

Chapter 15

Oral Health

Introduction

The primary oral health problem facing Iowans for the next 10 years is access, especially for certain populations. These include: persons with special health care needs; people who lack access to oral prevention and routine care; those with lower income and less education; and persons in certain racial, cultural and ethnic groups. For these special populations, there is a higher level of unmet need as well as an increased prevalence of oral disease.

It is for these groups that access to oral health care services is deemed particularly important. The committee identified categories of under-served people who may have varying degrees of difficulty in accessing dental care. These include: low-income children and adults; nursing home residents; children under age 3; children and adults with developmental disabilities; rural residents; the homebound; the homeless; immigrants and refugees; seasonal farm workers; and children and adults who lack dental insurance or who are underinsured.

Based on available data, the most commonly identified obstacles preventing 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.

To foster needed changes, 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 within the state. This includes building linkages between providers and the 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 to access.

Providers will 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 increasing the number of programs in the state that have a Medicaid Exception to Policy to screen children under 3 years of age and/or linking with preschool

and school-health programs for oral health education and services. Finally, leadership within and across

organizations are needed to assess and deal with critical issues and needs in communities.

The following goals and action steps are focused almost entirely on populations most at risk for oral health problems. For example, most goals regarding improvements in dental utilization and oral health status pertain to the two populations team members identified to be most at risk for access to care: low-income children and people over age 75, especially those in long-term-care facilities. Another goal is increasing fluoride use in non-fluoridated areas and maintaining 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 resource and labor intensity required for such activities as data collection and the monitoring necessary for evaluating progress toward these goals. Currently, little oral health data is available at the state level; therefore, most of the data tracking will require new data-collection systems that should be realistic in scope. Of course, this doesn't mean that populations not included in the tracking are not important. Rather, it is because needed data will not be available. However, strategies need to be explored to assess the oral health needs of these populations.

There are a number of crosscutting issues that 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.

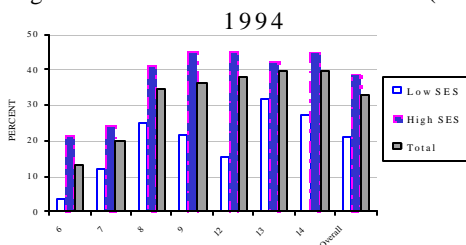
For example, type II diabetes and periodontal disease have a complex connection going in both directions. People with type II diabetes are at much greater risk for periodontal disease. And periodontal disease may make diabetes much worse. One study found that people with severe periodontal disease were 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.

Goal Statements and Action Steps

15-1 Goal Statement

Reduce by the year 2010 cavities in primary and permanent teeth (mixed dentition) so that the proportion of children who have had one or more cavities, filled or unfilled, is no more than 25% among children aged 7-9 and 50% among children aged 12-14. (Based on the 1994 Iowa Oral Health Survey of school children.)

Percent of Children with Sealants on One or More Occlusal* Permanent Molar Surfaces by Age and Socio-Economic Status (SES)



Note: Scale Adjusted To Highlight Value Range
 * Occlusal is the chewing or biting surfaces of the molar or premolar teeth
 Source: 1994 Iowa Oral Health Surveillance Data

Rationale

This goal is designed to improve prevention of cavities. Goals for children of other ages can be added after the data are collected for children in those age categories.

15-1.1 Action Step

Advocate for increased legislative appropriations to allow four more counties to have school-based tooth sealant programs, increasing their number to eight in Iowa during 2003. (An action step of the Iowa Department of Public Health and other interested oral health groups.)

15-1.2 Action Step

Encourage more providers to participate in local school-based sealant programs on an on-going basis. (An Iowa Department of Public Health, Iowa Dental Association and Iowa Dental Hygiene Association action step.)

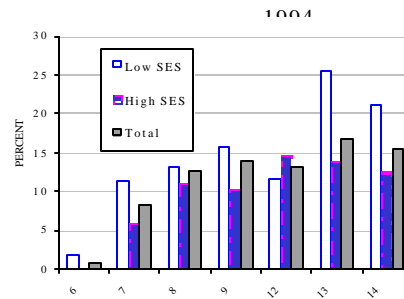
15-1.3 Action Step

Convene during 2000 a committee to evaluate the most effective methods for implementing oral health prevention programs in WIC (Women, Infants and Children) clinics and Head Start programs that are culturally, ethically, and language-sensitive. (An Iowa Department of Public Health 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 10% among children aged 7-9 and 18% among children aged 12-14 by the year 2010. (Based on the 1994 Iowa Oral Health Survey of school children)

Percent with Untreated Decay in Permanent Teeth by Age and Socio-Economic Status (SES)



Note: Scale Adjusted To Highlight Value Range
 Source: 1994 Iowa Oral Health Surveillance Data

Rationale

This goal is aimed at improving access to dental care and increasing the utilization of dental services to restore teeth already infected with cavities. Goals for children of other ages can be added after the data is collected for those children.

