately 45% reported it was easy or very easy.

Figure 16. Personal Oral Health Care Taking care of my oral health is...

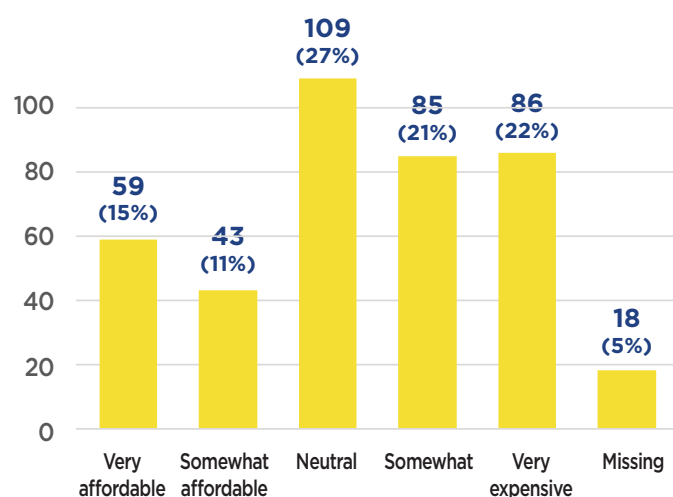


The survey explored participant perceptions of the cost associated with oral hygiene.

Overall, 171 participants (45%) of described the cost of oral hygiene as somewhat or very expensive.

Figure 17. The Cost of Oral Hygiene

I feel like spending money on oral health care products (toothpaste, dental floss, toothbrushes) is...



Group Discussion Findings

Impact of Oral Health on Quality of Life

Participants shared how oral health impacted their self-esteem, confidence, and overall mental health. They noted the social stigma that comes along with having poor oral health, specifically having missing teeth. This combination resulted in participants feeling depressed and anxious about their appearance. They emphasized the isolation that came with social stigma because they would not talk to people or even smile. Adult participants expressed their worry for the young people in their lives for being bullied for their teeth. In addition, adult participants felt shame for their oral health and that they were failing as role models for their families.

...if I was a paying customer, they probably would have cared a little more...they assume because you're on state insurance, you're a certain kind of person.... **(Resident, Norwich HUSKY Forum, 2025)**

...I had all my back teeth extracted... now my teeth are falling apart, and I need dentures, and I'm embarrassed, and I don't want to look in the mirror.... **(Resident, Norwich HUSKY Forum 2025)**

...Some kids are self-conscious about their smile...and sometimes they act up because other people are bullying them. **(Resident, Willimantic HUSKY Forum 2025)**

*I've learned how to talk just to cover my teeth so no one can see my teeth. I don't open my mouth, I don't smile....***(Resident, New Haven HUSKY Forum 2025)**

Fear and dental anxiety were a common theme across forums. Participants indicated that if they had a traumatic experience at the dentist, particularly in childhood, it discouraged them from returning. They were fearful of a repeated poor experience, what the appointment would entail, and judgment from providers.

...there's a lot of people that are poor. They go through a lot of stuff. They don't get to care for their teeth, and they go bad, and then they just want to pull them out.... **(Resident, Middletown HUSKY Forum 2025)**

...I haven't been to the dentist in like six years because I went to get a tooth pulled and I was literally like, feeling it as they were pulling it, you know, and hearing it as they were pulling it. And I was like, I was terrified... **(Resident, Hartford HUSKY Forum 2024)**

They wanted me ...to have a root canal done. And instead of approving the root canal, they just told me to get the tooth pulled....they wouldn't cover general anesthetic, so I had to be awake for the whole thing... **(Resident, Hartford HUSKY Forum 2024)**

Participants spoke about the physical pain they endured as a result of poor oral health, highlighting the deep impact it had on their daily lives. Participants also noted the pain and discomfort from dental appliances, such as dentures, and equipment not fitting correctly. They indicated this impacted their sleep, eating, and hygiene habits. Patients would often be in limbo, waiting long periods to see the dentist. Consequently, this would result in the progression of the disease and damage to their oral health. Some participants went to the emergency room for care, while a few shared that they had removed the teeth themselves.

