Chapter 15

Oral Health

Introduction

The primary oral health problem facing Iowans for the next five years is access, especially for certain populations.

The chapter committee identified categories of underserved people who may have varying degrees of difficulty in accessing dental care. They are low-income children and adults; nursing home residents and the elderly; children under age 3; children and adults with developmental disabilities; rural residents; racial, cultural and ethnic groups; and children and adults who either lack dental insurance or who are underinsured. For these special populations, there is a higher level of unmet need and an increased prevalence of oral disease.

Based on available data, the most commonly identified obstacles to better utilization include lack of financial resources; lack of a perceived need or value for dental care, which affects motivation to seek care; perceived lack of availability of providers; and lack of trained specialists and/or facilities.

Considerable attention must be given to the infrastructure of the dental service delivery system. Doing so requires a reorganization of human, organizational, informational, and financial oral health resources in the state. This includes building links between providers and organizations and agencies that work with people at-risk, such as nursing homes, public health agencies, schools, social service agencies, and other community-based resources. Existing services, such as care-coordination services for children and case management for the elderly and other populations at risk, must be strengthened to assist people to overcome these barriers.

Providers need to redefine how services are delivered and financed by integrating their services into the community network of services. Other activities to build infrastructure include partnering with organizations and institutions to promote programs for oral health education and services. Finally, strong leadership within and across organizations is needed to assess and deal with critical issues and needs in communities.

This chapter is organized into goals and action steps for the targeted at-risk populations. For example, most goals for improving dental utilization and oral health status pertain to the two populations that team members identified as most at-risk for access to care. They are low-income children and people over aged 65, especially those in long-term care facilities. Another goal is to increase the use of topical fluoride by at-risk populations and maintain fluoride programs in areas currently fluoridated. This is the traditional public health approach of targeting populations most in need.

A targeted approach also is necessary because of the resources and labor required for such activities as data collection and evaluating progress toward goals. Currently, little oral health data is available at the state level. Therefore, much of the data tracking will require new data collection systems that should be realistic in scope.

A number of crosscutting issues are related to other *Healthy Iowans 2010* chapters. These include nutrition, tobacco use, educational and community-based programs, environmental health, injury and/or violence prevention, maternal and child health, cancer, and diabetes.

Current research, for example, has reported significant links between type II diabetes and periodontal disease. One study found that people with severe periodontal disease were six

times more likely to have poor glycemic control. Another study showed that treatment of patients with periodontal disease also led to improved glycemic control. Links between tobacco use, cardiovascular diseases, and periodontitis are also important subjects for researchers and will provide significant insight for interventions and therapies for at-risk populations in the future.

Two original goal statements have been deleted. However, the goals and action steps are either continued or addressed in other goal statements. Original goal 15–3, focusing on untreated root caries in elderly, and original goal 15–8, focusing on school-aged children receiving dental exams and treatment, are addressed in revised goals 15–2, 15–3, 15–7, 15–9, 15–11, and 15–13.

Several of the original action steps from *Healthy Iowans 2010* are complete and have impacted the oral health of many Iowans, including:

- A law was signed that requires coverage of anesthesia and hospital charges for dental treatment for Medicaid-enrolled children;
- Increased to seven school-based dental sealant programs funded by the Iowa Department of Public Health covering 14 Iowan counties;
- A multi-language oral health brochure was created that also includes information on hawk-i dental insurance;
- A Medicaid policy change was made that now considers payment from Medicaid for dental screenings and fluoride varnish applications by dental hygienists as standard of care for EPSDT screening centers;
- A statewide marketing campaign promoted the benefit of dental sealants;
- Awareness of the school dental card increased resulting from a survey mailed to all Iowa schools; and
- Continuing education programs on geriatric dentistry were developed.

The first decade of the 21st century has been a challenging and exciting time for oral health. The team hopes this chapter challenges all primary care providers to work cooperatively to identify, evaluate and implement the best strategies to improve the oral health of those most at-risk now and in years to come.