15-2.1 Action Step

Advocate by 2000 for passage of a bill in the legislature mandating coverage for anesthesia services for dental care provided in a hospital operating room. (An Iowa Oral Health Action Committee action step.)

15-2.2 Action Step

Advocate for Medicaid dental reimbursement rates that are 90% of the usual and customary fees in Iowa to increase the number of dentists participating in the dental Medicaid program by the year 2000. (An Iowa Oral Health Action Committee and Iowa Dental Association action step.)

15-2.3 Action Step

Continue to educate dentists around the state about improvements and updates made in the Medicaid program as an ongoing process. (An Iowa Department of Public Health action step.)

15-2.4 Action Step

Monitor the adequacy of the dental provider network and make sure that there are enough dentists to assure access to dental care as an ongoing process. (A Clinical Advisory Committee for the HAWK-I program action step.)

15-2.5 Action Step

Develop a mechanism prior to the year 2000 to increase the awareness of schools in the dental card program and develop an incentive plan to encourage schools to participate. (An Iowa Department of Public Health and Iowa Department of Education action step.)

15-2.6 Action Step

Place an additional focus on reaching immigrant and/or refugee and minority students with dental services as an ongoing process. (An Iowa Department of Public Health action step.)

15-3 Goal Statement

Reduce the prevalence of untreated root caries in adults, aged 75 and over with six or more teeth, to 25 percent by the year 2010. (Baseline: None for Iowa. National data from 1988 to 1994, showed that 19% of persons aged 65-74 had decay on the roots of their teeth. An estimated percentage of people over age 75 with root caries will be higher if accounting for those in long-term-care facilities.)

Rationale

As gums recede in adults, the root surface of the tooth becomes susceptible to decay. Since Iowa has the highest proportion of elderly over age 85 in the nation and the third highest proportion of elderly over age 65, root caries is a significant dental problem for adults, particularly seniors.

15-3.1 Action Step

Advocate for Medicaid dental reimbursement rates that are 90% of the usual and customary fees in Iowa to increase the number of dentists participating in the dental Medicaid program. (An Iowa Oral Health Action Committee and Iowa Dental Association action step.)

15-3.2 Action Step

Explore options for increasing reimbursement for dental care provided in long-term-care facilities as an ongoing process. (An Iowa Department of Human Services action step.)

15-3.3 Action Step

Investigate by 2003 the feasibility of having fluoride varnishes applied on the teeth of residents who have been identified by a health care professional as at-risk for root caries. (A University of Iowa and an Iowa Department of Public Health action step.)

15-3.4 Action Step

Begin an education program with dentists and dental hygienists about the use of fluoride varnishes, prescription fluoride tooth pastes, and other fluoride application systems to prevent root caries in seniors by the year 2000 (An Iowa Dental Association and the Iowa Dental Hygienists Association action step.)

15-4 Goal Statement

Reduce to no more than 20% by 2010 the proportion of people aged 75 and older who have lost all of their natural teeth. (Baseline: 37% of rural elders aged 75 and older have lost all of their teeth. Source: Survey of rural elders in 1993.)

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.

15-4.1 Action Step

Advocate for Medicaid dental reimbursement rates that are 90% of the usual and customary fees in Iowa as an ongoing process. (An Iowa Oral Health Action Committee and Iowa Dental Association.)

15-4.2 Action Step

Explore options for increasing reimbursement for dental care provided in long-term-care facilities as an ongoing process (An Iowa Department of Human Services action step.)

15-4.3 Action Step

Educate dentists around the state about improvements and updates that are being made to the Medicaid program as an ongoing process. (An Iowa Department of Human Services action step.)

15-5 Goal Statement

Implement a statewide oral health surveillance system by the year 2002 that will collect information on the oral health status of at-risk populations in Iowa on an annual basis. (No baseline is available at this time.)