That's a real serious issue about the weekends and ... not being able to get the service when you really need it at night ...my teeth got to a point where the pain just was overwhelming, and I ended up pulling out my own teeth because I couldn't get to get into an office... **(Resident, Hartford HUSKY Forum 2024)**

...I was pregnant...I had to get my tooth pulled. ... it was the pain. I couldn't stand the pain, and I was taking Tylenol every day at a point, so I just made the decision to first... get my teeth looked at. And they told me that I needed to get my tooth pulled. So, I just pulled it out. **(Resident, Parents/caregivers of AAC Virtual Forum, 2025)**

So, a while back, I had my wisdom teeth were impacted and under the gum line, one of the wisdom teeth were eating away at the molar, because they're growing, you know, sideways and to start eating away at the molar under... so, I wake up in this excruciating pain.... I couldn't sleep. I was up for like, four or five days straight. I started hallucinating, just from this pain. ...it was nerve damage...under the gum line. **(Resident, Male Focused Forum 2025)**

I have had issues with my oral care because of my lupus, and I have not ever been able to have my bottom dentures fit or stay in...I've been... begging somebody to help me with having at least my bottom teeth as implants,

because I've lost the structure of my facial muscles...I'm only 60 years old... I have to eat healthy nuts and fruits, and I can't really do that...I can't eat an apple without my teeth coming out. And it's very self...diminishing, ... it makes you feel like you don't count. **(Resident, Norwalk HUSKY Forum 2025)**

Patient Engagement and Experience

Participants experienced long wait times to get an appointment, ranging from a couple of months to a year. Once they finally arrived at the dental office, some participants remarked how the appointment had been canceled. If the appointment was still occurring, participants expressed frustration as they experienced long wait times before seeing the dentist or hygienist. Participants pointed to dentist offices being overbooked.

...If you're more than 10-15 minutes late for your appointment, they cancel you out and if you're coming from work, you know? I mean, some people take... the city transportation or ... they have to depend on somebody for a ride ... and if you get back[ed] up, it's all over... **(Resident, Vernon HUSKY Forum 2025)**

...Getting an appointment for your kids is insane. ...I want to schedule an appointment for my son, and he couldn't get his first appointment until, like, the beginning of this year...I called, ... in June... **(Resident, New Haven HUSKY Forum 2025)**

...Where my kids go to the dentist, they're like, so short staffed. It's a huge problem, because if I make an appointment for them, I'm there for like, two, three hours, which is ridiculous... **(Resident, Bridgeport HUSKY Forum 2025)**

... It doesn't say whether or not they're actually accepting new patients ... I don't know...how often those things are updated, but a dentist who can't accept a patient for a year, I don't know why they're on that list. They should temporarily be on hold or something. I mean, literally, calling 25 dentists in two days and

getting rejected from all of them...it's not a good feeling... **(Resident, Rural Virtual Forum 2025)**

Due to overbooking, participants felt rushed and improperly cared for during their appointments. Many participants recounted poor interpersonal experiences they had with their providers and staff. This included racism, discrimination, dismissiveness, medical gaslighting, judgment for being on HUSKY, and neglect. Some participants shared that they had a procedure done multiple times because it was done incorrectly. Participants who experienced dental anxiety felt a lack of empathy and compassion from providers who were unequipped to support them. These negative experiences contributed to mistrust in their providers, deterring them from coming back to receive care. Participants said they were “treated like a paycheck.”

I think a lot of times since we're just Husky or, like, for the most part, low-income, we get the lowest quality of care... **(Resident, Hartford HUSKY Forum 2024)**

Because I'm missing both upper and lower teeth, I don't have the same flexibility for eating But I'm terrified of the dentist...I'm going to tell them not to pull any more of my teeth. Because this isn't the first time this has happened to me. They pulled four of my teeth because two or three dentists had to work to get them out. They're really rude. They do this a lot to Latinos. They don't explain things well... **(Resident, Hartford South End HUSKY Forum 2025)**

...The dentist I went to recently...he's trying to persuade me to get something I didn't want. And like I told him, you're not paying for it...I'm paying...if I can't get what I want, let me know, and I can go to another dentist...and I feel that it's color...because the first thing they think is all Blacks is on the state. And now you're stereotyping me... **(Resident, Waterbury HUSKY Forum 2025)**

Many participants felt there was a lack of transparency from HUSKY about what was

covered. Participants would get mixed messages from their provider about a recommended treatment only to realize it wasn't covered or was classified as "cosmetic." Participants would wait long periods of time for approval for care from HUSKY. Participants experienced difficulties and confusion finding information about what was covered under HUSKY. Many participants felt it was impossible to understand and navigate the system.

