

# I-SMILE™ @ SCHOOL

## 2020-2021 UPDATE ON THE IOWA DEPARTMENT OF PUBLIC HEALTH'S SCHOOL-BASED SEALANT PROGRAM

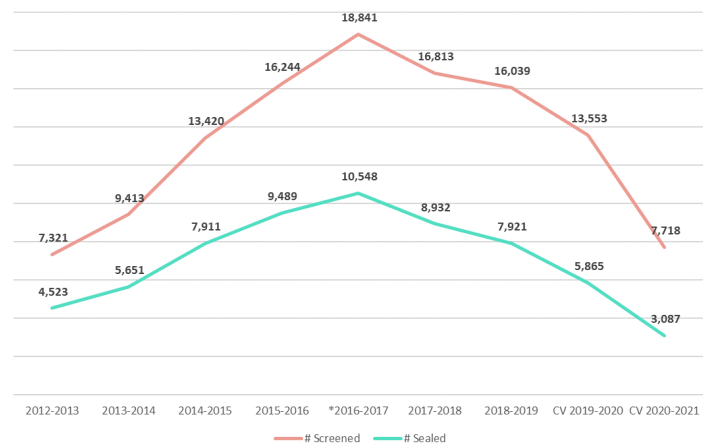


I-Smile™ @ School is the Iowa Department of Public Health's preventive school-based dental program that focuses on improving the oral health of elementary students. Services are provided through 20 contractors – public and private non-profit organizations – that administer Iowa's Title V Child Health program.

Public health dental hygienists provide dental screenings, risk assessments, sealant and fluoride varnish applications, and classroom and individual oral health education. Care coordination is also provided to encourage regular dental visits and help kids identified with decay to get restorative treatment. These hygienists and other staff build and grow relationships with community stakeholders to ensure school-aged children have access to low-cost and beneficial oral health prevention services, especially children at a higher risk for tooth decay. I-Smile™ @ School is supported by funding from the Centers for Disease Control and Prevention (CDC), Delta Dental of Iowa Foundation (DDIAF), Health Resources and Services Administration (Title V), and Medicaid reimbursement.

The Iowa Department of Public Health (IDPH) has overseen school-based sealant programs since 1995. Initially just 27 counties were included in the program, using Title V funds and local Medicaid reimbursement. Significant expansion occurred in 2013 due to a cooperative agreement with CDC and subsequent partnership with the Delta Dental of Iowa Foundation (DDIAF).

Figure 1: Number of Kids Screened and Sealed through I-Smile™ @ School



The total number of students served has risen since 2013, yet a decline in annual participation has been trending since 2016-2017 (Figure 1). The 2019-2020 and 2020-2021 school years were greatly impacted by COVID-19. Although schools were opened and operational for the entire 2020-2021 school year, many did not allow outside providers into the building for safety reasons. IDPH developed and shared new infection control protocols with schools, based on recommendations to control COVID from the CDC and Iowa Dental Board, which did increase access to students. In instances where schools did not allow I-Smile™ @ School services, they would generally allow oral health education to be provided – sometimes in person and sometimes virtually.

\*Values presented may be inaccurate due to Title V data system transition

CV COVID-19 affected school closings, ending all in-school program services

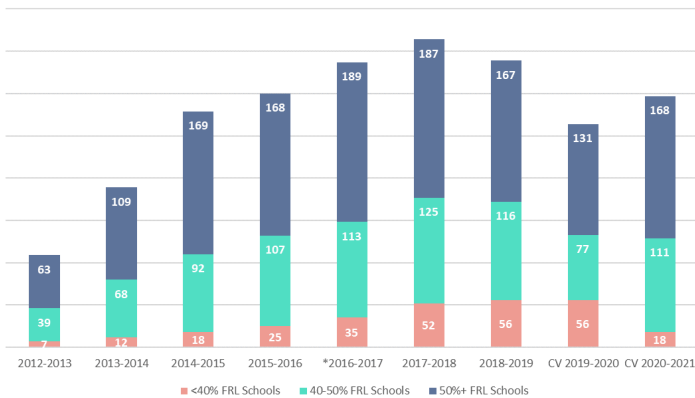
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The lower numbers of students participating since 2016-2017 may also be the result of some of the following issues: 1) schools transitioning to electronic registration processes, which do not include consents for non-school sponsored activities; and 2) challenges for public health organizations with hiring, securing and retaining dental workforce. To increase participation, IDPH developed and implemented the use of electronic consent forms. Data indicates that this method is being used more frequently across the state as the year progresses. IDPH also continues to share best-practice program models with contractors in regards to hiring and retaining staff, which increases the number of students receiving I-Smile™ @ School services.

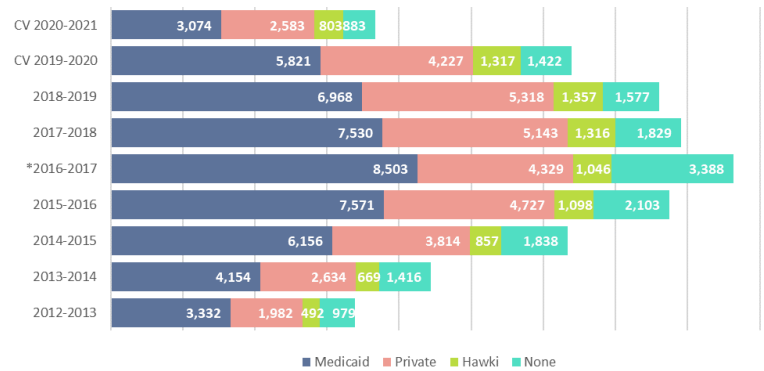
The number of participating schools with 40% or greater Free and Reduced (FRL) participation has increased greatly since the 2012-2013 school year (Figure 2), up to 297 schools in the 2020-2021 school year. Each year, I-Smile™ @ School also includes some schools with a FRL rate below 40% to address dental health care barriers identified within communities.

Figure 2: Number of Schools Served by FRL Rates



A major barrier in Iowa for low-income children in accessing regular dental care continues to be that a limited number of dentists will accept patients enrolled in Medicaid. This challenge has grown in difficulty due to the COVID-19 pandemic's affect on dental office closures, infection control costs, and fewer appointment availabilities. Focusing on schools with higher FRL rates is more important than ever to ensure that preventive dental services are provided for children who may otherwise not receive them. Each year, approximately 42% of I-Smile™ @ School participants are Medicaid-enrolled children (Figure 3).

Figure 3: Number of Kids Served by Dental Insurance



An increasingly larger proportion of privately insured children are also participating each year, which may indicate difficulty for families to access care using the current dental delivery system and appreciation for offering services in the schools. Program impact is measured by caries (cavities) aversion calculations. Since the start of the 2012-2013 school year, I-Smile™ @ School has averted more than 19,000 cavities. In addition, it is estimated that \$1.8 million would have been paid by insurers and families on restorative treatment, had children not received dental sealants.<sup>[1]</sup>

Iowa's school-based dental sealant programs have prevented tooth decay and improved access to care and overall health of students for more than 20 years. Moving forward, alternative preventive and educational oral health services, especially in school settings, will be important as the landscape of health services change as a result of the pandemic. The commitment of I-Smile™ @ School to increase oral health access for some of our most vulnerable Iowans remains strong.



[1] When considering the smallest cavity and least costly type of restoration at current procedure reimbursement rates