Rationale

Identification of those at highest risk for oral diseases 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 accomplish this goal.

15-5.1 Action Step

Convene a committee under the leadership of the Iowa Department of Public Health to develop a plan for the Iowa Legislature for annual oral health screenings of at-risk and other population groups; survey populations which would change annually and include schools and preschools with high percentages of low-income children, refugees, immigrants, minorities and residents of long-term-care facilities; 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 Hygienist Association action step.)

15-5.2 Action Step

Advocate for legislative funding to support an annual oral screening survey by 2000. (An Iowa Oral Health Action Committee action step.)

15-6 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 45-74 and to 2.2 per 100,000 in women aged 45-74 by 2010. (Baseline 1997: for men, aged 45-74, it was 7.9 deaths per 100,000; for women of the same age range it was 3.3.)

Rationale

As with most cancers, the earlier oropharyngeal cancers are detected the greater the success in treatment. Over time a higher proportion of oropharyngeal cancer lesions should be diagnosed at stage I. This would indicate that strategies geared to increasing appropriate screening with comprehensive oropharyngeal cancer examinations have been successful.

15-6.1 Action Step

Develop a plan by 2003 to educate primary-care providers on the importance of, and the protocol for, conducting oral-cancer examinations, especially for those at high risk for oral cancer. (An Iowa Department of Public Health, American Cancer Society, the Iowa Dental Association and the Iowa Dental Hygiene Association action step.)

15-7 Goal Statement

Increase to at least 70% by 2010 the proportion of children in the third grade who have received protective sealants in permanent molar teeth. (Baseline: Data for this goal was being collected in the spring of 1999. The baseline from 1994 data is that 30% of third graders in Iowa had sealants).

Rationale

Water fluoridation is very effective in preventing tooth decay on the smooth tooth surfaces but less effective in pits and fissures. For this reason, over 90% of tooth decay in children is now found in the pit and fissure surfaces. Dental sealants are very effective at preventing tooth decay in these surfaces.

15-7.1 Action Step

Advocate for increased legislative appropriations to allow four more counties to have school-based sealant programs as an ongoing process. (An Iowa Department of Public Health and Iowa Oral Health Action Committee action step.)

15-7.2 Action Step

Encourage more providers to participate in local school-based sealant programs as an ongoing process. (An Iowa Department of Public Health, Iowa Dental Association and Iowa Dental Hygienists Association action step.)

15-7.3 Action Step

Promote the benefits of dental sealants to consumers and purchasers of dental benefits for their employees by the year 2000. (An Iowa Department of Public Health, and Iowa Oral Health Action Committee action step.)

15-7.4 Action Step

Encourage more providers to apply dental sealants to their patients. (An Iowa Department of Public Health, Iowa Dental Association, Iowa Dental Hygienists Association, and the University of Iowa action step.)

15-8 Goal Statement

Increase to at least 70% by 2010 the proportion of school-aged children who have received a dental exam, referral, and treatment of all identified oral health problems.



Rationale

A visit to a dental professional at the time of school entry provides an opportunity to educate parents about effective techniques for preventing oral disease. Because not all children receive the full benefits of primary prevention, secondary preventive services, including early diagnosis and prompt treatment, can eliminate pain, infection, and progressive oral diseases.

15-8.1 Action Step

Begin in 2000 to distribute dental cards to school districts at no cost for all kindergarten round-up programs at the beginning of each school year as an incentive for more schools to use the school dental cards. (An Iowa Department of Public Health action step.)

15-8.2 Action Step

Develop by 2000 a mechanism to increase the awareness of school districts about the dental card program and develop an incentive plan to encourage schools to participate. (An Iowa Department of Public Health action step.)

15-8.3 Action Step

Place additional focus by 2000 on the inclusion of highly populated areas with diverse groups of people in promoting the use of the school dental card. (An Iowa Department of Public Health and Iowa Department of Education action step.)

15-8.4 Action Step

Advocate for Medicaid dental reimbursement rates that are 90% of the usual and customary fees in Iowa as an ongoing process. (An Iowa Oral Health Action Committee and Iowa Dental Association action step.)

15-8.5 Action Step

Educate dentists around the state about improvements and updates made to the Medicaid program as an ongoing process. (Iowa Department of Human Services and Iowa Department of Public Health action step.)