...First of all, you're driving out of your way. Second of all, just for to be told that this is a certain kind of cosmetic thing where you have to pay out of pocket, because Husky doesn't cover it yet.... I asked [HUSKY] why would you even refer me out knowing that you guys don't cover this...? Because this happens after a root canal that you do cover, these are prevented services that I feel should be covered...

(Resident, Torrington HUSKY Forum 2025)

...it would be very nice to see staff, medical staff communicate properly with respect to patients, irrespective of financial status or ethnicity. Yes, I've experienced somebody that was actually unkind, and I would say the tone at which the person was actually communicating to me was actually harsh, and I felt disrespected...

(Resident, Parents/caregivers of AAC Virtual Forum 2025)

I feel like, like, you know, the dentist should be patient with people. And... listen. I think sometimes dentists could be too... rushy... Yeah, you're the dentist, but like, you have to... respect the person, if they're raising their hand because they're in pain...you know... don't keep drilling... because that creates an environment for people to not feel comfortable at the dentist's office...

(Resident, Parents/caregivers of AAC Virtual Forum 2025)

Yeah, so I was having a hard time at my dentist with getting a night guard for severe grinding.... they didn't want to cover it like with my insurance.... So, I called the number anyways, and they said they do cover it with a prior authorization... but it was the dentist

that was just trying to neglect getting me a guard. I did end up getting one.... when I got it, it wasn't even fitted properly, so then I had to go through it again...

(Resident, Rural Virtual Forum 2025)

...I needed a cap on a tooth, and I was denied. And instead, they pulled it because I already had one missing tooth.... and also, I suffer from anxiety when I go to the dentist and the Novocain doesn't work....

(Resident, Waterbury HUSKY Forum 2025)

You sit and wait on the phone for forever...you need to plan out a whole day, 12 hours to sit on the phone, and when you do get someone, it seems like they're lost. They don't know where to direct you to...customer service is so horrible....

(Resident, Hartford HUSKY Forum 2024)

After appointments, participants would be handed an expensive bill for out-of-pocket costs. Some participants shared they were unaware of the \$1,000 cap for HUSKY and were startled by how quickly they met the cap. Many participants were offered payment plans that were unrealistic and didn't pursue the treatment. Participants said that they would be handed a referral to see a specialist and were not provided instructions on how to handle this.

...They have a year waiting list....So that's one of my issues, is I can't find the care. I'm being told that they accept HUSKY, but they aren't taking any more patients. Or I'm being told that there's a 12-month waiting period, and that was even with the help of a care coordinator, helping me reach out to these dental offices... So, I'm lost, and I'm stuck in a system...

(Resident, Rural Virtual Forum 2025)

Yes, I have experienced long periods of waiting for Husky to approve my work. There was times that I waited for long periods where, when it finally was approved, the tooth had to be removed...

(Resident, Hartford HUSKY Forum 2024)

...They told me I needed the crown. I went to the dentist or oral surgeon. I said, how much is it gonna cost? He said, about \$3000 I said, okay can you pull my tooth? And he could, they couldn't do it there. So, I ended up going to New London....So, ... \$3,000 I don't have that kind of money...I've been out of the system for 10 years... (Resident, Norwich HUSKY Forum 2025)

...I started three years ago just trying to get a cleaning and a basic checkup because I'm in recovery, and when I got clean, I wanted to start taking care of my dental health and I've gotten no help. I have not gotten a cleaning. They told me I needed a deep cleaning. Said Husky doesn't approve it. I can't afford to pay out of pocket for that, so I've just it's been getting worse and worse and worse.... (Resident, Norwich HUSKY Forum 2025)

Barriers to access

Across many forums, participants were unclear about what exactly was covered under HUSKY for dental care. They were unsure where to find this information. Similarly, they were unaware of the \$1,000 cap. Participants explained that dental care is expensive, and that they met the coverage cap quickly. Participants were frustrated by the high out-of-pocket costs for procedures and that dental appliances wasn't covered. Multiple participants cited that dental care is not affordable, and neither were the payment plans they were offered. Participants shared their frustration with navigating HUSKY Dental coverage, citing challenges like restrictive criteria for medical conditions and a confusing point system that made it difficult to qualify for needed treatments such as braces. Participants described how, when coverage for certain procedures was denied, tooth extraction was often presented as the default alternative. This practice posed additional challenges, as individuals with multiple missing teeth in one area of the mouth could later be denied prosthetic care due to coverage limitations. Many participants stated that they were scared to go to the dentist because they were fearful that

their teeth would be extracted. This fear was a major barrier to going to appointments.

