



# CARE FOR KIDS



Early & Periodic Screening, Diagnosis & Treatment

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## Give Kids a Smile Day *and the* Volunteer Care Network

*Quad Cities Programs Meet the Challenge  
of Providing Dental Care for Underserved Children*

*Scott Caldwell, Director  
Success By 6, United Way of the Quad Cities Area*

Learn more about  
**Give Kids a Smile** at  
[http://www.ada.org/  
prof/events/featured/gkas/  
index.asp](http://www.ada.org/prof/events/featured/gkas/index.asp)

**Give Kids a Smile Day** (GKAS) had its origins in 2002 in St. Louis. Since then, under the umbrella of the American Dental Association, more than 1800 locations throughout the US have held their own Give Kids a Smile Day, providing free dental care to underserved children through the efforts more than 41,000 dental team volunteers, including 11,000 dentists.

**In the Quad Cities**, the United Way of the Quad Cities Area Success By 6 project coordinates GKAS Day. It was launched after two community needs assessments, conducted in 2002, indicated that limited access to dental care was an obstacle to children achieving success in school.



In addition to meeting the needs of children, GKAS also serves as a call to action to encourage policy-makers and the general public to work with dental professionals to develop strategies that address equal access to dental care for all citizens.

During GKAS Day, a dental exam, X-rays, cleaning, and fluoride treatment are provided to children age 3 to 15 years who:

- Have no access to dental care
- Have never seen a dentist
- Do not have private insurance
- Are eligible for free or reduced price lunches

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Dentists throughout the Quad Cities sign up for GKAS Day and indicate the number of children and the age groups they are able to see. School nurses and nurses located at childcare centers and preschools identify eligible children. The admission process requires the consent of a parent or guardian. Once children have been identified, screened, and consent has been given, they are matched with area dentists by our GKAS Day Coordinators. There are two coordinators, one for Scott County, Iowa and one for Rock Island County, Illinois.

The match is based on the age groups and numbers of patients dentists have signed up for and, generally, the proximity of the dental clinic to children's school, preschool, or childcare center. The coordinators work out the logistics for dental appointments on GKAS Day, including times and transportation; and for transportation to follow-up appointments if necessary.

United Way's Success By 6 project, which coordinated GKAS Day in 2003, 2004, and 2005, is the largest early childhood development coalition in the U.S. Its goal is to ensure that all children enter kindergarten with an optimal chance to succeed.

Through the work accomplished by GKAS Day over the last three years, more than 1,300 low-income, underserved children have received free dental screenings. More than 50% of these children were identified as needing follow-up treatment, and the majority received this care. Dentists have generously donated their time and expertise to complete follow-up work, some of which is extensive,

including fillings, tooth extractions, orthodontia, and reconstructive work. Moreover, the value of area dentists' in-kind contributions through GKAS Day has exceeded \$500,000 over the last three years.

## 2005 Quad Cities Area Give Kids a Smile Day

**5 School districts**

**42 Schools**

**7 Agencies** (childcare centers, preschools, Illinois Department of Children and Families Services)

**90 Volunteer dentists**

**474 Children screened**

Clearly, the success of GKAS Day would have not been possible without the active commitment of dentists and their staff, as well as that of the many local agencies, schools, and transportation providers who support Success By 6. Plans are already under way for Give Kids a Smile Day in 2006!

**The Quad Cities area Volunteer Care Network**, or VCN, developed from the impetus provided by GKAS Day, whose volunteer referral system was expanded to provide year-round access to dental care for children and adults of all ages. This was the result of a collaborative process by three local agencies: United Way of the Quad Cities Area, the Quad City Health Initiative (QCHI), and Community Health Care. Their partnership became the Quad Cities Oral Health Partners, which in 2003 secured a \$50,000 Community Collaborations for Oral Health Care Access Grant from the American Dental Association, ADA Foundation, and Volunteers in

Health Care. Funding for development and implementation has been provided by an ABCD-E grant (see page 5), the Rock Island District Dental Society, the Davenport District Dental Association, Genesis Health Systems, Trinity Health Systems, and United Way.

VCN matches family practice dentists and dental specialists with patients of all ages who need dental services. The target patient population is underserved members of our community, especially young children and low-income individuals living at less than 200% of the federal poverty level. Eligible patients include those who are uninsured or have no primary dentist.

In the VCN program, basic dental care includes cleanings, exams, x-rays, amalgam and composite fillings, sealants, and fluoride treatments. Extractions, root canals, and treatment for periodontal disease are provided, depending on the availability of volunteer dentists.

People who need dental care are referred to the dental coordinator and then screened over the phone to ensure that they meet eligibility criteria. Referrals come from the Community Health Care Dental Clinic, School Health Link System, Center for Active Seniors, Inc., and Alternatives for the Older Adult.

Our intent is that VCN dentists who accept referrals will provide patients with free basic dental care as outlined in an initial treatment plan. Once the initial treatment is completed, it is our hope that participating dentists will continue to see these patients so that ongoing dental care is provided to those who need it most.