Goal Statements & Action Steps

15–1 Goal Statement

Reduce cavities in primary and permanent teeth so the proportion of children who have had one or more cavities, filled or unfilled, is no more than 10% among children aged 3 to 5, 25% among children aged 7 to 9, and 50% among children aged 12 to 14.
Baseline: 1994 Iowa Oral Health Survey of school children and Head Start data.

Rationale

Tooth decay is the single most common chronic childhood disease and affects a child's ability to speak, eat and learn. It is an infectious disease that can be prevented. Much of the focus of this goal is on prevention of caries in children, particularly through school-based dental sealant programs. School-based sealant programs have been strongly recommended to prevent or control caries by the Task Force on Community Preventive Services of the Centers for Disease Control and Prevention. Focus is also now placed on targeting children under age five to prevent tooth decay in early childhood.

15–1.1 Action Step

By 2010, advocate for increased state and federal appropriations to allow more counties to have school-based sealant programs, increasing the number to 10. (An Iowa Department of Public Health and other interested oral health groups action step.)

15–1.2 Action Step

By 2010, encourage more providers to participate in school-based sealant programs on an ongoing basis. (An Iowa Department of Public Health, Iowa Dental Association, and Iowa Dental Hygienists' Association action step.)

15–1.3 Action Step

By 2010, increase or maintain the number of dentists participating in the Dental Care for Persons with Disabilities program. (An Iowa Department of Public Health and University of Iowa College of Dentistry action step.)

15–1.4 Action Step

By 2006, develop a parent education program by child care providers on the importance of good oral health, regular care, and dental visits by the first birthday. (A Head Start/Early Head Start Oral Health Workgroup action step.)

15–2 Goal Statement

Reduce untreated cavities in primary and permanent teeth so that the proportion of low-income children with decayed teeth not filled is no more than 2% among children aged 3 to 5, 10% among children aged 7 to 9, and 18% among children aged 12 to 14. Baseline: 1994 Iowa Oral Health Survey of school children and Head Start data.

Rationale

This goal aims to improve access to dental care and increase use of dental services to restore teeth already infected with cavities. Vulnerable populations, including low-income families, have the most difficulty accessing dental services. The problem is multi-faceted, with changes needed in reimbursement rates for Medicaid, recruitment of dental professionals to rural areas, recruitment of dentists to provide care for children under age 5, special needs children, and outreach to immigrant, minority and refugee families.

15–2.1 Action Step

By 2010, advocate for Medicaid dental reimbursement that is 90% of the usual and customary fees in Iowa to increase the number of dentists participating in the dental Medicaid program. (An Iowa Department of Public Health, Iowa Department of Human Services, University of Iowa College of Dentistry, Iowa Dental Hygienists' Association, and Iowa Dental Association action step.)

15–2.2 Action Step

Through 2010, continue to educate dentists and dental hygienists around the state about improvements and updates in Medicaid on an ongoing basis. (An Iowa Department of Public Health, Iowa Department of Human Services, Iowa Dental Association, and Iowa Dental Hygienists' Association action step.)

15–2.3 Action Step

Through 2010, monitor the adequacy of the dental workforce and ensure that there are enough dentists and dental hygienists to assure access to dental care. (A University of Iowa College of Dentistry, Iowa Dental Association, Iowa Department of Public Health, Iowa Dental Hygienists' Association, and Iowa Dental Tracking System action step.)

15–2.4 Action Step

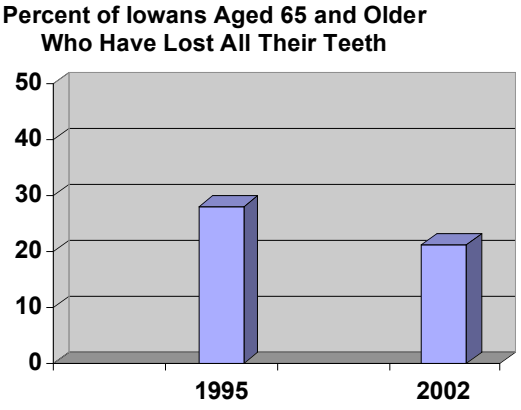
Through 2010, place additional focus on reaching immigrant and/or refugee and minority students with dental services. (An Iowa Department of Public Health action step.)

