

# INSIDE I-SMILE: A LOOK AT IOWA'S DENTAL HOME INITIATIVE FOR CHILDREN



Oral Health Bureau  
Iowa Department of Public Health  
December 2008

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December 2008



*Healthy Mouths for Healthy Kids*



## Background

The I-Smile Dental Home Initiative was created in response to legislation requiring Medicaid-enrolled children age 12 and younger have a dental home.

Iowa faces several challenges in assuring children and families have access to dental care.

- The dental workforce is aging, and many dentists who retire are unable to find someone to take over their practice. This is particularly evident in rural Iowa.
- Though it is recommended that children have dental exams within 6 months of their first tooth erupting, most dentists prefer to wait to see children until they are 3 years of age or older. A recent University of Iowa study found that approximately half of Iowa's general dentists always refer children younger than 3 to pediatric practices.
- There are not enough pediatric dentists in the state to see all of the children in need, particularly those younger than 3. In addition, most are located in Iowa's urban areas – leaving many families with the burden of driving long distances to see them.
- Many dentists will not see new, if any, Medicaid patients, citing low reimbursement and patient compliance issues.
- While a large number of Iowa families are fortunate to have medical insurance, 25 percent of children do not have a way to pay for dental care. Many insurance plans have low yearly maximums or large deductibles, making it difficult to pay for care – even for those families with some sort of coverage.

As a means to eliminate barriers, the I-Smile program approaches the **DENTAL HOME** as **a system that allows all children, especially those often excluded from receiving dental care, to have early and regular care and ensure optimal oral health.**

In order to do this, multiple health care providers play a role in providing the services deemed necessary within a dental home. Also, by providing services in locations or settings where at-risk families are found, such as in physician's offices for well-child exams or at WIC clinics, the potential to reach as many children as possible with important preventive dental care is maximized.

The I-Smile dental home is further strengthened through 24 dental hygienists working as regional I-Smile Coordinators to oversee referrals, provide care coordination, and act as liaison for families with community organizations and health care providers. The end result is a system to assure optimal oral health for children. *Figure 1* illustrates the services, potential providers, and service locations included within the I-Smile dental home.

**Figure 1- Dental home**

Services	Providers	Locations
Assessment of disease Preventive services Restorative care Oral health education Anticipatory guidance Referral to specialists	Dentist Dental hygienist Dental assistant Physician Physician assistant Nurse practitioner Nurse Dietitian	Dental office Medical office Community health center Public health setting

Iowa has a strong public health system, and the state’s Title V child health program offers an existing network of community partners and health-related services for Medicaid-enrolled, uninsured, and underinsured children. Therefore, these agencies are ideal sites for implementing major components of I-Smile.

**Building the Dental Home System**

The Oral Health Bureau within the Iowa Department of Public Health works with Title V child health contractors in Iowa to meet the I-Smile objective of improving the dental support system for families.

Each child health contractor began receiving funds for I-Smile in December 2006. The first requirement was for each to hire a dental hygienist to serve as I-Smile Coordinator at a minimum of 0.5 FTE (full-time equivalent).



A map of Iowa’s Title V child health service regions

Each Title V child health agency develops specific I-Smile action plans to be completed during the contract period. Action plan objectives are to increase the percent of Medicaid-enrolled children within each county receiving dental services. *Figure 2* includes examples of activities being implemented by I-Smile Coordinators, as documented within agency action plans.

I-Smile Coordinators are responsible for implementing the action plans and ensuring I-Smile strategies are being met. I-Smile strategies include working within all counties in service areas to strengthen the public health dental system through partnerships and planning; linking with local boards of health; providing training and oversight of child health agency staff involved in oral health services; working with agency staff, particularly EPSDT<sup>1</sup> care coordinators, to develop oral health protocols; providing education and training for health care professionals regarding children's oral health; ensuring completion of periodic screenings and risk assessments on children ages 12 and under; ensuring oral health care coordination services; and providing fluoride varnish applications, prophylaxes, and/or sealants as gap-filling preventive services.

**Figure 2 – I-Smile Coordinator activities**

<ul style="list-style-type: none"> <li>✿ Develop water fluoridation facts and present to officials of cities that do not have optimal fluoride within public water supplies</li> <li>✿ Train health/medical staff in local offices on oral screening, fluoride varnish application, and referral for dental care</li> <li>✿ Build referral networks with local dental offices</li> <li>✿ Provide lunch and learn trainings for dental office staff with a focus on seeing children younger than 3</li> <li>✿ Work with WIC programs to provide education, screenings, risk assessments, and fluoride varnish applications</li> <li>✿ Provide presentations and summary reports to county Boards of Health</li> <li>✿ Provide oral health education for area early childhood programs and parents</li> <li>✿ Provide oral health outreach materials for local employers</li> <li>✿ Coordinate Give Kids a Smile Day events</li> <li>✿ Work with dental advisory groups on community health needs assessment and oral health program planning</li> <li>✿ Provide resource and referral information for assistance in accessing care to faith-based organizations who serve minority families</li> <li>✿ Work with staff from nursing training programs to develop an oral health curriculum for the students</li> <li>✿ Attend local legislative forums to provide education on dental needs and the I-Smile project</li> <li>✿ Attend and provide education materials at back-to-school registrations and kindergarten round-ups</li> <li>✿ Sponsor oral health events for families at local “family fun centers”</li> </ul>
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<sup>1</sup> Early and Periodic Screening, Diagnosis, and Treatment

## I-Smile Data

Following the first full year of I-Smile funding for Title V child health contractors, CMS<sup>2</sup> 416 data was reviewed. *Table 1* includes comparison data for children ages 0-5 from the first year of I-Smile (December 2006 – November 2007) to the previous federal fiscal year (October 2005 – September 2006).

Note: CMS 416 data includes services billed by dental offices and screening centers. “Screening centers” refers to Title V contractors.

**Table 1 – Medicaid-enrolled children ages 0-5 receiving a dental service**

Year	Number of children receiving a service	Total enrolled	Percent receiving a service (N/T)
FFY2006	31,024	96,016	32.3%
FFY2007*	35,914	100,345	35.8%

\*December 2006 – November 2007

Impact: 16% increase in children receiving services

The Child and Adolescent Reporting System (CAREs) documents dental services provided to children served by Title V child health contractors. *Table 2* includes CAREs data for FFY2005 (prior to I-Smile) and for FFY2008 (the first full contract year of I-Smile).

**Table 2 – Services provided to Title V child health clients**

Service provided	Year	Total provided
Fluoride varnish application	FFY2005	10,090
	FFY2008	34,320
Oral screening	FFY2005	14,437
	FFY2008	43,490
Education/Oral health counseling	FFY2005	12,603
	FFY2008	29,868



Applying fluoride varnish at Early Head Start in NW Iowa

Impact: 240% increase in fluoride applications; 201% increase in oral screenings; 137% increase in education/counseling

<sup>2</sup> Centers for Medicare and Medicaid Services

Title V child health contractors reported on additional indicators of I-Smile within FFY2008 year-end reports submitted to the Department of Public Health. Some of these indicators are summarized in *Table 3*, and highlight the health promotion aspects of I-Smile.

