

Dental Public Health Activity Descriptive Summary

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I-Smile™ Dental Home Program

The I-Smile™ Dental Home Program is an initiative to ensure at-risk children have early and regular dental care. It was created in response to state legislation requiring Medicaid-enrolled (ME) children age 12 years and younger to have a dental home. In Iowa, the dental home is a network providing comprehensive care using a multi-disciplinary approach to help children achieve optimal oral health. The Iowa Department of Public Health, Bureau of Oral and Health Delivery Systems, coordinates I-Smile™ through an agreement with the Iowa Department of Human Services.

IDPH contracts with 22 private non-profit and public agencies in Iowa to implement the Title V child health program, ensuring health services for low-income children. The I-Smile™ program is incorporated within this state Title V system. Twenty-four dental hygienists, hired by the local Title V child health agencies, work as regional I-Smile™ coordinators. The coordinators are liaisons between community organizations, families, health care providers, and dentists to establish dental homes for at-risk children.

The coordinators build local infrastructure through developing partnerships, assessing local need, program planning, training of non-dental health care providers, and promoting oral health. They also ensure care coordination services for families and provision of gap-filling services for children (e.g. screenings, risk assessment, fluoride varnish provided by dental hygienists and nurses) in public health settings. In addition to services provided by Title V child health agency staff, some pediatric and family practice medical providers also offer screenings and fluoride varnish applications to ME children younger than age 3. Through referrals, dentists provide diagnosis and treatment as needed.

The I-Smile™ annual budget (~\$2.3 million/year) covers contracts with local Title V child health agencies to implement the program and also administrative costs for the Oral Health Center within the Bureau of Oral and Health Delivery Systems. IDPH builds infrastructure at the state level with activities such as promoting I-Smile™ through conference presentations and displays, creating and enhancing public-private partnerships, implementing health promotion initiatives, improving the state's child health database, and developing oral health policies. IDPH staff holds quarterly trainings for I-Smile™ Coordinators and provides contract management and technical assistance to each local agency.

The I-Smile™ multi-disciplinary network of care and, in particular, its dedicated oral health staff within the state's Title V system, is improving children's ability to access dental care. Since I-Smile™ began, 65 percent more ME children age 5 and younger have received dental services. Fifty-five percent more ME children ages 0-12 receive care from dentists.

Lessons Learned:

The collaborative working relationship between IDPH and DHS, as well as the existing Title V child health system in Iowa, were critical for successful implementation of the I-Smile™ dental home program. DHS has been a long-time partner in the state's Title V system, through agreements with IDPH to oversee informing and care coordination services and to allow billing by the Title V agencies for those services as well as other gap-filling direct services. Iowa's Access to Baby and Child Dentistry project was an extension of this partnership, and the result was the recognition of the importance of having dedicated oral health staff within the Title V child health system to improve upon children's ability to access dental care. When the state legislation mandating dental homes for

Medicaid-enrolled children was enacted, DHS and IDPH were able to build upon previous and existing successes to initiate the I-Smile™ program.

More physician participation was originally anticipated as part of the I-Smile™ dental home. To date, there has been a very limited increase in physicians billing Medicaid for fluoride varnish applications. IDPH continues to pursue strategies to improve upon this.

In spite of the positive impact that I-Smile™ has had since its inception, the program is not immune from budget cuts. Given the current economic climate, IDPH continues to focus on advocacy and outcome reporting to keep legislators and stakeholders aware of the cost effectiveness of the I-Smile™ program and the benefit of optimal oral health for all Iowa children.

Contact Person(s) for Inquiries:

Tracy Rodgers, RDH, BS
Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515-281-7715
Fax: 515-242-6384,
Email: tracy.rodgers@idph.iowa.gov

Sara Schlievert, RDH, BS
Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515-281-7630
Fax: 515-242-6384
Email: saralyn.schlievert@idph.iowa.gov