15–2.5 Action Step

By 2010, develop education materials that cover the infectious nature of tooth decay and the passage of bacteria from mothers to infants, and distribute the materials through the Women, Infants and Children (WIC) program, maternal and child health (MCH) programs, and physicians' offices. (An Iowa Department of Public Health and University of Iowa College of Dentistry action step.)

15–3 Goal Statement

Reduce to no more than 20% the proportion of people aged 65 and older who have lost all of their natural teeth. Baseline, 1995 Behavioral Risk Factor Surveillance System: 28.1% of Iowans 65 and older lost all teeth.



Source: Behavioral Risk Factor Surveillance System

Rationale

Among older people, loss of natural teeth can contribute to psychological, social and physical impairment. Even when missing teeth are replaced with well-constructed dentures, there may be limitations in speech, chewing ability, and quality of life. Tooth loss can be prevented through education, early diagnosis, and regular dental care.

15–3.1 Action Step

Through 2010, advocate for Medicaid dental reimbursement that is 90% of the usual and customary fees in Iowa. (An Iowa Department of Public Health, Iowa Department of Human Services, University of Iowa College of Dentistry, Iowa Dental Hygienists' Association, and Iowa Dental Association action step.)

15–3.2 Action Step

Through 2010, explore options for increasing reimbursement for dental care in long-term care facilities. (An Iowa Department of Human Services action step.)

15–3.3 Action Step

Through 2010, educate dentists and dental hygienists around the state about improvements and updates to Medicaid. (An Iowa Dental Association, Iowa Dental Hygienists' Association, and Iowa Department of Human Services action step.)

15–3.4 Action Step

Through 2010, advocate before the Iowa Board of Dental Examiners to amend the public health supervision rule for dental hygienists so it includes long-term care facilities and nursing homes as public health settings. (An Iowa Department of Public Health, University of Iowa College of Dentistry, and Iowa Dental Hygienists' Association action step.)

15–3.5 Action Step

By 2005, implement a program to assist nursing homes in identifying dentists to be dental directors for the homes and provide treatment for residents and education for nursing home staff. (An Iowa Department of Public Health, University of Iowa College of Dentistry, and Iowa Dental Association action step.)

15–3.6 Action Step

Through 2010, educate dental workforce and paraprofessionals on oral health needs and care of elderly. (A University of Iowa College of Dentistry, Iowa Dental Association, and Iowa Dental Hygienists' Association action step.)

15–4 Goal Statement

Implement a statewide oral health surveillance system that will collect information on the oral health status of Iowans on an annual basis. Baseline: Current system includes the Iowa Department of Public Health annual sealant survey and the Behavioral Risk Factor Surveillance System.

Rationale

Identification of those at highest risk for oral disease and conditions with appropriate targeting of resources to treat these groups is essential for state and local programs. An oral health surveillance system would help fulfill this goal.

15–4.1 Action Step

By 2005, develop a system for oral health screenings of at-risk and other population groups. Screenings should take into account the resources of the University of Iowa College of Dentistry, the Iowa Dental Association, and the

Iowa Dental Hygienists' Association. (An Iowa Department of Public Health, University of Iowa College of Dentistry, Iowa Dental Association, and Iowa Dental Hygienists' Association action step.)

15–4.2 Action Step

Through 2010, advocate for state and federal funding to support an annual oral screening survey. (An Iowa Department of Public Health, University of Iowa College of Dentistry, Iowa Dental Hygienists' Association, and Iowa Dental Association action step.)

