

The State of Children's Dental Health: Making Coverage Matter

Iowa

B

2011 GRADE

Iowa meets five of the eight policy benchmarks for strengthening children's dental health, one less than it met last year. The state reported that sealant programs were in place in less than one-quarter of high risk schools.

A 2010 report indicated that one in every ten children in Iowa had untreated tooth decay, more than the Healthy Iowans goal of one in every 50 children. The report recommended increasing reimbursement rates for dental services, as well as workforce solutions to improve the delivery of care to young kids. Over the past three years, almost all Women, Infants, and Children clinics have partnered with the I-Smile initiative, allowing dental hygienists or nurses to provide dental screenings and fluoride varnish for infants and toddlers.¹

HOW WELL IS IOWA RESPONDING?

2011: **B**

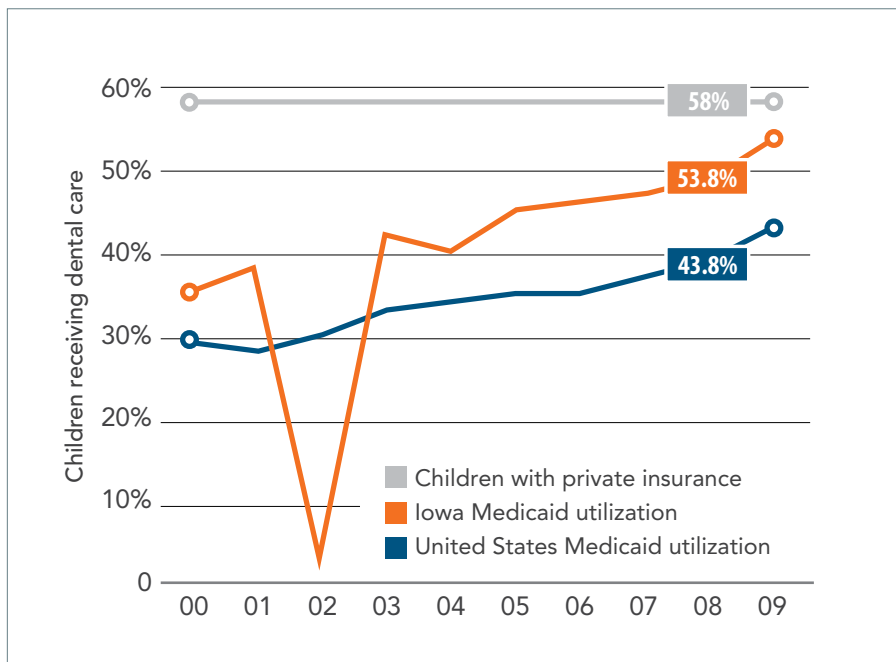
2010: **A**

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	MEETS OR EXCEEDS	MET OR EXCEEDED
2010	Share of high-risk schools with sealant programs	<25%	25%		✓
2010	Hygienists can place sealants without dentist's prior exam	YES	YES	✓	✓
2008	Share of residents on fluoridated community water supplies	91.8%	75%	✓	✓
2009	Share of Medicaid-enrolled children getting dental care	53.8%	38.1%	✓	✓
2010	Share of dentists' median retail fees reimbursed by Medicaid	46.8%	60.5%		
2010	Pays medical providers for early preventive dental health care	YES	YES	✓	✓
2010	Authorizes new primary care dental providers	NO	YES		
2010	Tracks data on children's dental health	YES	YES	✓	✓
Total score				5 of 8	6 of 8

Grading: A = 6-8 points B = 5 points C = 4 points D = 3 points F = 0-2 points

HOW BAD IS THE PROBLEM?

Too many children lack access to dental care. While more than half of children on Medicaid received care in 2009, they were less likely to be treated than kids with private insurance.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416. Iowa submitted data in 2002 that appear to be abnormally low, indicating possible problems with the submission. Please use caution when interpreting the data in question for this year.

SOURCES FOR BENCHMARKS: (1, 2, 7) Pew Center on the States survey of states; (3) Centers for Disease Control and Prevention; (4) Centers for Medicare and Medicaid Services, CMS-416; (5, 6) Medicaid/SCHIP Dental Association and American Academy of Pediatrics; (8) National Oral Health Surveillance System.

1. T. Rodgers and X. Chen, “2010 Oral Health Survey Report, Infants and Toddlers in Iowa’s WIC Program,” Oral Health Bureau, Iowa Department of Public Health, September, 2010; http://www.idph.state.ia.us/hpcdp/common/pdf/oral_health/2010_wic_survey_report.pdf, (accessed December 6, 2010.)