**Table 3 – Examples of I-Smile activities during FFY2008**

<b>DESCRIPTION</b>	<b>TOTAL</b>
Dental hygienists working as I-Smile Coordinators	24
Medical practices receiving training on oral screening/fluoride varnish application	76
Medical providers now providing oral health services	78
MCH agency staff receiving oral health training	149
I-Smile presentations given to local boards of health	86
Dental referrals made by CH agency staff	23,279
Dentists accepting referrals from CH agencies	462
CH clients receiving oral health care coordination	41,354

Oral Health Bureau staff worked with Iowa Medicaid Enterprise staff to gather paid claims data for Medicaid-enrolled children, shown in *Tables 4 - 9*. SFY2005 data serve as a reference to what was occurring prior to I-Smile. SFY2008 serves as the first full contract year of I-Smile funding for Title V child health contractors.

Note: The data in these tables do not include any services provided within community health centers. Billable dental services provided by medical practitioners are limited to fluoride varnish applications for children up to the age of 3.

**Table 4: Number of private providers billing Medicaid for dental services for children ages 0-12**

<b>Year</b>	<b>Dentists who billed</b>	<b>Physicians or nurse practitioners who billed</b>
SFY2005	1,092	3
SFY2008	1,144	23

Impact: 5% increase in dentists billing; 667% increase in medical practitioners billing

**Table 5: Number of dental services provided for Medicaid-enrolled children ages 0-12 by provider type**

<b>Year</b>	<b>Provider</b>	<b>Number of children receiving a service</b>	<b>Total enrolled</b>	<b>Percent receiving a service (N/T)</b>
SFY2005	Dentist	59,390	189,484	31.3%
SFY2008	Dentist	64,327	201,619	31.9%
SFY2005	Screening Center	7,861	189,484	4.1%
SFY2008	Screening Center	17,039	201,619	8.5%

Impact: 8% increase in children receiving services by dentists; 117% increase in children receiving services by screening center staff

**Table 6: Number of Medicaid-enrolled children ages 0-12 receiving preventive<sup>3</sup> dental services and provider type**

Year	Provider	Number of children receiving a preventive service	Total enrolled	Percent receiving a service (N/T)
SFY2005	Dentist	51,411	189,484	27.1%
SFY2008	Dentist	56,524	201,619	28.0%
SFY2005	Screening Center	6,019	189,484	3.2%
SFY2008	Screening Center	14,145	201,619	7.0%

Impact: 10% increase in children receiving preventive services by dentists; 135% increase in children receiving preventive services by screening center staff

**Table 7: Number of Medicaid-enrolled children ages 0-2 receiving a fluoride varnish application from a medical practitioner**

Year	Provider	Number of children receiving a service
SFY2005	Physician or Nurse Practitioner	13
SFY2008	Physician or Nurse Practitioner	167

Impact: 1,185% increase in children receiving services from medical practitioners

**Table 8: Number of Medicaid-enrolled children receiving a dental service at or by the age of 1 and provider type**

Year	Provider	Number of children receiving a service	Total enrolled	Percent receiving a service (N/T)
SFY2005	Dentist	1,726	54,300	3.2%
SFY2008	Dentist	3,040	60,294	5.0%
SFY2005	Screening Center	2,493	54,300	4.6%
SFY2008	Screening Center	6,758	60,294	11.2%

Impact: 76% increase in children receiving services by dentists; 171% increase in children receiving services by screening center staff

<sup>3</sup> Preventive services include fluoride applications, prophylaxes, and sealant applications

**Table 9: Number of Medicaid-enrolled children receiving an initial exam (dentist) or initial screening (screening center) before the age of 1**

Year	Provider	Number of children receiving a service	Total enrolled	Percent receiving a service (N/T)
SFY2005	Dentist	131	38,102	0.3%
SFY2008	Dentist	182	42,466	0.4%
SFY2005	Screening Center	974	38,102	2.6%
SFY2008	Screening Center	2,289	42,466	5.4%

Impact: 39% increase in children receiving exams by dentists; 135% increase in children receiving screenings by screening center staff

## Discussion

All data indicates increased access to oral health care for children following the implementation of I-Smile.

Data in *Table 1* demonstrate marked improvements in the number of services provided to the age 0-5 population – 16 percent more children in that age range received at least one service during the first year of I-Smile compared to the prior federal fiscal year.

*Table 2* shows the dramatic increase in preventive services provided to families through the Title V child health programs since the start of the I-Smile project. The number of fluoride varnish applications and oral screenings more than tripled and education and counseling services more than doubled.

Information presented in *Table 3* is related to some of the I-Smile Coordinator activities during the past year. Seventy-six medical practices received training about children's oral health, including how to perform oral screenings and how to apply fluoride varnish, expanding the oral health workforce and the availability of a dental home for children. The trainings are also a way to increase awareness of children's oral health within communities. Local boards of health are responsible for the public health within each of Iowa's 99 counties. Eighty-seven percent of Iowa's local boards of health were provided with information about I-Smile, building integral infrastructure. Over 460 dentists are part of local referral networks developed by the coordinators. The role of I-Smile Coordinators in outreach and enrollment on Medicaid and *hawk-i* may be reflected through the number of clients receiving care coordination services (41,354).

Although there are more dentists who billed Medicaid in FFY2008 (1,144) than FFY2005 (1,092) as seen in *Table 4*, the number of children served has increased very little (59,390 to

64,327) as seen in *Table 5*. The number of medical providers billing Medicaid for fluoride varnish applications for children under the age of 3 has risen (3 to 23), also seen in *Table 4*.

Prior to I-Smile, about half of the state's Title V child health contractors offered some type of direct dental services from dental hygienists. *Table 6* demonstrates that through I-Smile, the number of Medicaid-enrolled children age 0-12 receiving preventive services from Title V child health program staff has more than doubled (6,019 to 14,145). Ten percent more children received preventive care from a dentist from 2005 to 2008.

In addition to the increase in the number of medical practitioners billing Medicaid for fluoride varnish applications to children younger than 3, *Table 7* documents that nearly 13 times as many fluoride varnish applications were provided to those children.

Children are recommended to see a dentist for an exam within 6 months of their first tooth erupting or by their first birthday<sup>4</sup>. *Table 8* looks at whether children are receiving any services prior to or at the age of 1 (before the age of 2). Not only has there been an increase in services provided by dentists as well as Title V child health staff (screening centers), in SFY2008, Title V child health staff provided services to twice as many children as did dentists (6,758 compared to 3,040).