15-8.6 Action Step

Monitor the adequacy of the dental provider network and make sure that there are enough dentists to assure access to dental care by January 2000. (A Clinical Advisory Committee for the HAWK-I program action step.)

15-9 Goal Statement

Increase to at least 70% by the year 2010 the proportion of seniors aged 75 and over who have had a dental examination in the previous year. (Baseline: 50% of rural elders in Iowa had a dental visit in the previous year, according to the Iowa Survey of Rural Elders, 1993.)

Rationale

Regular dental visits provide an opportunity for early diagnosis, prevention, and treatment as well as for oral hygiene education. Because many elderly people are without teeth, they are often unaware that they are still at risk for oral diseases. Consequently, they may have long intervals between professional examinations. The higher risk for root caries makes early detection important as well.

15-9.1 Action Step

Increase the number of dentists participating in the dental Medicaid program by advocating for Medicaid dental reimbursement rates that are 90% of the usual and customary fees in Iowa; by educating dentists around the state about improvements and updates that are being made to the Medicaid program; by educating dentists in Iowa about the dental services covered by Medicare and how to properly code these for reimbursement as an ongoing process. (An Iowa Department of Human Services action step.)

15-9.2 Action Step

Coordinate the development of an oral health-screening module that could be included in the case-management screening program by 2001. (An Iowa Department of Public Health action step.)

15-9.3 Action Step

Work with the Iowa Department of Elder Affairs on the importance of oral health initiatives for seniors as an ongoing process by 2002. (An Iowa Department of Public Health and the University of Iowa College of Dentistry action step.)

15-9.4 Action Step

Explore options for increasing reimbursement for dental care provided in long-term care facilities as an ongoing process. (An Iowa Department of Human Services action step.)

15-9.5 Action Step

Develop continuing education programs for dentists 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.)

15-10 Goal Statement

Maintain at 92% or increase to at least 93% the proportion of the population served by community water systems with optimally fluoridated water by the year 2010.

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.

15-10.1 Action Step

Request in the Fiscal Year 2001 budget additional funding for the replacement of aging water fluoridation equipment and for monitoring the appropriate use of existing systems. (An Iowa Department of Public Health action step.)

15-10.2 Action Step

Advocate for increased funding for water fluoridation equipment by the year 2000. (An Iowa Oral Health Action Committee action step.)

15-10.3 Action Step

Develop a program to educate the public about the importance of maintaining fluoridation, and especially about promoting water fluoridation in communities with fluoride-

deficient water supplies by 2001. (An Iowa Department of Public Health action step.)

15-11 Goal Statement

Increase use of topical fluorides in schools to at least 75% of people *not* receiving optimally fluoridated public water by the year 2010. (Baseline for this goal is not yet available.)

Rationale

Nearly 25% of Iowa's population receive drinking water from nonfluoridated community water systems or individual private wells. Topical fluorides applied professionally as well as fluoride dentifrice and fluoride mouth rinses can prevent initial decay and promote the repair of early stage cavities in the teeth of those living where drinking water is not fluoridated.

15-11.1 Action Step

Advocate for increased funding for school-based fluoride mouth-rinse programs as an ongoing process. (An Iowa Oral Health Action Committee action step.)

15-11.2 Action Step

Develop a program by the year 2000 to provide fluoride varnishes for low-income children in child health centers. (An Iowa Department of Public Health and the University of Iowa College of Dentistry action step.)

15-12 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 (dentist, dental hygienist, pediatrician, or nurse) for the existence of any observable decay, and give counseling regarding the need to increase sources of fluoride or decrease potentially excessive sources of fluoride (such as in unsupervised tooth brushing). (Baseline: This is an important goal but difficult to measure and track. An effort will be made to collect data from WIC (Women, Infants and Children) clinics, Head Start Programs and maternal and child-health centers.)

Rationale

Evidence of early childhood cavities can appear shortly after the primary teeth erupt. It may be difficult for the

untrained parent to assess the earliest stages of tooth decay, such as "white spot" lesions.

15-12.1 Action Step

Increase as an ongoing process 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.)

15-12.2 Action Step

Develop an educational program for providers on the need for raising appropriate dental issues with parents during a screening and/or exam of 1-year-old children by 2000. (An Iowa Department of Public Health, Iowa Dental Association, and Iowa Dental Hygiene Association action step.)