15–4.3 Action Step

Through 2010, implement an annual oral health surveillance system to assess the oral health of at-risk groups on a 5-year rotating basis per population. They include low-income children aged 3 to 5, children aged 7 to 9 and 12 to 14, children with special health needs, ambulatory elderly and long-term care residents, and other population groups. (An Iowa Department of Public Health, University of Iowa College of Dentistry, Iowa Dental Association, and Iowa Dental Hygienists' Association action step.)

15–5 Goal Statement

Reduce deaths due to cancer of the oral cavity and pharynx to no more than 5.3 per 100,000 in men aged 45 to 74 and 2.2 per 100,000 in women aged 45 to 74. Baseline, 1997: For men, aged 45 to 74, 7.9 deaths per 100,000; for women of the same age range, 3.3.

Rationale

As with most cancers, the earlier oropharyngeal cancers are detected, the greater the success in treatment. The highest risk group for oral and pharyngeal cancer is the aged 45 to 74. The goal is to increase the proportion of oropharyngeal cancer lesions diagnosed at stage one. This would indicate that strategies for increasing appropriate screening with comprehensive oropharyngeal cancer examinations have been successful.

15–5.1 Action Step

By 2006, develop a plan to educate primary care providers on the importance of, and the protocol for, oral cancer examinations, especially for those at high risk for oral cancer. (An Iowa Department of Public Health, American Cancer Society, Delta Dental Plan of Iowa, Iowa Dental Association, and Iowa Dental Hygienists' Association action step.)

15–5.2 Action Step

By 2007, explore instituting a tobacco-use prevention education message in organized youth sports groups using specific components of the sports initiative by the Center for Disease Control and Prevention. (An Iowa Department of Public Health action step.)

15–5.3 Action Step

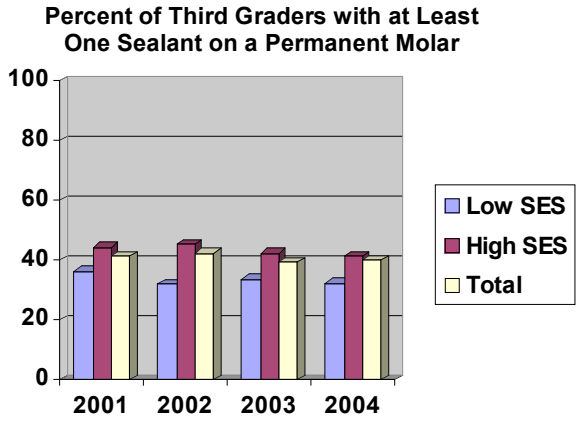
By 2007, assess smoking cessation curriculum of dental, dental hygiene, and dental assistant schools in the state. (An Iowa Department of Public Health and University of Iowa College of Dentistry action step.)

15–5.4 Action Step

Through 2010, implement courses for dentists, dental hygienists, and dental assistants on tobacco-use cessation methods for patients. (Iowa Department of Public Health, University of Iowa College of Dentistry, Delta Dental Plan of Iowa, Iowa Dental Association, Iowa Dental Hygienists' Association, and Iowa Dental Assistants' Association action step.)

15–6 Goal Statement

Increase to at least 50% the proportion of children in the third grade who have received protective sealants in permanent molar teeth. Baseline: A 1994 survey found that 30% of third graders in Iowa had sealants.



Source: 2001, 2002, 2003, 2004 IDPH sealant surveys

Rationale

Ninety percent of tooth decay is in the pit and fissures of molar teeth. When applied soon after eruption, dental sealants can prevent tooth decay in these surfaces, eliminating dental disease and limiting treatment costs.

15–6.1 Action Step

By 2010, advocate for increased state and federal appropriations to allow more counties to have school-based sealant programs, increasing the number of programs to 10. (An Iowa Department of Public Health and other interested oral health groups action step.)

15–6.2 Action Step

Through 2010, encourage more providers to participate in school-based sealant programs. (An Iowa Department of Public Health, Iowa Dental Association and Iowa Dental Hygienists' Association action step.)