An even larger difference is found in the number of children under the age of 1 receiving an initial screening from a Title V agency in SFY2008 (2,289) than receiving an initial exam from a dentist (182) – more than 12 times as many (*Table 9*).

## Summary

The I-Smile initiative has begun making an impact on children's oral health in Iowa. Having dedicated oral health staff within Iowa's Title V system has been a key first step in developing the I-Smile dental home system. There is now an expanding network of public and private health care providers and resources that is improving access to care and maximizing available resources.

Children in Iowa are receiving more preventive dental services through I-Smile than in the past. Although the impact of these increased preventive services may not be felt until future years, preventing tooth decay and demineralization before it starts is cost-effective. Severe decay for a very young child often results in treatment in an operating room and can cost more than \$10,000. The cost for three fluoride varnish applications in a year - highly effective in preventing cavities - is just \$44.

Although major gains have been made in providing preventive care, treatment from dentists continues to lag. Dentists often cite low Medicaid reimbursement and administrative complexities in the billing process. We must look at ways to improve dentist participation while continuing support of care coordination and outreach activities through I-Smile Coordinators to

<sup>4</sup> JADA, "For the Dental Patient", Vol 133, page 255. February 2002.

connect families to oral health services. Future initiatives must also consider methods to increase treatment options, such as new dental workforce models to close gaps in achieving comprehensive oral health care.

Future I-Smile efforts must also continue to focus on increasing the number of medical practitioners providing important preventive care. Physicians and nurse practitioners are more likely to see at-risk families than dentists - for well-child exams, immunizations, and sick care. We anticipate adding more providers as awareness of the program and the importance of children's oral health increases around the state. Policy changes such as creating specific reimbursement to trained physicians and nurse practitioners for oral screenings may also increase their willingness to be part of the dental home system.

Reaching children during the important first year of tooth eruption is vital in preventing future disease. The Title V child health program is very successful at working with families, particularly those with children younger than 5. In addition to dental services such as screenings, education, and fluoride varnish applications, I-Smile Coordinators and other Title V child health program staff are providing families with information about periodicity, helping them to make appointments, and giving them assistance in finding payment sources for dental care. The Title V system has a critical role within the dental home.

The impact of the increased prevention efforts through I-Smile on disease rates will be reviewed through future evaluation efforts. Measuring services provided, children's access to care, and decay rates will provide direction for future I-Smile strategies and how the dental home can be accessed for all at-risk families.

The remainder of this summary report is a collection of stories from I-Smile Coordinators about the families they work with, challenges they face, and successes they have celebrated.

# WESTERN IOWA



COUNTIES OF CASS, CHEROKEE, CRAWFORD, FREMONT, HARRISON, IDA, LYON, MILLS,  
MONONA, PLYMOUTH, POTTAWATTAMIE, SHELBY, SIOUX, AND WOODBURY

## COUNTIES OF CHEROKEE, IDA, LYON, PLYMOUTH, AND SIOUX

Recently, our social worker was following up on the needs of a child that had an oral screening. The social worker tried to make a dental appointment for the child but was having no luck. When I, the I-Smile Coordinator, called the same office, I was able to get an appointment for the child the next day.

It is so important to have a dental hygienist as the I-Smile Coordinator who is available for these families. It gives credibility to the program. Dental offices like to have specific information on a child's oral health status. With the I-Smile Coordinator able to provide that information and care coordination, it makes things happen much more quickly. This is a huge benefit to the child and family who are in need of care.

## COUNTIES OF CASS, CRAWFORD, HARRISON, MONONA, AND SHELBY

Recently, a mother brought her 7 year old son to our agency with a toothache. As we often see, his family had no form of dental insurance. Lack of transportation is one of the barriers our families encounter which makes it difficult or impossible for them to keep their dental appointments, especially if the dentist is located in Council Bluffs, Omaha, or Sioux City. We are fortunate to have dental offices in Crawford and Carroll counties that have a pediatric dentist and general practice dentists that accept Title XIX and who are also willing to work with the families that have no form of insurance. After coordinating with the family and the dental office, this boy was treated by the dentist in Denison. They were able to relieve his pain and identified other necessary treatment. To help the cost of the additional treatment, we are going to complete the sealants identified by the dentist, hopefully assuring the remaining treatment can be completed.

In an attempt to increase access to preventive dental care, we offer patient education, screenings, and fluoride varnish applications to children enrolled in preschool. At each school within our five counties, we leave a toothbrush, toothpaste, sticker, and a two-minute timer with each child seen. A few days ago, a parent of one of the children stopped me to tell me how excited the child was with his timer. The child knew how important it was to brush until ALL of the sand in the timer emptied into the bottom. I was excited to have made an impact on this child's brushing habits which will serve him and his health for a lifetime.

## COUNTIES OF FREMONT, MILLS, AND POTTAWATTAMIE

I made the decision to leave private practice a couple of years ago and work in public health as an I-Smile Coordinator. Looking back with no regrets, I can't believe what challenges I have had. In private practice, I saw one patient at a time whereas I now get to serve an entire community and make large differences in the lives of many. Here is one of my most memorable events.

One of our target groups for I-Smile is children under 3 years of age. I attend WIC clinics in two of my three counties and collaborate with the Council Bluffs Community Health Center's (CBCHC) dental hygienist in one of the counties. With WIC seeing so many children in this age group, I feel I have reached children who have not had access to preventive dental care. Parents benefit from the education we can offer. The WIC directors in my counties are very receptive of my presence and feel they have added a new dimension to their programs.

One of the outstanding WIC stories that I have to share is a case I am working on now. The dental hygienist from the CBCHC brought a client to me that she had seen at WIC. The child was 3 years old and had rampant tooth decay. This child had never seen a dentist, had been using a baby bottle, and used a sippy cup filled with juice drinks. Since the family did not speak English, I worked with my agency's translator. The mother of the child was unaware that they had dental insurance. However, after checking with the father's employer, I was able to verify that they did have dental coverage. This was a huge relief because with the extensive decay present, I knew the cost would be tremendous.

As my role as the I-Smile Coordinator, I arranged an appointment with a pediatric dentist in the area and scheduled a taxi to transport the mother and child to the appointment. I went with the family to their initial consultation appointment with the dentist and gathered the treatment plan, cost estimate, and hospital information. The agency translator was able to provide this information to the family about the child's treatment. Out of the child's twenty teeth, fourteen had visible needs! Once the dentist gets the child into the hospital and is able to get x-rays, the treatment may become more extensive and may involve more teeth. Without the I-Smile program working through these barriers for this family, this child could have become our next dental decay-related death.

