



I-Smile™ @

# SCHOOL

2015 Report on the Iowa Department of Public Health's School-Based Sealant Program

## Overview

I-Smile™ @ School is the Iowa Department of Public Health's preventive school-based dental program that focuses on improving the oral health of Iowa's students. The I-Smile™ @ School program uses Iowa-licensed dental hygienists and dentists to provide the following services:

- Dental screenings
- Fluoride varnish
- Dental sealants
- Oral health education
- Referrals to dentists
- Care coordination

Dental sealants and fluoride varnish save time, money and the discomfort often associated with tooth decay. This is especially important for the health of Iowa children because tooth decay is the most common chronic childhood disease. Nationally, tooth decay is five times more common than asthma, and students miss an estimated 51 million hours of school time

each year due to dental-related illness.<sup>1</sup> Decay damages teeth and may impact a student's ability to learn, eat and speak properly, sleep, and build self-confidence.

By providing onsite preventive services, the I-Smile™ @ School program promotes academic success and well-being for all students, regardless of their risk or ability to otherwise receive preventive dental care. According to the Centers for Disease Control and Prevention:

The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing tooth decay among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).<sup>2</sup>

<sup>1</sup> US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General – Executive Summary. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>2</sup> Guide to Community Preventive Services. (2015). Preventing Dental Caries: School-Based Dental Sealant Delivery Programs. Retrieved from <http://www.thecommunityguide.org/oral/schoolsealants.html>.

## Background

The Iowa Department of Public Health (IDPH) began implementing school-based sealant programs in 1995 through contracts with local public health agencies and dental clinics. Each year thereafter, based on availability of Title V Maternal and Child Health<sup>3</sup> funding, the program had been limited to 5-7 contractors that served approximately one-quarter of Iowa's counties.

In 2013, a cooperative agreement with the Centers for Disease Control and Prevention (CDC) and a partnership with the Delta Dental of Iowa Foundation (DDIAF) provided a significant increase in funding to expand school-based dental sealant programs. By combining funding from Title V, CDC, DDIAF, and Medicaid reimbursement, IDPH set a goal to reach at least 50 percent of all high-risk Iowa elementary and middle schools and fulfill an unmet need: basic preventive dental services provided to at-risk children. As part of the expansion, the IDPH school-based sealant program was re-named the I-Smile™ @ School

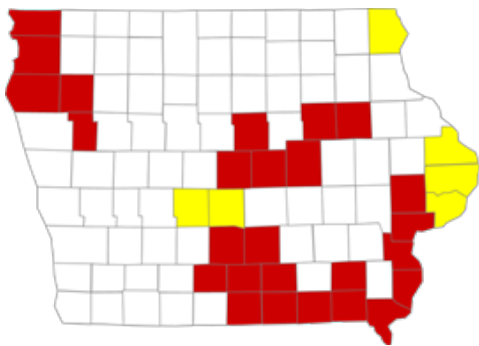
program and now includes standardized forms and outreach materials, focused classroom education, provision of sealant and fluoride varnish applications, and referrals for regular dental care.

Currently, I-Smile™ @ School services are provided by 18 Title V Child Health contractors. Activities are led by local dental hygienists, who serve as the points-of-contact for families, schools, dental offices and various community resources. These hygienists build and maintain program infrastructure to ensure school-aged children have access to low-cost and beneficial prevention.

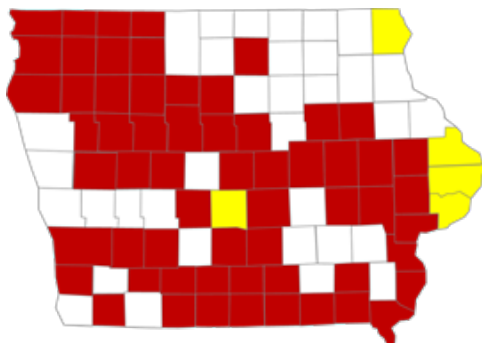
In an effort to serve students with the greatest risk, local contractors are required to target schools with free and reduced price lunch program rates of 40 percent or higher. Based on the most effective age for sealant placement, contractors are required to serve grades two and/or three (and have the option to serve grades one through eight). All students with positive active consent in the targeted grades are served. This reduces stigma and access to care barriers such as lack of transportation, parents needing to take time off work, and lack of insurance.