...if you can't afford anything, they just pull your teeth... (Resident, Norwich HUSKY Forum 2025)

... I had a tooth filled, and ... the filling came out. So, my tooth started like cracking ... I need to put an implant in it, but the insurance only covers to pull a tooth, not replace one. (Resident, Hartford HUSKY Forum 2024)

... if you do have an implant, I think the crowns are costly... but implants are not covered....And in most places, you know, they run your credit and such and see if you'll be able to be able to afford ... feels a little embarrassing when you get there you can't get services.... (Resident, New Haven HUSKY Forum 2025)

Participants found it challenging to find providers who took HUSKY. They added that the lists of providers were often outdated. They felt there were limited options and had to get on wait lists for appointments. Participants noted that they had to travel long distances to even see providers. This was consistent among rural and urban residents. Some participants shared that they traveled out of state to Massachusetts and New York to get dental care. Getting to appointments proved to be a challenge for many participants. Participants utilized transportation services like Veyo and MTM(?) but noted the lack of reliability of these services. Some participants weren't even aware that this was an option at all.

So, the challenge was, I have yet, in two years, to be able to actually see a dentist and have an exam....I'm in a really rural part of the state, and there are for my child. I have a wonderful pediatric dentist, although it's 45 minutes away, I'll take it. There is nobody in my area, even within an hour, who will do dentistry for adults.... Actually, I had to go into Massachusetts, but they did[n't] take Husky. (Resident, Rural Virtual Forum 2025)

...I had to cancel a doctor appointment three times because the ride never came. They

kept telling me it's they're on their way. Somebody's gonna be there....[but] they never came. (Resident, Norwalk HUSKY Forum 2025)

...[I] tend to wait till I'm in agony, because the thought of taking off a day of work with no pay is the pain is easier. Usually you shouldn't have to, like, make kids miss school, and then you get truancy officers calling, and even though it gets pushed aside, well, they had an appointment, they have a couple of cavities, they had an appointment, and if they add up, ... (Resident, Middletown HUSKY Forum 2025)

Yes. I don't even get treated here; I'm going to New York. I have to travel two hours to New York, so I can get my appointment on a Saturday or Sunday.... (Resident, Torrington HUSKY Forum 2025)

Participants shared that the paperwork they had to fill out at the dental offices or for insurance was confusing, hard to understand, and not in plain language. This was especially challenging for some participants with different literacy levels. They noted that they didn't get the support they needed from staff to fill out the paperwork. Similarly, participants who didn't speak English were only handed paperwork in English. Language barriers for non-English speakers continued during appointments, as patients described poor translation services or no interpreters were available. Further barriers were noted by disabled communities that office spaces were inaccessible for disabled people who use mobility aids. In addition, neurodivergent participants explained that they also faced barriers with dentists who didn't have experience working with their community. Many participants explained there were cultural barriers faced during appointments, expressing the need for cultural competency.

...They should have some kind of interpreters, at least for Spanish, I would say this, this area, Portuguese, also, and Haitian Creole. At least having interpreters there would be a big help to the hygienist and the dentist so they can

connect with the people. (Resident, Norwich HUSKY Forum 2025)

Some people don't even understand paperwork, and you're sending people paperwork in the mail and they don't- can't read....why would you send somebody a bunch of papers and they can't read and write? ... (Resident, Middletown HUSKY Forum 2025)

...It's very hard as someone with special needs to get any type of dental work done because dentists are just not trained.. to work with individuals with disabilities, so even if I express that I have certain ailments or disabilities, they still don't fully understand... (Resident, IDD Virtual Forum 2025)

... I have seizures, and I have Tourette Syndrome, so I can't just get regular like surgeries and dental work done, like I needed a root canal and I went to a dentist that my dentist recommended ... she was like, oh, I can't do it on you, because I only do kids with disabilitiesmost likely, I'm going to lose my tooth because ... invisible disabilities are so overlooked, like so even with having Husky at the time, I wasn't able to get any type of dental work done... (Resident, IDD Virtual Forum 2025)

Recommendations

Below is a summary of participant recommendations inclusive of strategies based on issues raised by participants. Of note, many of these recommendations are consistent with what is known but are critical areas that still need to be improved and addressed.