## COUNTY OF WOODBURY

A 4 year old boy with a phobia of medical and dental professionals attended a dental screening for registration at his Head Start school. His mom came with him that day and explained that he didn't have a dentist. The school nurse urged the mother to have her child screened as no professional had looked inside his mouth before. Also, she explained that the I-Smile program would be able to help her child find a dentist. Mom was hesitant as she had no insurance and knew about her child's phobia. Mom had also had bad experiences when she was 15 that required help from an oral surgeon. From that time on, she only had occasional dental care as cost became an issue...especially after having children. She applied for both Medicaid and *hawk-i* and was denied for both.

At the screening, the child kicked and screamed and cried out loud for his mom. I asked the mother if she would like to continue the screening to which she replied yes. So, I showed him all the tools I would be using before using them and spoke gently as I went along and counted his teeth. This child had a cavity, and I referred him to a dentist that offered a sliding fee discount based on her income. Later on, I followed up to see if the mother took the child into the dentist. She said she had and that her son was so good and had his cavity filled. Without the I-Smile program, she would have never known about this dentist that could help her financially. The program also had given her faith in dental professionals, and it helped her son overcome his fear.

I understand from a friend of the mother's that since the screening, she was able to find health and dental coverage through her work. The mom and her children both visit a dentist regularly now.

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School nurses in my area had lots of questions and felt burdened by the new school screening mandate. One in particular was very resistant explaining she was very busy trying to get kids' immunizations on record and up-to-date. She guaranteed me that if she sent these certificates out, nobody would take the time to have their dentist fill them out and send them back to their school. She thought it was a waste of time. As of today, I spoke with a school nurse at one of the high schools who informed me that out of 400 students, hardly any certificates were coming back. Parents don't understand that oral health is so important. They know that if their child doesn't have the form filled out, there would be no repercussions. "After all, because of the No Child Left Behind law, kids who didn't have their immunizations done would still be able to go to school."

If parents knew the link between oral health and their overall health, they would make oral health a priority. As the I-Smile Coordinator, I plan to continue communication and outreach with the schools to help families understand the importance of oral health.



# EASTERN IOWA

COUNTIES OF ALLAMAKEE, CEDAR, CHICKASAW, CLAYTON, CLINTON, DELAWARE, DUBUQUE,  
FAYETTE, HOWARD, IOWA, JACKSON, JOHNSON, JONES, LINN, LOUISA, MUSCATINE, SCOTT,  
AND WINNESHIEK

## COUNTIES OF ALLAMAKEE, CHICKASAW, CLAYTON, DELAWARE, DUBUQUE, FAYETTE, HOWARD, AND WINNESHIEK

Through the VNA I-Smile program, complex systems, relationships, and collaborative agreements have been developed and nurtured to allow progress toward the common goal of assuring all children have access to a dental home through which preventive and treatment services are provided.

My story involves a 3 year old child who was ineligible for Medicaid and had been identified with rampant decay. There were many agencies involved in helping this child receive proper treatment, and these services were coordinated through the I-Smile program.

The Visiting Nurse Association (VNA) of Clayton and Dubuque identified the child as being in need of treatment and coordinated the services and providers - including translation services. The VNA, along with the Center for Disabilities and Development, provided Title V funds for part of the dentist's fees. NEICAC Head Start Program assisted the family in applying for assistance and provided transportation for the family to physician and dental appointments. This program also provided partial payment of the dental fees. The Mission Health/Barnabus Uplift of Finley Hospital provided hospital bill forgiveness for the family, and the Dodge Street Anesthesiology accepted the family's application for a waiver of payment. A Delta Dental of Iowa grant also paid for gas vouchers for the family's transportation to appointments. Lastly, the treating pediatric dentist donated a portion of his services.

The child's oral health status continues to be monitored through the VNA and WIC programs.

## COUNTIES OF CEDAR, CLINTON, JACKSON, AND JONES

Working in both private practice and public health, I have realized first hand the dramatic differences of the two. The amount of decay I see in these young children in the clinics is heartbreaking and are not typically the cases you see when working in private practice.

On my very first day of being in the WIC clinics, I saw a child who has forever made an image in my head. This was a young boy from a small town in Jackson County. He was a week shy of his second birthday and had severe decay in all sixteen of his teeth. The parents were giving him a surprising seventy-two ounces of juice a day in a bottle! They complained he would not eat solid foods, and from the condition going on in his mouth, I do not blame him. The mother had thought one of his baby teeth had fallen out, but I explained to her this was not the case. The tooth, along with other anterior teeth was decayed to the gum line. I told the parents the condition that was going on in the child's mouth was severe, and he needed to see a dentist immediately. The mother was reluctant to seek care because she feared the treatment would hurt her child. After two visits with the mother on two separate dates, she agreed to have the child seen by a dentist. I explained to her that with the severe decay in his mouth, he was already in pain, and the infection could travel to other places in his body, including his brain which can lead to death. This statement seemed to be what it took to make her realize how serious this was. With the help of the Department of Human Services, the treatment was completed, and in the end, the child had five extractions and eleven stainless steel crowns placed.

Although this story had its definite "bumps in the road," the end result of the child receiving treatment shows great success. It is the I-Smile program that is identifying and helping these children who cannot help themselves. This particular family was greatly lacking in oral health education. One of the many important parts of the I-Smile Coordinator's role is providing education to the caregivers and installing good habits from the beginning.

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An aunt who lived in Cedar County called me and had recently gotten custody of her nieces. They had moved to Iowa from out of state and were on Medicaid. One of the girls had braces on and had not been seen for a checkup for eight to nine months. The aunt was referred to me by her niece's school nurse. When the aunt contacted me, she was very frustrated with her many unsuccessful attempts to find her niece an orthodontist who was willing to take Medicaid. She was ready to take her niece back to her home state which was an 800 mile drive and have the braces removed. I was able to find them a provider who was willing to see her as a new patient. Without I-Smile, the family would have ended up traveling back home and having the braces removed before treatment was completed.

## COUNTIES OF IOWA AND JOHNSON

I screened two brothers who came in for WIC. Both had cavities. The family had just moved here from Chicago. The mom was not interested in making dental appointments for them. She had an older boy who had been seen by a dentist two years ago and was referred to another dentist because of the extensive treatment that was needed. She never made the appointment. He had been complaining of tooth pain a lot lately. I called a local pediatric dentist and told her the situation. We scheduled the child to be seen the next week.

Over the course of the next two months and many phone calls, the three children had all their dental treatment needs taken care of - including hospital oral surgery. They are routinely seen by this dentist now and have referred friends to me so that their children can also get the dental care they need. Without the help of the I-Smile program, these children would most likely would not have received treatment and would still be in pain.

## COUNTY OF LINN

I initially saw a 2½ year old boy at a community outreach event, “Give Kids a Smile Night.” His mom is a single parent who works two jobs. She did not have any insurance and was struggling. She had learned of the event on the radio when she heard me talk about the free dental services that were going to be provided.

