

IMPROVING THE ORAL HEALTH OF IOWANS

I-Smile™ Dental Home Initiative



The premise of the **I-Smile™ dental home initiative** is simple—help children in Iowa have good oral health from an early age to achieve optimal health for a lifetime. Good oral health allows children the ability to eat well, grow and thrive, concentrate on learning, feel positive about their appearance, and improve social interactions, thus contributing to overall well-being and reducing future dental/medical costs.

At the heart of I-Smile™ are 23 I-Smile™ coordinators working in non-profit organizations throughout Iowa. The coordinators focus on preventing dental disease, identifying ways to help families address challenges so that children may receive care from dentists, and promoting the importance of oral health within their communities through:

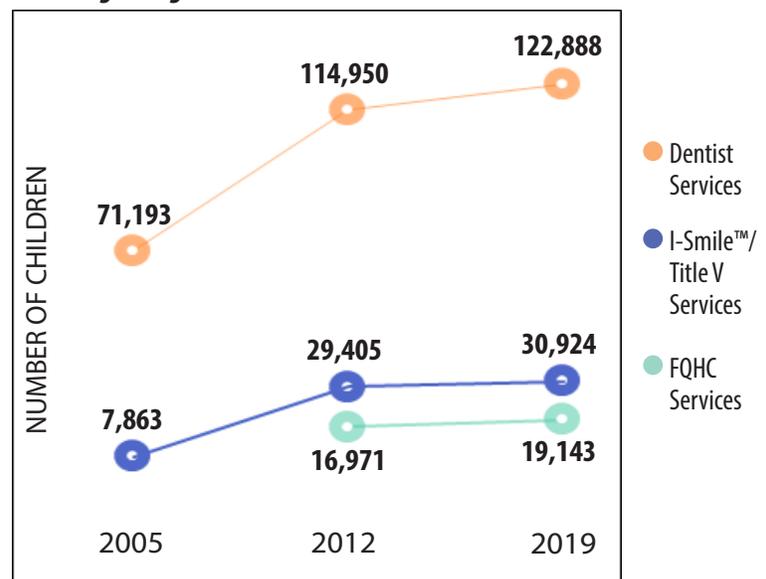
- Developing relationships with dental offices to increase availability of appointments for children;
- Assisting families with scheduling dental appointments and linking to needed community resources;
- Building partnerships with businesses, organizations, and schools to increase oral health awareness;
- Participating in community events and meetings, incorporating oral health within health and social initiatives;
- Addressing oral health issues of county residents through partnership with local boards of health;
- Training medical office staff to provide oral screenings and fluoride applications for children at well-child visits;
- Educating parents, children, and the public about oral health and preventing cavities; and
- Assuring that children have access to preventive care such as oral screenings and fluoride applications.

In 2019, **73% more Medicaid-enrolled children in Iowa were seen by a dentist** than in 2005, the year before I-Smile™ began. In addition, **nearly four times more children received gap-filling preventive care from I-Smile™ dental hygienists or nurses in public health settings** in 2019 than in 2005.

However, 1,842 fewer Medicaid-enrolled children received care from dentists in 2019 than in 2018. Conversely, in 2019, 761 more children received care from Federally Qualified Health Center safety net dental clinics than in 2018 and 271 more children received gap-filling preventive care from I-Smile™. These numbers reflect Iowa's public health safety net filling dental care gaps when able, but also indicate a growing issue regarding access to dentists for at-risk families in the state.

Medicaid-enrolled Iowa children ages 0-3 years may also receive preventive fluoride applications during well-child visits. In 2019, 61% more children (904) received a fluoride application from a physician's office than in 2018 (562). The increase is likely due to *Cavity Free Iowa*, a public-private collaboration that seeks to expand the number of children who receive fluoride applications from medical providers. The initiative is promoted through I-Smile™ coordinators who provide training and technical assistance to medical office staff.

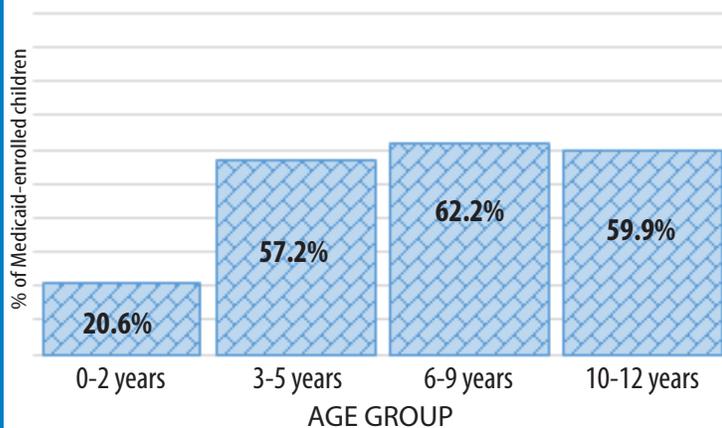
More Medicaid-Enrolled Children Receiving Dental Services Since Beginning of I-Smile™



The preventive services that very young children receive from I-Smile™ in public health settings and during medical visits are particularly important because although nearly 60% of Medicaid-enrolled children ages 3-12 years saw a dentist in 2019, only 21% of children ages 2 years and younger had a dental visit, falling far short of the American Dental Association recommendation that children see a dentist by their first birthday. Early dental visits are critical opportunities to assess a child's mouth and to educate parents about why baby teeth are important and how to prevent tooth decay. Until more children experience routine dental visits at ages 1 and 2, gap-filling preventive care in non-traditional settings will continue to be needed to support oral health access.



Percentage of Medicaid-Enrolled Children Who Saw a Dentist, 2019



Iowa's dental delivery system for Medicaid-enrolled children relies on a limited number of dentists to provide services. For example, though there were nearly 12,000 more Medicaid-enrolled children ages 0-12 years in Iowa in 2019 than in 2012, the number of dentists who billed Medicaid for a service provided to a child has declined (2019: 1,035 dentists; 2012: 1,134 dentists). Therefore, dentists who are willing to provide care for Medicaid-enrolled children are seeing a larger percentage of Medicaid patients. With Medicaid reimbursement at a lower rate than private insurance, dentists may be reluctant to accept new Medicaid patients into their dental practice, thus shrinking oral health access for at-risk families, a situation already reported anecdotally by some I-Smile™ coordinators.

Nearly half of Iowa children ages 0-12 years are on Medicaid (47%), so the state has a critical interest in preventive efforts in order to keep Medicaid costs manageable. For instance, when young children experience extensive tooth decay, they often must have their decay treated via outpatient surgery in a hospital. Oral health treatment in hospital settings is costly for the overall health care system—Iowa hospitals billed \$31 million in medical costs in 2018 for preventable dental surgeries for children age 5 years and younger. This method of treatment is particularly costly to the state's Medicaid program. **Of the \$31 million in medical costs billed in 2018 for preventable dental surgeries for children age 5 years and younger, \$22 million was billed to Medicaid.** (Iowa Hospital Outpatient Data, 2018) The identification of these costs further emphasizes the importance of dental public health programs and accessibility to the dental delivery system to prevent decay for all children.

Iowa's I-Smile™ system continues to demonstrate its value, yet access to dental care and oral health disparities remain. The presence of a dental delivery system safety net in Iowa—FQHC clinics, I-Smile™ services in public health settings, and even physicians—is a benefit to our state. However, safety nets have limited capacity and authority to serve as the sole providers of dental care for underserved children and families. Future considerations to address Iowa's growing oral health crisis may include adopting new workforce models and reimbursement policies that encourage provider participation and improve access to dental services, as well as expanding the I-Smile™ model to enhance oral health access for adults.