15–6.3 Action Step

By 2010, encourage more providers to apply dental sealants to their patients' teeth. (An Iowa Department of Public Health, Iowa Dental Association, Iowa Dental Hygienists' Association, and University of Iowa College of Dentistry action step.)

15–6.4 Action Step

Through 2010, promote collaborative agreements between dentists and dental hygienists to include sealant application. (An Iowa Department of Public Health and Iowa Dental Hygienists' Association action step)

15–7 Goal Statement

Increase to at least 75% the proportion of people aged 65 and over who have had a dental examination in the previous year.

Baseline, 1999, Behavioral Risk Factor Surveillance System: 63.5% of Iowans aged 65 and older had a dental visit in the previous year.

Rationale

Because many elderly people lack resources for dental care, routine dental visits are rare. An additional barrier is that dental professionals are not adequately trained to handle the special oral health needs of this population. For the elderly, medical care often takes precedence over dental care, yet evidence of the link between oral disease and cardiovascular and other diseases continues to mount. Also, prescription drugs often cause xerostomia (dry mouth), which can lead to increased incidence of decay and overall mouth discomfort. Regular dental visits provide an opportunity for oral hygiene education and early diagnosis, prevention and treatment.

15–7.1 Action Step

Through 2010, increase the number of dentists participating in dental Medicaid by advocating for reimbursement rates that are 90% of the usual and customary fees in Iowa; by educating dentists around the state about improvements and updates to Medicaid; and by educating dentists about the dental services covered by Medicare and how to properly code them for reimbursement. (An Iowa Department of Public Health, Iowa Department of Human Services, University of Iowa College of Dentistry, and Iowa Dental Association action step.)

15–7.2 Action Step

By 2005, work on an ongoing basis with the Iowa Department of Elder Affairs on the importance of oral health initiatives for seniors. (An Iowa Department of Public Health, University of Iowa College of Dentistry, Iowa

Dental Association, and Department of Inspections and Appeals action step.)

15–7.3 Action Step

By 2010, develop continuing education for dentists on geriatric dentistry and the tremendous oral health care needs of residents of nursing facilities. (A University of Iowa College of Dentistry action step.)

15–7.4 Action Step

Through 2010, provide continuing education for dentists and dental hygienists on geriatric dentistry and the tremendous oral health care needs of residents of nursing facilities. (A University of Iowa College of Dentistry action step.)

15–7.5 Action Step

By 2005, implement a program to assist nursing homes in identifying dentists to be dental directors for the homes and provide treatment for residents and education for nursing home staff. (An Iowa Department of Public Health, University of Iowa College of Dentistry, and Iowa Dental Association action step.)

15–7.6 Action Step

Through 2010, advocate before the Iowa Board of Dental Examiners to amend the public health supervision rule for dental hygienists so it includes long-term care facilities and nursing homes as public health settings. (An Iowa Department of Public Health, University of Iowa College of Dentistry, and Iowa Dental Hygienists' Association action step.)

15–8 Goal Statement

Increase to at least 93% the proportion of the population served by community water systems with optimally fluoridated water. Baseline, 2004: 90% of community public water supplies were optimally fluoridated.

Rationale

Community water fluoridation is the single most effective and efficient means of preventing dental caries in children and adults regardless of education or income level. This objective will be challenging. Because communities in Iowa with fluoride-deficient water have an average population of about 500, it will require implementing fluoridation in 60 communities, or six communities annually. Current federal preventive health services block grant funds are sufficient to fluoridate about two to three communities each year. If this goal is to be reached, additional sources of funds to assist communities will need to be identified.

15–8.1 Action Step

By 2010, advocate for increased funding for water fluoridation equipment. (An Iowa Department of Public Health action step.)

15–8.2 Action Step

By 2006, develop a program to educate the public on the importance of maintaining fluoridation, and especially about promoting water fluoridation in communities with fluoride-deficient water supplies. (An Iowa Department of Public Health action step.)