The mom took her son to the “playstation” where a volunteer dentist diagnosed him with rampant decay throughout his mouth. The mom had no idea that her son had those problems, and she then learned that putting her child to bed with juice or milk could be the link of his oral health problems. The mom learned of other programs available that could help her and her son, and she was given a referral to a pediatric dentist.

As the I-Smile Coordinator, I worked with this mom and was able to schedule an appointment for services at the local WIC clinic. She and her son are now on Title XIX, and the boy is enrolled in a Head Start classroom. He has flourished with his speech, social skills, and development.

The mom worked with me along with a pediatric dentist, and we were able to schedule operative treatment appointments for her son. She called me the day of the appointment when her car wouldn't start, and I coordinated transportation for her son to make the appointment.

The boy has been treated for decay and is now on a continued six month routine check up with the pediatric dentist.

The mom stated, “I would have never known he was having problems or been able to take him to the dentist if (the I-Smile Coordinator) wouldn't have been there to help me.”

The I-Smile program in Linn County has been quite successful so far. It began working with Head Start and Early Head Start in Winter 2007. The I-Smile Coordinator created a program protocol to help with follow up for children in the high risk population. As a result, the number of children who have dental homes has increased from 93 percent to 96 percent, and more children are recognized to need oral health treatment (increased from 69 percent to 90 percent).

## COUNTIES OF LOUISA AND MUSCATINE

In October and November 2008, we had several families who have come to our agency as newly eligible because they have been displaced. These families have all had several things in common.

1. They all moved to Muscatine from the Chicago area;
2. The families all consist of a single parent (mother) and two small children;
3. They all live in HUD housing;
4. They all have Title XIX as their form of insurance;
5. The mother is not only seeking a dental home for her children, but also for herself; and
6. These families do not have their own transportation.

Normally, when looking for a dental home for small children with Medicaid, it can be a challenge. Usually, through our referral process, we are able to find a dentist in their area who will agree to accept them as patients. Unfortunately, sometimes a local dentist is not an option, and they have to travel to the University of Iowa. This can also be a challenge since some people do not have their own transportation.

I knew I had a challenge when I spoke with a mother who was seeking a dental home for her children but was also having dental pain herself. Since it makes the most sense for the whole family to go to the same dental provider, I began searching for a dentist who would take an adult on Medicaid. After almost exhausting my list of providers and realizing that none of them take adult patients on Medicaid, I called one of our local dental providers who only accepts Medicaid patients through a personal referral from our agency.

When speaking with this provider and explaining the situation, he agreed to treat the mother since her children would be coming there also. I have had similar situations since this first family was referred to me. This dentist has been of great help since he has treated all of the families I have referred to him with these circumstances. This worked out well for several reasons since transportation was an issue for the family and his office happens to be within walking distance of the apartment complex where these families reside.

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A second story involves my encounter with a mother at my agency who was very concerned about her son's dental health. He is a 19 year old who has a severe case of autism. He has Medicaid for his insurance since he has a disability, but because of his age and because he has Medicaid for insurance, his mom could not find a provider who would see him. I told the mom I would do some checking and get back to her.

I called up my faithful dentist who has been taking all the referrals I have sent him, and I explained the situation to him. He agreed to see the child. Without the help of the I-Smile program, this 19 year old and his mom would still be searching for a provider.

## COUNTY OF SCOTT

I want to share a couple of situations I have encountered this year in our I-Smile Dental Home Project. I-Smile has been a tremendous help to many individual children and families by ensuring access to dental care. In addition, I-Smile is beginning to shape the local community into an efficient safety net for children's dental health.

A local pediatric dentist became aware of the extent of unmet dental needs within the early childhood population while serving in an advisory capacity to my I-Smile workgroup meeting. I shared that 3,980 Medicaid-enrolled children, ages 1 to 5, in our county (nearly 75 percent) are without dental care, and we have no available numbers to even guess at how many additional uninsured children may be without care. While the workgroup had gathered to create a preventive oral screening and fluoride varnish program at WIC, this dentist was so moved by the extent of unmet dental needs that he decided to re-open his practice to children under age 5 that are covered by Iowa Medicaid. My hope is that he will be the first of many success stories in the dental community. With continued funding, our Scott County I-Smile program can continue to inform and inspire local medical and dental providers to identify and meet the dental needs of children. Having I-Smile available in the community has facilitated building a local infrastructure conducive to children's oral health.

I-Smile's availability as a referral resource to schools has been significant. One little boy was seen by a school nurse after injuring his mouth during a fall while playing in the school yard. Once the school nurse took a look in the boy's mouth, she quickly found that the child's injury from the fall was the least of his concerns. The boy had gaping holes in all of his posterior teeth, and he reported that one tooth was causing him severe pain that day. He had no insurance and had never seen a dentist.

The school nurse called and referred the boy to the I-Smile program. I was able to find a dentist to examine and extract the tooth that afternoon, arranged for a translator for the family, assisted the family in applying for Medicaid and *hawk-i*, and set up additional dental appointments for the child to complete needed treatment. Without I-Smile, I do not know how the child's needs could have been met. The challenges in ensuring access to dental care are enormous, but I-Smile is working!

I know this is a year of economic crisis and budgeting uncertainty. Thank you for the opportunity to implement I-Smile in Scott County. I-Smile is making a difference here in my community!



# CENTRAL IOWA

COUNTIES OF AUDUBON, CALHOUN, CARROLL, DALLAS, GREENE, GUTHRIE, JASPER,  
MAHASKA, POWESHIEK, POLK, AND SAC

## COUNTIES OF AUDUBON, CALHOUN, CARROLL, DALLAS, GREENE, GUTHRIE, AND SAC

Seth\* is the youngest of four, and all of his siblings have had good oral health. However, Seth had acid reflux as a baby that went undiagnosed for a long time. The family was enrolled in Medicaid until his father got a new job. Seth's father now made enough money that the family was just above income eligibility. One of the benefits of his new job was free medical insurance coverage for his family. Unfortunately, dental insurance was not offered.

By the time Seth's acid reflux was diagnosed, he had significant damage to his teeth. The family dentist referred Seth to a pediatric dentist in Polk County. Repairing Seth's teeth would require dental surgery in a hospital. Because this pediatric dentist was not doing surgeries at the time, he referred Seth to another pediatric dentist in Cerro Gordo County who could get him in for surgery right away. It was at this point that I was brought into the situation.

The family's HOPES home visitor called me and asked if I could help them find a way to pay for the badly needed dental care. I told her the best option would be if Seth could enroll in *hawk-i*. We also discussed using Title V dental funds to pay for his dental services, but that those funds could not be used to pay the anesthesiologist or hospital charges for the surgery. The mother looked over the *hawk-i* application and called the information line. She was told that the family would qualify by income but would be declined because they already had medical insurance coverage.

