Promote Oral Health

Background:
Oral disease is a health risk for children and adults. Tooth decay affects a child’s ability to eat, sleep, talk, play and learn. In adults, gum disease has been linked to illnesses such as heart disease, lung disease, poor pregnancy outcomes, stroke, and even later-in-life memory loss. The good news is that tooth decay and other oral infections are highly preventable. The combination of daily oral hygiene practices in the home, health nutritional practices, regular dental care, and community water fluoridation has the potential to significantly reduce tooth decay and gum disease in children and adults.

Oral Health Care Barriers for Iowans:
- Just over 1 in 10 low-income children younger than 4 has tooth decay.
- More than 1 in 5 of 3- and 4-year-old low-income children has decay.
- Two-thirds of low-income children younger than 4 have never seen a dentist. Although the American Dental Association recommends a child’s first check-up by their first birthday, less than 1 percent of Medicaid-enrolled children received a dental exam by the age of 1 last year.
- Sixty-seven Iowa counties are designated as dental health professional shortage areas, in addition to portions of Polk County.
- More than half of Iowa dentists are over the age of 50. These dentists are nearing retirement without similar numbers of new dentists to replace them.
- Despite being named one of the top ten public health achievements in the 20th century, an alarming trend of fluoride elimination from community water systems is occurring across Iowa.

Policy Recommendations:
- Assure that all Iowa water systems meet that “minimum and optimal” 0.7PPM standard of water fluoridation as recommended by the Department of Health and Human Services and Centers for Disease Control and Prevention.
- Clarify the jurisdiction and responsibility of the Iowa Department of Public Health for 1) monitoring/regulating the fluoridation of the drinking water supplies and 2) assessing health issues and determining optimal fluoride concentrations.
- Continue support for the I-Smile™ program administered through the Iowa Department of Public Health. The I-Smile™ community-based coordinators improve access to oral health care through strengthened referral systems, care coordination, and preventive services.
- Maximize and expand the use of new and existing dental workforce. For example, include dental hygienists as Medicaid providers for reimbursement of services to encourage expansion of important preventive care to at-risk populations (e.g. nursing homes).
- Allow physicians and advanced registered nurse practitioners (ARNP) to receive separate Medicaid reimbursement for oral health screenings.
- Allow same day billing to Medicaid for medical and dental visits.

For more information, contact:  Jeneane Moody, Iowa Public Health Association  |  515.491.7804  |  iowapha@gmail.com

Iowa Public Health Association
The voice of public health in Iowa

2014 Policy Statements
www.iowapha.org

Because Public Health Matters to Every Iowan, Every Day