15–9 Goal Statement

Increase the use of topical fluorides, in addition to fluoride toothpaste, to 25% by at-risk populations. Baseline, 2003 Medicaid-paid claims data: 11.4% of Medicaid-enrolled people received a topical fluoride application.

Rationale

This goal has been broadened to include additional forms of topical fluoride. Topical fluorides applied professionally and fluoride dentifrice and fluoride mouth rinses can prevent initial decay and promote the repair of early stage cavities. For people at higher risk of tooth decay, frequent exposure to topical fluoride is particularly important. Public health settings provide an excellent opportunity for at-risk populations to receive topical fluoride applications.

15–9.1 Action Step

By 2010, advocate for increased funding for topical fluoride programs. (An Iowa Department of Public Health, University of Iowa College of Dentistry, Department of Human Services, Iowa Dental Association, and Iowa Dental Hygienists' Association action step.)

15–9.2 Action Step

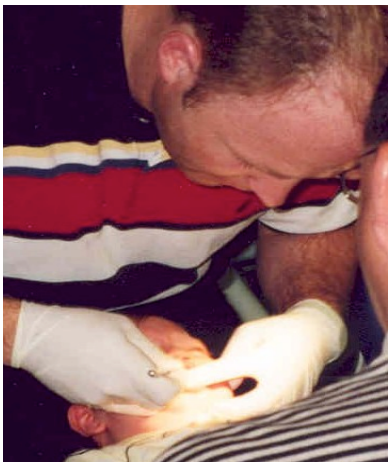
By 2006, develop a plan to have fluoride varnishes applied on the teeth of long-term care residents who have been identified by a health care professional as at-risk for root caries. (A University of Iowa College of Dentistry, Iowa Dental Association, Iowa Dental Hygienists' Association, and Iowa Department of Public Health action step.)

15–9.3 Action Step

Through 2010, promote education for dentists and dental hygienists on use of fluoride varnishes, prescription fluoride toothpastes, and other fluoride applications to prevent caries in at-risk populations. (An Iowa Dental Association, Iowa Dental Hygienists' Association, and University of Iowa College of Dentistry action step.)

15–10 Goal Statement

Increase to 25% the proportion of 1-year-olds, especially those from low-income families, who receive exams or screenings by a qualified health professional (e.g., dentist, dental hygienist, pediatrician, nurse practitioner, nurse). Exams or screenings would be for moderate to high-risk decay conditions (existing or recent decay, demineralization, visible plaque on anterior teeth). The professionals would also counsel patients on the need to increase sources of fluoride or decrease potentially excessive sources of fluoride (such as in unsupervised tooth brushing). Baseline, 2003 Medicaid dental services data: 5% of Medicaid-enrolled aged one and under received a dental service.



Rationale

Evidence of early childhood cavities can appear shortly after the primary teeth erupt between the age of six and 12 months. Because of this, it is recommended that children have a dental exam by the age of one. However, those at greatest risk of decay are the least likely to receive regular and early care. This goal focuses on reaching low-income families to prevent decay in the very young.

15–10.1 Action Step

Through 2010, increase the number of public health clinics that can be reimbursed by Medicaid and the hawk-i program for dental screenings and referrals conducted by dental hygienists. (An Iowa Department of Human Services action step.)

15–10.2 Action Step

By 2006, develop a parent education program to be implemented by child care providers on the importance of good oral health, regular care, and dental visits by the first birthday. (A Head Start/Early Head Start Oral Health Workgroup action step.)

15–11 Goal Statement

Increase to at least 80% the proportion of children age 5 (entering school) who have received an oral health screening or exam. Baseline: None available; see Rationale.

Rationale

More than 51 million school hours are lost each year to dental-related illness. Despite dramatic success in the reduction of cavities in children over the past 20 years, many young children still suffer from oral diseases because they do not receive the full benefit of primary prevention. Many dental providers are not comfortable treating children under age three and many parents are not aware of the need for early care. Preventive services, including early diagnosis and prompt treatment, can eliminate pain, infection and progressive oral diseases.