Seth's mother made the difficult decision to discontinue the family's medical insurance so that they could enroll in *hawk-i*. But when she called the medical insurance company to cancel their coverage, they asked her for a reason. She explained her family's situation. She was told that if she cancelled their coverage and for some reason was denied *hawk-i* coverage, she may not be able to re-enroll her children in that plan again. Fearing the chance that her children would go without medical insurance, she decided to stay with the employer's plan and asked our agency's help in paying the dentist's bill using Title V funds.

Seth's surgery was done in May. The total bill was nearly \$12,000. Because Title V dental reimbursement is based on Medicaid's rates, the dentist received just \$1,284 of his actual bill of \$2,700. The family's medical insurance paid for most of the anesthesiology and hospital bills, but the family still had out-of-pocket costs of nearly \$2,000.

Had we not been able to use Title V funds to pay the dentist, the family's out-of-pocket costs would have been over \$4,500. Although we were fortunate to be able to use Title V funds to help cover some of the costs of Seth's treatment, that one surgery used 13 percent of our very limited funds to cover needy children in seven counties for the year. A dental-only *hawk-i* option would have been so beneficial for this family.

\*The client's name has been changed.

## COUNTIES OF JASPER, MAHASKA, AND POWESHIEK

Since starting my position as the I-Smile Oral Health Coordinator for the Grinnell Mother-Child Wellness program in late August, I have been truly amazed by the awareness about the importance of oral health. The dental education and screening services that I provide as the I-Smile Oral Health Coordinator, along with the Oral Health Bureau, have helped increase this awareness. In my opinion, the dental IQ of many of my clients and fellow service providers has increased tremendously.

When I provided dental screenings and fluoride varnishes to Head Start classrooms in Jasper, Mahaska, and Poweshiek counties, it was neat to see the kids who were acquainted with these services not be scared, open BIG, and want to have the fluoride varnish applied. I also saw a few of the older children tell some of the younger kids who had not seen the I-Smile Coordinator before to not to be scared, and that it was easy and fun! To me this was very heartwarming and hopefully a great beginning to a lifetime of good oral hygiene.

While doing the screenings at the Head Starts and YMCA preschools, I have identified and referred several children with suspected areas of decay. I have seen a few extreme cases. I saw a four-year old boy whose mom recently left an abusive relationship. This young boy had the worst case of suspected decay I have ever seen, including my 18 years in private practice. The client's mom told me that the dad had often given her son a bottle filled with soda. I informed the client's mom that the child needed immediate dental care. Fortunately, the child had just seen a dentist and was scheduled for care. I feel that I had a unique opportunity to check with the childcare providers to make sure that mom was a responsible parent and would follow through with the child's treatment. I was also able to educate the client's mom about the importance of having her son's dental work completed. I also provided additional education to the mom about healthy dietary choices, having good daily oral hygiene, and the importance of regular dental care. With the help of I-Smile, the mom will have the tools to prevent future decay in her son's mouth.

Working in a private dental practice, I had never seen a tooth brushing program in a group setting. Since starting my job in August, I have had the great pleasure of seeing the kids in action brushing their teeth in a group setting. It is very neat to see a bunch of kids so excited to brush their teeth. Unfortunately, the two times they get to brush at school may be the only time they are brushing.

At WIC clinics, it is AWESOME to interview a parent and find that they are wiping their infants mouth out and helping brush their young children's teeth daily. However, there are many parents and children who aren't aware of proper oral health habits or when to see a dentist. Without I-Smile, these families may not learn the skills to keep their mouths healthy.

## COUNTY OF POLK

Tomorrow, two kids are going to the dentist. There won't be any complaining or fighting; no dragging of feet to get in the car; and no hurry up from rushed parents. Instead, there will be two children lying awake tonight at the anticipation of finally seeing the dentist. They have three other siblings that are anxiously awaiting their turn, too, as they wait for the enrollment process for *hawk-i* to be completed. The kids are just waiting to finally see the dentist who can improve their smiles, make their teeth less sensitive to that rare treat of a chocolate candy bar, and polish away the stain that has built up on their teeth during the past five years.

Most kids take this for granted. As the I-Smile Coordinator for Polk County, I saw a family with five children in July at the Visiting Nurse Services dental clinic. Their father had called for a screening that was required for two of the children to enroll in school. I suggested he bring all of the children, and we would help them find a dentist. They arrived for the appointment, and their story unfolded.

The 16 year old daughter had decay on two of her front teeth which was visible from across the room. She must have asked her father three times if I was really going to help her go to the dentist. Next, her brother presented early signs of gum disease. He was in desperate need of oral hygiene education and a referral for a thorough dental cleaning. I was thrilled to provide these things to him along with his Certificate of Dental Screening so that he could enroll for high school.

Their 9 year old brother became my next primary concern due to the deep decay that was visible on four of his molars. My concern was that his sensitive teeth would become worse before insurance could be obtained. The two youngest of the five children were 5 and 6 years old. These little guys were screened and provided toothbrushes, and they will benefit from dental sealants and further evaluations from a dentist.

I have been working the past year to inform and recruit dentists to see Polk County children who are low income, uninsured, or on Medicaid. So far, only 57 of 148 dentists have volunteered their talents. The I-Smile program is definitely working! It may only be one child at a time, but it is working. Another family will be able to send their children to school ready to learn and free from painful tooth decay. I'll also lay awake tonight with the anticipation that a 16 year old girl will soon smile again and will no longer be ashamed of her teeth.

I'm always amazed when I go to speak to a group of professionals about I-Smile and the need for children to receive dental health screenings and dental referrals. Often, I have run into social workers or nurses who are unaware of the impact dental health has on overall health. Educating staff who provide services to children has been the area where I think I have had the most impact. Informing them that dental disease is transmitted and could be prevented is often new information to them. Almost always after a presentation on the dental health needs of children, my referrals from these services increase, and they are very concerned about locating ongoing and regular dental care. Being a central location for physicians, social workers, public health specialists, school nurses, lawyers, and judges is having a huge impact on how children are able to find dental services and receive care. The I-Smile Coordinator's personal relationships with the local dentists provides opportunities to present each family's situation and needs. Our dentists are willing to work with some families on payment options and provide some services at no charge. As the Polk County I-Smile Coordinator, I am able to spread the high population needs out over several dental offices and assist families with additional services that they may need.