All I-Smile™ @ School contractors are organized and managed by IDPH. During the 2014-15 school year, three Title V Child Health contractors (without a separate I-Smile™ @ School contract) and three private, non-profit organizations also administered school-based sealant programs. The Title V Child Health contractors served five counties and six additional counties were served by the private, non-profit organizations.

**Figure 1: 2012-2013 I-Smile™ @ School Programs**



**Figure 2: 2013-2014 I-Smile™ @ School Programs**

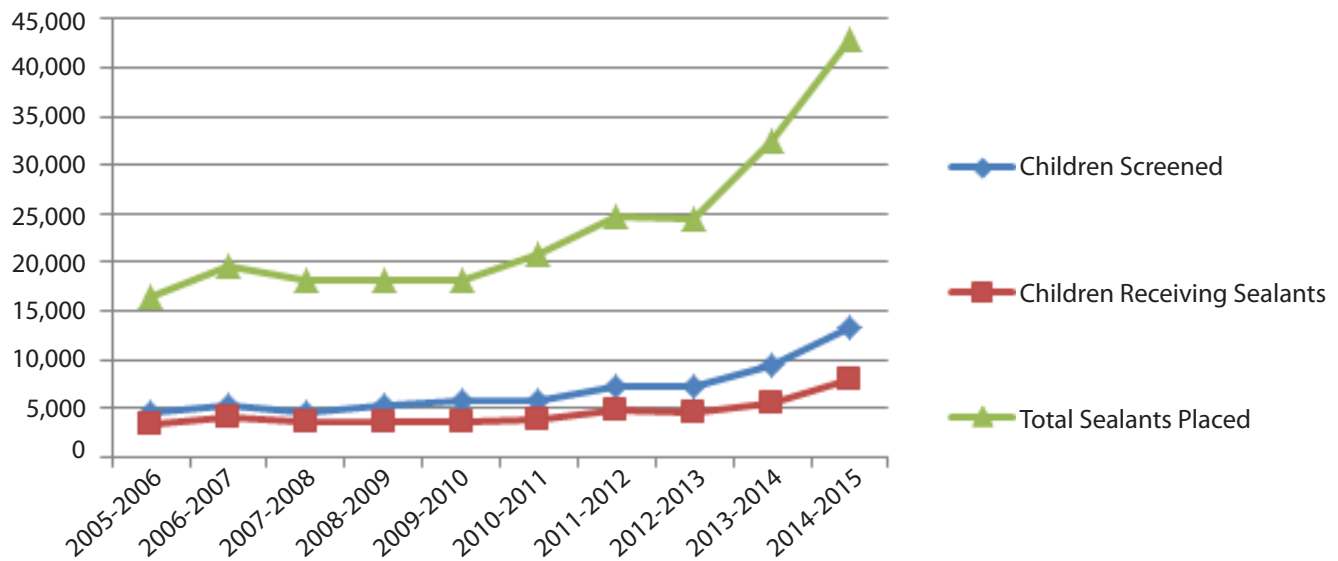


## Impact

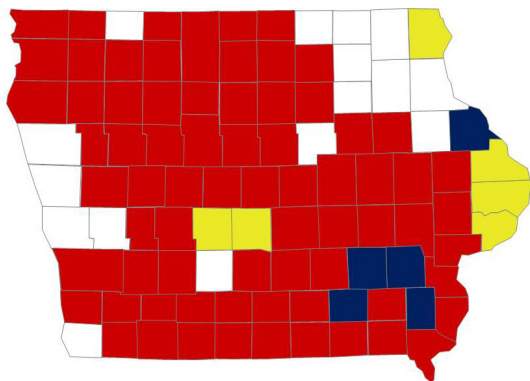
The I-Smile™ @ School programs expanded from 27 counties in 2012-2013 (*Figure 1*) to 72 counties in 2013-2014 (*Figure 2*). This expansion resulted in a 38.6 percent increase in students served, and a 36.6 percent increase in the number of students receiving dental sealants (*Table 1*).

