



i-smile™ dental home initiative

Iowa Department of Public Health - Oral Health Bureau

Making a Difference for Iowa Families

The I-Smile™ dental home initiative began helping Iowa children and their families in 2006. The combined efforts of the 24 community-based I-Smile™ programs are equal to over 50 full-time equivalencies arranging care for at-risk children. I-Smile™ activities also include offering preventive dental services, training health care providers, and providing community outreach and oral health education. In 2010, nearly 57,000 children benefited from I-Smile™ services.¹

Oral Health is a Concern for Iowa Families

- Just over 1 in 10 low-income children younger than 5 has tooth decay. More than 1 in 5 of 3- and 4-year-old low-income children has decay.ⁱⁱ
- Two-thirds of low-income children younger than 5 have never seen a dentist.ⁱⁱⁱ
- Although the American Dental Association recommends a child's first check-up by their first birthday, less than 1 percent of Medicaid-enrolled children received a dental exam by the age of 1 last year.^{iv}
- Sixty-eight Iowa counties are designated as dental health professional shortage areas, in addition to portions of Polk County. Two counties are pending designation. (Actual shortage determination is based upon several factors besides the total number of dentists per population.)^v
- More than half of Iowa dentists are over the age of 50.^{vi} These dentists are nearing retirement without similar numbers of new dentists to replace them.

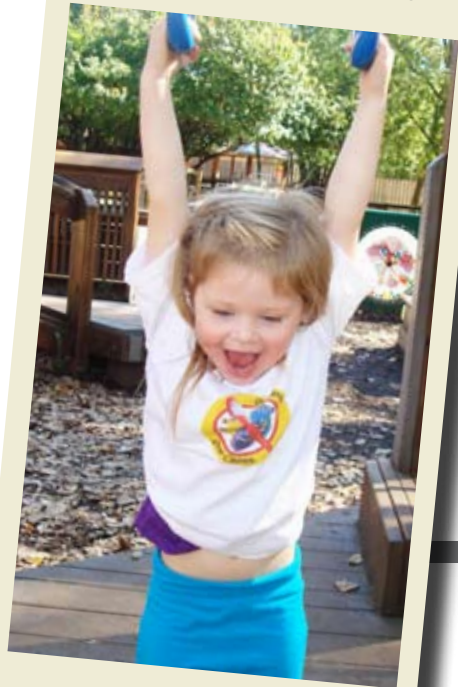
Oral Health Prevention: The Healthy, Low-Cost Solution

- Public health programs like I-Smile™ are more likely to reach at-risk children younger than age 5 and can provide important preventive services.^{vii}
- The cost for a highly effective fluoride varnish application is less than \$15. A small filling costs more than three times this amount.^{viii}
- Costs for dental care are nearly 40 percent lower for Medicaid-enrolled children when their first preventive dental visit occurs before the age of 1, than children whose visit occurs later.^{ix}
- Children are more likely to have their first dental visit between ages 1 and 2 and have less need for dental treatment in a hospital if born to mothers who receive dental care and education during pregnancy – than children whose mothers do not receive the same oral health services.^x



I-Smile™

Makes a Difference



in the Health



of Iowa Families!



Successful Prevention Policies Helping Iowa Families

- Through I-Smile™, 65 percent more Iowa children ages 0-5 are receiving important dental services to prevent disease and limit future restorative treatment costs.^{xi}
- The dental-only option under **hawk-i** provides assistance to more Iowa families who lack coverage for routine and emergent dental care for their children. So far, more than 2,600 children have enrolled since March.^{xii}
- Through a state Medicaid policy that allows physician and nurse practitioners to bill for fluoride varnish applications, 639 children received that important preventive service from medical practitioners last year.^{xiii} A growing number are playing a role in children's oral health and are referring families to local I-Smile™ Coordinators for follow-up.
- Last year, over 67,000 Iowa children were impacted by I-Smile™ and other Oral Health Bureau programs, including fluoride mouth rinse in schools and school-based dental sealants.^{xiv}
- Through public health supervision, Iowa dental hygienists were able to provide over 59,000 screenings, 36,000 fluoride varnish applications, and 21,000 sealants to clients in public health settings in CY 2009.^{xv}



I-Smile™ Coordinators



Help Iowa Families



Within Their



Communities

Policy Recommendations to Maintain and Improve the Oral Health of Iowa Families

1. Continue to support the I-Smile™ program and its community-based coordinators to improve access to care through strengthened referral systems, care coordination, and preventive services.
2. Expand the I-Smile™ initiative to include maternal health programs and nursing homes to reach more at-risk populations and prevent dental disease.
3. Include dental hygienists as Medicaid providers for reimbursement of services to expand access to preventive care for underserved populations.
4. Explore new dental workforce models that would expand preventive and restorative dental services in Iowa.

ⁱ IDPH. Child and Adolescent Reporting System, FFY2010.

ⁱⁱ IDPH. 2010 Oral Health Survey Report.

ⁱⁱⁱ Ibid

^{iv} Iowa DHS. Paid claims data, SFY2010.

^v IDPH Primary Care Office, 2010.

^{vi} Iowa Health Professions Tracking System, 2008.

^{vii} IDPH. Inside I-Smile™ 2009: An Update on Iowa's Dental Home Initiative for Children.

^{viii} Iowa DHS. Medicaid Fee Schedule, 2010.

^{ix} National Oral Health Policy Center. Trendnotes, October 2009.

^x National Network for Oral Health Access. Summer 2009.

^{xi} Centers for Medicare and Medicaid Services. 2009.

^{xii} Iowa DHS. November 2010.

^{xiii} Iowa DHS. Paid claims data, SFY2010.

^{xiv} IDPH. Program data, 2010.

^{xv} IDPH. CY2009 Services Report, Public Health Supervision of Dental Hygienists.