# NORTHERN IOWA



COUNTIES OF BUENA VISTA, BUTLER, CERRO GORDO, CLAY, DICKINSON, EMMET,  
FLOYD, FRANKLIN, HAMILTON, HANCOCK, HUMBOLDT, KOSSUTH, MITCHELL, O'BRIEN,  
OSCEOLA, PALO ALTO, POCAHONTAS, WEBSTER, WINNEBAGO, WORTH, AND WRIGHT

## COUNTIES OF BUENA VISTA, CLAY, DICKINSON, EMMET, O'BRIEN, OSCEOLA, PALO ALTO, AND POCAHONTAS

I have several stories that I could tell about the children we have seen throughout the years with the school-based sealant program and the children that we have served through the I-Smile Program at the WIC clinics and Head Starts. The most recent one in mind that needed urgent care was in Pocahontas County at an Early Head Start. We were there doing oral screenings and fluoride varnish applications. A little boy was new to the class, and the teacher knew that he had oral health issues. The morning that we were doing the screenings, his teacher had noticed that his mother had not signed the consent form. She got the consent signed, so we would be sure to see him. The little boy could hardly open his mouth for us to check because he was in so much pain with a large abscess and several advanced decayed teeth. Since she knew about the family's situation, the teacher helped us with coordination. She called and spoke with his mother, and within the hour, they had him to the local dentist. He was put on an antibiotic and then sent to a specialist in Mason City. His aunt helped with part of the funding, and the program through the University of Iowa helped with the remainder of the dental expenses.

In turn, one of my biggest challenges is in Clay County. There are nine dentists in the county, and none of them take Title XIX. Families go to neighboring counties for their dental treatment.

I am excited to learn that one pediatric dentist is opening up a practice in Spencer as it sounds like she will be taking Title XIX patients.

## COUNTIES OF HAMILTON, HUMBOLDT, WEBSTER, AND WRIGHT

A family in Webster County had two daughters wanting preventive dental exams. They had no insurance and could not get an appointment. With my assistance and funding from Title V vouchers, we got the initial dental appointment scheduled. Following this, the dentist called me himself, and we discussed the other treatment needs. He completed all the work within the month, and the girls are now regular patients.

The biggest hurdle in our counties is the lack of dentists who accept Title XIX to complete treatment needs. Our referral system includes asking these families on already tight budgets and work schedules, to travel to Mason City, Des Moines, or Iowa City to receive the needed services. Some are willing and able because they understand that it is for their child's health. Others, though, go without treatment.

## COUNTIES OF BUTLER, CERRO GORDO, FLOYD, FRANKLIN, HANCOCK, KOSSUTH, MITCHELL, WINNEBAGO, AND WORTH

I went to a small town in Hancock County where we had three children to screen. One 13 year old young man came in suffering from a toothache. When looking at him, I could see his jaw was swollen. I asked him about his pain - if it was throbbing, kept him up at night, or if it was only when he was eating hot or cold. He said it had often kept him up at night, but now he was taking penicillin. I asked him where he got that, and he said it had been his mother's but there was only had one pill left. I did a screening and could definitely see an abscess on the lower right. I took x-rays, and there it was. I decided something definitely needed to be done immediately. The school nurse was aware of his pain. It had started around the first of November, and she had been giving him Tylenol in the office when he came in with pain.

This family had moved from Idaho recently, and they were living with an aunt. Both parents work. We found out the medicine had not been prescribed for the young man, and in fact it was penicillin that the aunt had gotten. When the mother found out we were trying to help her, she burst into tears and told us how they had no benefits since they had just moved. She knew this was serious but didn't know what else to do, and the penicillin seemed to be helping. We told her we would get him a prescription and get him an appointment for the dentist.

We called a dentist's office in a nearby town and asked if they would look at the x-rays and prescribe an antibiotic. The receptionist said she would relay the request to the dentist, and we told her we would be there shortly. After arriving at the office and while getting out of our car, the receptionist called and said the dentist would not prescribe anything. We said we were right outside with the x-rays if that would help. We continued into the office, and the receptionist said the dentist wouldn't write a prescription. The dentist came out and told us that without a complete medical history, a prescription could not be provided. Also, the dentist felt this would just be a band-aid solution until the tooth could be treated. I said we had talked to his mom, and he had no allergies, was not on any other medication other than the borrowed penicillin, and had no illnesses or abnormalities in his health.

The dentist said that offering free care before Give Kids a Smile Day would result in other people coming to expect it as routine. The dentist said that his parents should be able to afford a root canal since they both work. I informed the dentist that the family just moved here and had no benefits yet, and their jobs were probably low paying jobs. The dentist still refused to help the young man.

A second dentist was contacted and said, without hesitation, that he would write a prescription and would work the young man in that day. However, we had no way to get him to Mason City that day, so the young man was seen the following week. We paid for the prescription and took it to the mother at work. She again burst into tears and said how awful she felt having to do this. We assured her that was what the I-Smile program did. Transportation was arranged to take the young man to the dentist and return him home.

I-Smile Coordinators are getting to the places where families in need are and can identify a problem and help them receive the treatment they require. This is what it is like for parents of children when they can't afford dental care. They try to do the best they can because they don't know what else to do. It is frustrating for us I-Smile Coordinators when we know children who need immediate treatment but can't find a dentist to treat them.



# SOUTHERN IOWA

COUNTIES OF ADAMS, APPANOOSE, CLARKE, DAVIS, DECATUR, DES MOINES, JEFFERSON,  
KEOKUK, LEE, LUCAS, MARION, MONROE, MONTGOMERY, PAGE, TAYLOR, VAN BUREN,  
WAPELLO, WARREN, AND WAYNE

## COUNTIES OF ADAMS, MONTGOMERY, PAGE, AND TAYLOR

To show the success of the I-Smile program, I would like to share the following true story about how the I-Smile program helped a 3 year old child receive dental treatment. I was in Page County doing dental screenings at a local daycare and came across a sweet little girl who presented with rampant tooth decay. Seven out of twenty (or 35 percent) of her teeth had advanced to severe tooth decay. After the child's mother was informed of her child's dental needs and was educated on proper brushing habits and the detrimental effects of soda, we worked together to find a dentist willing to treat her. We were able to find a compassionate dentist in the Council Bluffs area to provide the "dental surgery" at Medicaid rates. The estimated cost of treatment for this toddler totaled over \$1,000. However, the gracious dentist was only able to collect half of the bill due to the reimbursement rates of Medicaid insurance. Together the dentist and the I-Smile program treated this child and educated this family on the importance of routine dental care. Had I-Smile not been able to provide the dental screenings at the daycare, who knows when this child's mouth would have been examined by a dental professional. But, because I-Smile was in place this child had an advocate to speak for her and had someone help her find a dentist willing to treat her. She is now living a more healthy life because of the I-Smile program!