15–11.1 Action Step

By 2010, advocate for Medicaid dental reimbursement that is 90% of the usual and customary fees in Iowa to increase the number of dentists participating in dental Medicaid. (An Iowa Department of Public Health, Iowa Department of Human Services, University of Iowa College of Dentistry, Iowa Dental Hygienists' Association, and Iowa Dental Association action step.)

15–11.2 Action Step

Through 2010, continue to educate dentists and dental hygienists around the state on improvements and updates to Medicaid. (An Iowa Department of Public Health, Iowa Department of Human Services, Iowa Dental Association, and Iowa Dental Hygienists' Association action step.)

15–11.3 Action Step

Through 2010, monitor the adequacy of the dental workforce and make sure there are enough dentists and dental hygienists to assure access to dental care. (A University of Iowa College of Dentistry, Iowa Dental Association, Iowa Department of Public Health, Iowa Dental Hygienists' Association, and Iowa Dentist Tracking System action step.)

15–11.4 Action Step

By 2008, place additional focus on highly populated areas with diverse population groups in promoting use of the school dental card. (An Iowa Department of Public Health and Iowa Department of Education action step.)

15–11.5 Action Step

By 2006, develop a parent education program to be implemented by child care providers on the importance of good oral health, regular care, and dental visits by the first birthday. (A Head Start/Early Head Start Oral Health Workgroup action step.)

15–11.6 Action Step

Through 2010, place additional focus on reaching immigrant, refugee, minority, and special needs children with dental services. (An Iowa Department of Public Health action step.)

15–12 Goal Statement

Increase to 85% the proportion of community health centers, including Community Migrant Health Centers, that have a direct oral health-service component. Baseline, 1999: 67%, or four of the six, Community and Migrant Health Centers in Iowa had a dental component.

Rationale

Access to care for children and adults continues to be a problem for many, particularly low-income people. To eliminate disparities, more opportunities for dental services are needed in areas where the need is demonstrated. Community health centers can provide gap-filling dental services in underserved areas and play an important role in improving oral health.

15–12.2 Action Step

By 2006, assist community health centers to develop direct oral health education and service components that are culturally and language-sensitive. (An Iowa Department of Public Health action step.)

15–12.2 Action Step

Through 2010, work with the Iowa/Nebraska Primary Care Association to introduce or sustain direct oral health services in community health centers. (An Iowa Department of Public Health and University of Iowa College of Dentistry action step.)

15–13 Goal Statement

Increase to 80% the proportion of long-term care facilities that provide residents oral examinations or screenings by a dental professional and initiate necessary prevention, education and oral health treatment services no later than 60 days after entry into the facilities. Baseline: No data available; see Rationale.

Rationale

Residents of institutions face several barriers to obtaining needed dental services. A decline in physical and oral health, use of one or more of the many medications that can cause xerostomia (dry mouth), and inadequate access to dental care increases the risk of oral diseases. A dental examination soon after admission and the prompt initiation of treatment could greatly enhance the oral health and quality of life of the residents.

15–13.1 Action Step

By 2006, begin an oral health training program for evaluators so they can: 1) identify oral, medical, physical, and cognitive risk factors of poor oral health and 2) better understand the specific oral assessment required by the minimum data set when conducting surveys of long-term care facilities. (A University of Iowa College of Dentistry action step.)

15–13.2 Action Step

Through 2010, explore options for increasing reimbursement for dental care provided in long-term care facilities. (An Iowa Department of Human Services action step.)

15–13.3 Action Step

Through 2010, provide continuing education for dentists and dental hygienists on geriatric dentistry and on the tremendous oral health care needs of residents of nursing facilities. (A University of Iowa College of Dentistry action step.)

15–13.4 Action Step

By 2005, implement a program to assist nursing homes in identifying local dentists to be dental directors for the homes and provide treatment for residents and education for nursing home staff. (An Iowa Department of Public Health, University of Iowa College of Dentistry, and Iowa Dental Association action step.)

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