15-13 Goal Statement

Increase to at least 80% by 2010 the proportion of children entering school for the first time who have received an oral health screening; and of those screened and needing referral, 80% will have received a referral for necessary diagnostic, preventive, and treatment services; and of those being referred for treatment, 80% percent will have started treatment within 90 days.

Rationale

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; secondary preventive services, including early diagnosis and prompt treatment, can eliminate pain, infection, and progressive oral diseases.

15-13.1 Action Step

Develop by 2000 a mechanism to increase the awareness of schools in the dental card program; and develop an incentive plan to encourage schools to participate, including development of materials, which are culturally sensitive to ensure elimination of disparities. (An Iowa Department of Public Health and the Iowa Department of Education.)

15-13.2 Action Step

Advocate for Medicaid dental reimbursement rates that are 90% of the usual and customary fees in Iowa as an ongoing process. (An Iowa Oral Health Action Committee and Iowa Dental Association action step.)

15-13.3 Action Step

Educate dentists around the state about improvements and updates that are being made to the Medicaid program as an ongoing process. (An Iowa Department of Public Health action step.)

15-13.4 Action Step

Monitor the adequacy of the dental provider network and make sure that there are enough dentists to assure access to dental care as an ongoing process. (A Clinical Advisory Committee for the HAWK-I program action step.)

15-14 Goal Statement

Increase to 85% the proportion of local health departments and community-based health centers, including Community Migrant Health Centers, that have a direct oral health education and service component by the year 2010. (Baseline: Currently, 67%, or four of the six Community and Migrant Health Centers in Iowa, have a dental component.)

Rationale

Access to care for both children and adults continues to be a problem for many, particularly those in low-income groups. To eliminate disparities in the provision of health care, more opportunities for dental services are needed in areas where a need is demonstrated.

15-14.1 Action Step

Assist the Community Health Centers to develop direct oral health education and service components that are culturally and language-sensitive by 2004. (An Iowa Department of Public Health action step.)

15-15 Goal Statement

Increase by 2010 to 80% the proportion of long-term-care facilities that provide oral examinations and initiate necessary prevention, education, and oral health treatment services no later than 30 days after entry into these facilities.

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 these individuals.

15-15.1 Action Step

Begin by 2003 an oral health-training program for the minimum data set requirements for evaluators conducting oral health examinations as people enter long-term-care facilities. (University of Iowa College of Dentistry action step.)

15-15.2 Action Step

Develop continuing education programs for dentists on geriatric dentistry and the tremendous oral health care needs of residents of nursing facilities by 2003. (A University of Iowa College of Dentistry and Iowa Department of Public Health action step.)

Actions described in goals 3,4, and 9 above to increase the number of dentists willing to provide care to residents of long term care facilities will contribute to the attainment of this goal on an ongoing basis. (University of Iowa College of Dentistry, Iowa Department of Public Health, Iowa Dental Association action step.)

Oral Health Chapter Team

Team Leader

Peter Damiano
U of I College of Dentistry

Facilitators

Bill Maurer
IDPH, Retired

Janet Arjes
IDPH Dental Health Bureau

Team Members

Nancy Adrianse
Des Moines Health Center

Ann Alliger
U of I Dental Care for Persons with Disabilities

Jean Allstead
Aging Resources of Central IA

Judith Andrews
IA Dental Assistants Association

Larry Barrett
Iowa State Board of Health

Charlotte Burt
Dept. of Education, Bureau of Special Education

Cathy Coppes

DHS, Div. Of Medical Services

Howard Cowen
U of I, College of Dentistry

Roberto Douglas
Hispanic Ed Resources Inc.

Tom Flynn
State Senator

Jed Hand
U of I, College of Dentistry

Brad Hansen
State Representative

Robert Harpster
Iowa Dental Association

James Harris
Dentist

Rhys Jones
Dental Health Center of E. Central IA

Michael J. Kanellis
University of Iowa

Leonard Konopa
AARP

Larry Kuhl
Delta Dental Plan of MN

Kay Leeper
University of Iowa

Eleanor Moeckly
Nevada School Nurse

Joel Olah
Aging Resources of Central IA

Pete O'Meara
Delta Dental Plan of IA

Dona Prince
Dentist

Carolyn Reid
SE IA Community Action Head Start Program

Paula Smith
Local WIC Program

Jack Swanson
McFarland Clinic

Paul Vanderburgh
IA Dept. of Inspections & Appeals

Sheri Weathers
IA Dept. of Revenue & Finance