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Last spring while doing dental screenings at a local Head Start program, I came across a 3 year old student who presented with rampant tooth decay including an abscess. This child needed immediate dental attention as she had an infection. The next step was to get the child to the dentist and get her there soon! We were lucky because in this particular location a new dentist had just moved to town right next door. When the dentist was notified of the child's condition, she compassionately came right over to Head Start and proceeded to screen the child's mouth. She determined that this child's oral health had been neglected, and the patient's mother was contacted. The dentist worked with the family to provide restorative treatment for the child and establish routine dental visits. Had I-Smile not been able to provide the dental screenings at the Head Start, who knows when this child's mouth would have been examined by a dental professional. (Just to note: Recently this dentist reduced the number of Medicaid patients she is willing to see to two per month)

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In southwest Iowa where I am located, it is a constant challenge to find dentists because so many are retiring, and very few new dentists are coming to the area to replace them. Once I find a dentist, most of them do not take people on Medicaid or people with no insurance. I hear such comments as "We don't have a provider number for Medicaid." Many times when I do find a dentist willing to accept a Medicaid or uninsured client, they do not treat young children and are more comfortable referring them on to a pedodontist for treatment. The closest services from a pedodontist are at least an hour away each direction. In turn, I run into transportation issues with the patient's family. Many people can't afford to take a whole day or more off of work to drive an hour to the pedodontist and an hour back, or they may not have adequate and reliable transportation to get to the appointment. It takes hours of coordination through the I-Smile program and multiple contacts to each family to make even one success story.

## COUNTIES OF APPANOOSE, CLARKE, DECATUR, LUCAS, MARION, MONROE, WARREN, AND WAYNE

My first story is from Marion County. I-Smile began seeing this family from a HOPES referral when she was 2 years old. This family had many obstacles including dental care for their daughter. Her mother passed away Spring 2008 which is when I first came on board with I-Smile. Her father is legally blind, receives disability, and is unable to drive. The HOPES program was working with this family and referred them to the I-Smile program. At her initial visit, there was no suspected decay present, however parent education was a definite priority. We have her on a three month recall due to a high caries risk and to work with dad on education. He is easily able to walk to the I-Smile appointments with his daughter, and she is now excited about brushing. None of the dentists in Marion County were accepting new Medicaid patients, and his inability to drive would make it difficult for his daughter to get to the dentist outside the area. After providing I-Smile education at several dental offices in Marion County, four dentists are now accepting I-Smile referrals, and two of the dentists are within walking distance for this family. The I-Smile program, working with the HOPES program, has really grasped the concept of the dental home. By having hygienists educate dental offices on the need in their community, I believe many children like this little girl are receiving preventive care that would have otherwise been next to impossible.

My second story is also from Marion County. In the I-Smile and WIC clinic, a newly pregnant mother with three children came in to see me. I quickly noticed that her oldest daughter, age 5, had her top four front teeth removed and several stainless steel crowns in her mouth. Her mother stated that there was something wrong with her children's teeth and that no matter what she does they always get cavities. I began the screenings and noted that her son, age 2, had large decay in three of his first year molars. Her youngest daughter, age 18 months, had rampant decay throughout her mouth typical to baby bottle tooth decay. I could tell that the mother was very embarrassed and nervous. She said she never wanted to go through again what she had gone through with her oldest child. They had stayed in the Ronald McDonald House while her oldest daughter had dental surgery. It was very traumatic for both her and her daughter. I spoke with a pediatric dentist in West Des Moines and explained the situation and the extreme anxiety the mother had about the dental surgery needed. I worked with the mom and was able to get her into that dentist's office where both children received care. Mom called and thanked me after the dental treatment and said she was so thankful for my help; she couldn't have done it alone. Her children are visiting I-Smile every three months, and mom has an utmost interest in early childhood caries, which she now understands her children had. I believe that mom is now much better educated and with her home care and three month I-Smile visits, we will be able to break this cycle when her next child is born.

I would say that my biggest frustration would be transportation to pediatric dentists. As we know, many dentists won't accept children under the age of 3 or children in need of extensive dental treatment. I work with several rural counties and for a child under age 3 to have any dental treatment, the travel can be up to two hours one way. Most families can't afford to take time off of work, let alone find a Medicaid provider accepting new patients. The majority of cases can require two or three separate visits to the pediatric dentist, so the decay grows as does the problem and the financial hardship. I believe that is why I-Smile education and clinics are so important! Prevention of this decay would allow many of these children to have a good first dental experience and change their outlook on the dentist and oral health.

## COUNTIES OF DAVIS, DES MOINES, JEFFERSON, LEE, AND VAN BUREN

While working in the dental sealant program, I had a fourth grader come in to have sealants placed. When doing the examination, I encountered many problems in this child's mouth. This child had three large abscesses and a multitude of decayed teeth. After noting all of the area of decay, I asked the child if any of her teeth hurt. She stated that she had pain most days. When doing the sealants on the undecayed permanent molars, we had to be very careful not to let the air or water get into the areas where it would cause the child pain. As the I-Smile Coordinator, I made a call the very next day to the child's mother. The mother explained that the child was on *hawk-i* and was taken to the Community Health Center in Burlington, about fifty minutes away. She stated that she did know that the child had some areas of decay but could not take the child back because of her work and the drive back to the Community Health Center. This was two years before. The mother did not know that most of the dentists within their hometown took *hawk-i*. Unfortunately, they no longer had *hawk-i*, and the mother was not aware of the pain her child was in. We were able to get the child into a local dentist who agreed to do the services for us at a discounted rate. We were able to use some of the dental funds which were available to pay for part of the services, and the parent was able to pay the rest. The child was able to get the treatment done in a timely fashion.

While working at a WIC clinic providing dental screenings, a little boy, who was almost 3 years old, came to see me. His mom had stated that he had a little spot on one of his front teeth and wondered if it was a cavity. Upon looking in the child's mouth, I was in shock. This child had the most decay I had see in years. I told the mother that her son needed to get into the dentist immediately. I made sure to contact the pedodontist about this family and to let them know that they would call soon. Within the month, I received a letter for the pedodontist. The child had sixteen crowns placed and one filling. This child had only three teeth that were not decayed. If this mom had not taken advantage of the services we provide through I-Smile and through our outreach programs, he may have been in pain for a much longer time.

## COUNTIES OF KEOKUK AND WAPELLO

A young boy was seen at our child health clinic for well child care and immunizations. A dental screening was completed, and severe dental disease was identified. As we started planning dental care, his mother became very hesitant about treatment and cost. Through our interpreter, it was determined the mother was scared to go to the Department of Human Services (DHS) to apply for Medicaid. The interpreter eased the mother's fears and explained that the child is a legal citizen of the United States since he was born in California.

After explaining to the mother about the importance of getting care for this child, she consented to go to DHS. I was happy to accompany her to the local office where the case worker assured her the children could be covered with proof of citizenship. After several contacts and weeks of waiting for citizenship verification, Title XIX coverage became effective. A local dentist planned reconstructive surgery for the child. Seventeen of twenty-two teeth were surgically treated.

Now, each time I see the family, I am greeted with a happy and healthy smile from the now thriving 7 year old boy. His mother continues to be thankful for our attention to her child's needs and is now bringing siblings as well as other families to us for medical and dental care assistance.



*Healthy Mouths for Healthy Kids*