<sup>3</sup> Title V is a federal block grant program that provides funding to states to improve the health, including oral health, of low-income children and pregnant and postpartum women.

**Table 1: Services Provided in I-Smile™ @ School Programs 2005-2015**



**Figure 3: 2014-2015 I-Smile™ @ School Programs**



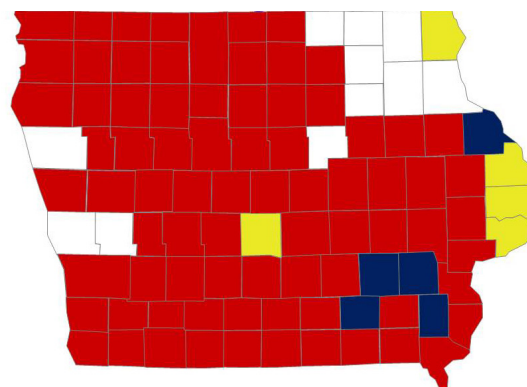
During the 2014-2015 school year, the number of Iowa counties served rose from 72 from the previous year to 78 counties (Figure 3). I-Smile™ @ School saw an additional 42.6 percent increase in students served and a 40 percent increase in the number of students receiving dental sealants.

**Key for Maps**

- IDPH Contracted I-Smile™ @ School Programs
- Private, nonprofit school-based sealant programs
- Title V MCH contractor school-based sealant programs

As Title V, CDC and DDIAF funds and Medicaid reimbursement continue to be available, additional growth of I-Smile™ @ School programs is expected in the 2015-2016 school year (Figure 4).

**Figure 4: 2015-2016 Projected I-Smile™ @ School Programs**



## Success Story

An eight-year-old child was seen for a dental screening as part of the I-Smile™ @ School program. During the dental screening, it was discovered that the child had two abscesses present in her mouth as well as various other areas of suspected decay.

Mom was notified by phone the day of the screening, and a dental referral was provided to get the child into care. However, with only one local provider accepting Medicaid insurance, the office was not able to see the child for at least 10 days, despite the urgency for treatment. Lack of transportation was also an issue for the family, and if the child was to receive more timely treatment the nearest provider was over 30 minutes away.

The I-Smile™ @ School coordinator arranged transportation, and an appointment with a pediatric dental provider. The child received dental care within the week of her screening. This care coordination took over two hours for the sealant coordinator to accomplish and is simply not present or possible in a dental office.

This example is only one of several similar situations that unfortunately are all too common in our service area. It is a common misconception that parents will not encounter barriers to accessing dental care when they have Medicaid and a referral for a dentist that accepts Medicaid. As shown in this example, this is simply not true.

– I-Smile™ @ School program



## Conclusion

The I-Smile™ @ School program is improving access to care and the oral health of Iowa students. Through new partnerships and expanded program infrastructure, a record number of children were served during the 2014-15 school year. In addition, annual evaluations by the CDC health economist indicate more than 4,700 caries (cavities) have been averted due to services provided by I-Smile™ @ School contractors since 2013.<sup>4</sup>

As found in the Association of State and Territorial Dental Directors' Policy Statement:

The Association of State and Territorial Dental Directors (ASTDD) fully supports, endorses, and promotes school-based and school-linked dental sealant programs that follow evidence-based guidelines as part of a comprehensive community strategy to serve the greatest number of children and adolescents at highest risk for dental disease. The ASTDD recommends school-based and school-linked dental sealant programs as an important and effective public health approach that complements clinical care systems in promoting the oral health of children and adolescents.<sup>5</sup>

Iowa's strong school-based sealant program foundation and sustained partnerships will ensure continued expansion to reach thousands of Iowa children.



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<sup>4</sup> Griffin, S. (2015, November). Iowa School-based Sealant Program Measures Workbook. Unpublished internal document, Centers for Disease Control and Prevention.

<sup>5</sup> Association of State and Territorial Dental Directors. (2016). School Dental Sealant Program White Paper. Retrieved from: <http://www.astdd.org/docs/school-dental-sealant-programs-white-paper-01-11-16.doc>