Coverage Awareness & Education

- Develop and distribute plain-language HUSKY Dental coverage guides, including benefit caps and covered services, in multiple languages, ensuring accessibility for residents with varying literacy levels and language needs.
- Conduct targeted outreach campaigns through social media, community centers, schools, and

public events to educate residents about HUSKY benefits.

Care Coordination & Access

- Create a centralized, user-friendly portal that integrates dental and medical benefit information, allowing residents to access coverage details, track appointments, and view treatment history.
- Train primary care, pediatric, and maternal health providers to incorporate oral health guidance during routine visits.
- Increase awareness, promote, and support reliable transportation services for dental appointments.
- Provide resources and guidance for childcare to reduce barriers for caregivers attending appointments.
- Support integration of dental records with primary care systems to improve coordination of care.
- Encourage dental practices to offer flexible scheduling, including evenings and weekends.
- Deploy mobile dental units and other forms of community-based care to reach communities with limited transportation options or other difficulties with access.
- Support policies and programs that integrate medical and dental care, particularly for high-risk populations.
- Support funding initiatives that reduce operational access barriers by expanding oral health mobile clinics (especially in rural areas) and ensuring reliable transportation and childcare options.

Affordability & Financial Support

- Advocate for increasing the annual maximum dental benefits cap for adults only to cover more services.
- Develop income-based payment plans or financial assistance programs for services not fully covered under HUSKY Dental.
- Expand coverage to include periodontal treatment, additional annual cleanings and oral health exams, and necessary dental prosthetics.

Oral Health Promotion & Community Engagement

- Launch public campaigns and educational initiatives to promote preventive oral health practices and raise awareness of the importance of dental care in schools, clinics, and community spaces.
- Partner with community organizations to deliver oral health education and preventive care outreach through workshops and outreach programs targeting families, seniors, veterans, unhoused populations, and disabled communities.
- Provide dental offices with educational toolkits and guidance on preventive services for both children and adults to support patient education and care.

Provider Reimbursement & Clinical Support

- Increase provider reimbursement rates to incentivize participation in HUSKY.
- Offer technical assistance to providers on billing, coverage updates, and utilization of expanded benefits.
- Provide training to ensure dental offices are welcoming, calm, culturally competent, and comfortable for all patients, and conduct periodic inspections to verify compliance with these standards.
- Provide standardized coverage summaries to dental providers for patient distribution.
- Provide interpreter services and establish protocols to ensure effective, accessible communication for all residents, including guidance for community partners and dental teams.
- Train dental teams on trauma-informed care and best practices for serving neurodiverse and developmentally disabled patients.

COHI POLICY RECOMMENDATIONS BASED ON FINDINGS

Based on the report findings, COHI offers the following policy recommendations:

Medicaid Coverage Expansion

- Expand adult Medicaid by exempting preventive services, such as cleanings and oral exams, from the annual \$1K benefit cap to improve access and utilization of care to ensure the cap benefits are available for restorative procedures needed by residents, such as root canals and fillings.
- Increase coverage to include periodontal treatment and a second-annual dental cleaning and two oral examinations for all adult enrollees.
- Provide Medicaid dental benefits to all Connecticut residents who are income eligible up to age 21, regardless of immigration status.
- Exempt disabled individuals who receive dental services in an operating room setting from the cap, as accessibility needs are often not known until the patient is sedated.

Medicaid Reimbursement Rate Increases

- Raise adult and child Medicaid reimbursement fee-for-service rates for all dental services, especially for preventative services and non-invasive treatments, to prevailing average commercial rates to incentivize provider participation and improve appointment availability.
- Expand the Access to Baby Care (ABC) Program to older children during well-child pediatric medical visits.

- Increase Medicaid reimbursement rates for Community Health Centers and provide more support for the University of Connecticut to expand their patient availability, provide more affordable care, and recruit and retain more providers.

