

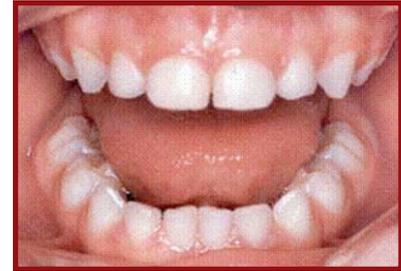
I-Smile Dental Home Initiative

Iowa Department of Public Health - Oral Health Bureau



Why is children's oral health important?

Children need healthy teeth to speak properly, eat food to nourish their bodies, and build self esteem and confidence. Teeth begin to erupt at around 6 months of age. It is important to make sure those teeth stay healthy, particularly through access to preventive care by the age of 1.



A child in good oral health

What are the costs of delaying early prevention?

Cavities can be prevented, but not enough children get early preventive care. Children from low-income families are at greater risk of getting cavities. Children with cavities can suffer from pain, have difficulty eating, be distracted from learning, and feel less confident. Providing preventive care, like fluoride varnish applications, is critical as soon as teeth erupt and regularly thereafter.

Severe decay for a very young child often results in treatment in an operating room and can cost more than \$10,000. The cost for three fluoride varnish applications in a year - highly effective in preventing cavities - is just \$43.



Application of fluoride varnish

Are there issues in Iowa with children's oral health?



A 2-year old boy in NW Iowa with severe decay

- In 2007, more than half of all Medicaid-enrolled children in Iowa received no dental care.
- Nearly 60 percent of Medicaid-enrolled children between the ages of 1 and 5 years old had no care.
- An estimated 25 percent of Iowa children have no payment source for dental care. The number one reason for hospital emergency room visits for the uninsured in Polk County is dental problems.
- More than half of Iowa's general dentists do not see children younger than age 3.
- Many dentists are retiring or nearing retirement. The mean age of Iowa dentists is 55 years old.

What is a dental home?

The dental home is a system that allows all children, specifically those often excluded from receiving dental care, to have early and regular care to ensure optimal oral health.

A dental home provides individualized care based on risk assessment. This includes acute care, preventive services, assessment of disease, education about oral habits and development of the mouth, information about proper care of teeth and gums, and dietary counseling. Services may be provided by a network of dental and non-dental health care providers in multiple locations.

How does I-Smile impact dental home?

I-Smile is a program with the mission of providing Iowa children early and regular dental care, including treatment when needed. A focus is primary prevention and care coordination services centered in Iowa's existing public health network.

The I-Smile dental home uses a team approach. Multiple health professionals, including physicians, dental hygienists, and nurses are part of a network providing oral screenings, education, anticipatory guidance, and preventive services. Through referrals, dentists provide diagnosis and treatment.

The program uses 24 dental hygienists as local I-Smile Coordinators who are located within Iowa's Title V maternal and child health system. Each coordinator is a liaison between public health, families, health care providers, and dental offices to ensure children receive care.

Coordinators strengthen and develop partnerships within early childhood and community organizations, establish referral networks, provide education and training for non-dental health care professionals, ensure care coordination for families, and see that children receive preventive care.



An I-Smile Coordinator providing oral health education

As a result of these efforts, an additional 3,600 Medicaid-enrolled 1 to 5 year olds received a dental service during the first year of I-Smile than in the previous year.

What else needs to happen?

- Increase funding for I-Smile to expand available workforce, increase preventive services for underserved children, and improve Medicaid dental reimbursement rates or use a third-party billing system.
- Reimburse physicians for providing oral screenings to Medicaid-enrolled children outside of the EPSDT well-child exam rate, and advocate that insurance companies, including those carrying *hawk-i*, reimburse physicians for screenings and fluoride varnish applications.
- Seek rules change by the Iowa Dental Board for public health supervision, to allow a dental hygienist to refer a patient to a dentist but not limit continued treatment if a dental visit has not occurred within a year.
- Consider recruitment and retention plans for dentists, particularly in rural Iowa - which may include partnering with rural hospitals and new loan repayment programs.
- Promote oral health and the I-Smile program throughout the state, especially the need for regular care by the age of 1.
- Enhance roles within the dental workforce through training opportunities for expanded function dental assistants and public health practice dental hygienists.
- Integrate oral health planning within the medical home initiative and health care reform efforts.