Provider Training & Patient Experience

- Improve services for disabled people, including those with intellectual and developmental disabilities, and other neurodivergent communities, by providing additional resources to providers for care coordination and improved training.
- Provide additional training to direct care providers and front office staff on how to build trusting relationships and communication with enrollees, especially those who may be traumatized, discriminated against, and/or have increased dental anxiety due to poor past experiences.
- Improve the cultural and linguistic competency through additional training of oral health providers and front office staff to assist in providing higher quality care to a more diverse patient base, to better understand their cultural beliefs and practices, while emphasizing the importance of dental care as a priority in their health.
- Improve the standards for treatment plan explanation from providers, so enrollees of Medicaid have more understanding and increased comfort level with respect to their oral health treatment needs and are fully informed of minimally invasive alternative treatments.

Public Health & Education

- Defend against any movement to change laws and regulations which would reduce Connecticut's Community Water Fluoridation Policy to prevent tooth decay.
- Support broader community-based oral health education campaigns especially for adults and underserved populations.
- Develop improved messaging and more effective strategies for tailoring oral health literacy and at-home hygiene to different ages, genders, and ethnic groups.
- Incentivize the integration of medical and dental care through oral health inclusion in the Health Information Exchange (HIE).

REFERENCES

1. Iyer, P., Oral Cavity is the Gateway to the Body: Role of Oral Health Professionals: A Narrative Review. *Journal of the California Dental Association*, 2023. 51(1).
2. Connecticut Dental Health Partnership, *Connecticut Medicaid Oral Health Equity Report*. 2023: Farmington, CT.
3. Fellows, J.L., et al., Oral Health in America: Implications for dental practice. *The Journal of the American Dental Association* (1939), 2022. 153(7): p. 601-609.
4. Alqadi, S., Diabetes Mellitus and Its Influence on Oral Health: Review. *Diabetes, metabolic syndrome and obesity*, 2024. 17: p. 107-120.
5. Bharucha, A.E., et al., Epidemiology, Pathophysiology, and Classification of Fecal Incontinence: State of the Science Summary for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Workshop. *The American Journal of Gastroenterology*, 2015. 110(1).
6. Fu, D., et al., Connection between oral health and chronic diseases. *MedComm* (2020), 2025. 6(1): p. e70052-n/a.
7. Sanz, M., et al., Periodontitis and cardiovascular diseases: Consensus report. *Journal of clinical periodontology*, 2020. 47(3): p. 268-288.
8. Connecticut Health Foundation, *Health disparities in Connecticut: Causes, effects, and what we can do*. 2020.
9. Penn Dental Medicine. Oral health and overall health link. 2024 [cited 2025 October 6]; Available from: <https://penndentalmedicine.org/blog/connection-between-oral-health-and-overall-health/>.
10. S, A. Medicaid adult dental benefits may be optional in some states, but oral health is not. September 16, 2025; Available from: <https://www.carequest.org/about/blog-post/medicaid-adult-dental-benefits-may-be-optional-some-states-oral-health-not>.
11. Health;, C.I.f.O. Medicaid Adult Dental Coverage Checker. Available from: <https://www.carequest.org/Medicaid-Adult-Dental-Coverage-Checker>.
12. J, C. Lack of dental coverage has real costs and consequences for people with Medicare. 2019 [cited 2025 October 6]; Available from: <https://www.medicarerights.org/medicare-watch/2019/03/14/blog-lack-dental-coverage-real-costs-consequences-people-medicare>.
13. Lumivero, *NVivo* (version 12). 2018, QSR International Pty Ltd.
14. Hsieh, H.-F. and S.E. Shannon, Three Approaches to Qualitative Content Analysis. *Qualitative health research*, 2005. 15(9): p. 1277-1288.

PLEASE CONTACT Gary Turco, Executive Director and Program Manager, at gary@ctoralhealth.org or Sandra Ferreira, Program Policy and Advocacy Director and Program Assistant Manager at sandraf@ctoralhealth.org for more information about COHI and the recommendations outlined in this report.



Connecticut Oral Health Initiative
53 Oak St, Hartford, CT 06106
860-246-2644
www.ctoralhealth.org



Health Disparities Institute
263 Farmington Ave. Farmington, CT 06030
860-241-1168
health.uconn.edu/health-disparities