(continues on page 7)

# The Iowa Summit on Access to Children's Dental Care *A Call to Action*

*Kay DeGarmo*  
*Iowa Prevention of Disabilities Policy Council*

Like many states, Iowa is experiencing a shortage of dentists. Currently, 72 of Iowa's 99 counties qualify as Health Professional Shortage Areas (HPSA), and it appears that additional counties may soon be added. With many of Iowa's dentists nearing retirement, this shortage will worsen in the coming decade.

Access to dental care is a particular problem for many of Iowa's rural counties. In 1998, 6.2% of the state's dentists practiced in rural areas with populations lower than 10,000; by 2001, this percentage had declined to 3.9%.

## **Dental decay is the most common chronic childhood disease.**

Poor oral health:

- Reduces a child's ability to function
- Affects behavior and socialization
- Is associated with poor school performance and depression

To address this issue, in February 2005 the Prevention of Disabilities

Policy Council convened the Iowa Summit on Access to Children's Dental Care: A Call to Action. The 57 participants included dental professionals, dental service funders, health care associations, local public health and education providers, legislators, state agency representatives, and other state policy leaders. Participants agreed that in Iowa, a state that prides itself on assuring that children start school ready to learn and then remain healthy in order to learn, access to dental care is an important public policy issue.

They further agreed that preventive dental care is central to solving Iowa's access problem, and should be considered the state's top priority. They were in favor of shoring up Iowa's public dental care safety net, but felt it was equally important to recruit dentists into private practice in areas that have a shortage of dentists. They discussed potential changes to Iowa's Medicaid and hawk-i dental programs. Recognizing that access to dental care is a community problem that must be addressed at the local level, they supported the development of a state

plan that provides communities with resources and the flexibility to tailor programs to meet local needs.

## **In the US...**

- 80% of childhood and adolescent dental problems occur in the poorest 20-25% of children
- Poor children suffer twice as many dental caries as their more affluent peers
- Dental disease is more likely to go untreated in poor children



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Summit participants developed a framework for an Iowa action agenda whose goals include:

1. Increase parent education and outreach efforts to underserved groups of children.
2. Assure that all Iowa children age birth to three years get dental screening, treatment, and counseling.
3. Increase access to preventive dental care for school-aged children.
4. Make participation in Medicaid and serving children covered by Medicaid more attractive to Iowa dentists.
5. Increase access to dental benefits for children, particularly underserved childhood groups.
6. Increase the number of dentists practicing in dental shortage areas.
7. Improve Iowa's dental care safety net.
8. Expand the use of dental hygienists to provide preventive care, particularly for vulnerable and special needs populations.
9. Develop a sustainable statewide oral health survey system to better define the problem and target resources.

The issue of access to dental care during childhood is gaining recognition at the state level. Several summit goals and strategies are reflected in the oral health chapter of *Healthy Iowans 2010*, Iowa's public health agenda. During this year's legislative session, the governor and General Assembly approved the IowaCare Medicaid Reform Act, which requires that all



Medicaid recipients 12 years old or younger have a designated dental home and receive dental screening



and preventive care (see "Coming Your Way," below). In May, Delta Dental Plan of Iowa announced they would provide \$80,000

in start-up funding for a new Donated Dental Services program to provide free dental care to people of all ages who have disabilities.

In the coming months, the Prevention of Disabilities Policy Council will work with Iowa's public health dental director, Bob Russell, DDS; with the Iowa Department of Public Health Oral Health Bureau; and with the Iowa Department of Human Services Iowa Medicaid Enterprise to study the dental care summit's identified strategies and propose specific policy solutions.



**In Iowa, access to dental care** is a particular problem for children who:

- Are younger than 3 years old
- Are Medicaid-eligible
- Do not have dental benefits
- Have disabilities

Health care providers who are interested in addressing this issue in their communities can begin to make a difference now. A number of Iowa communities have formed effective local partnerships and developed successful dental access models. Several of these models can be easily adapted for use in other Iowa communities (see page 5).

**To learn more**, visit the full report from the Iowa Summit on Access to Children's Dental Care: A Call to Action at [www.iowaepsdt.org/epsdtnews/dentalsummit.htm](http://www.iowaepsdt.org/epsdtnews/dentalsummit.htm). For updates on proposals for the implementation of the state dental care action agenda, contact [kaydegarmo@uiowa.edu](mailto:kaydegarmo@uiowa.edu), and request that your name be placed on the dental summit mailing list.

# Creative Community Strategies

## Increase Access to Dental Care

Communities throughout Iowa are addressing the challenge of providing access to dental care. The Access to Baby and Child Dentistry (ABCD) program of the Iowa Department of Public Health is proving to be the most promising program in Iowa for building infrastructure at the local level. Through this program, Title V child health agencies are funded to increase access to dental care for Medicaid-enrolled and other low-income children. In 2003, a Health Resources Service Administration (HSRA) grant provided funding to develop an enhanced “ABCD-E” program to address collaboration with community partners, coalition-building, and the development of education and care coordination systems. Below are four ABCD-E programs that offer excellent examples of such collaboration.

### Cedar Valley Oral Health Initiative (CVOHI)

Black Hawk County Buchanan County  
Bremer County Grundy County

#### Contact: Rhonda Bottke

Black Hawk County Health Department  
319-291-2413 rbottke@cfu.net

This Waterloo-based county health department reconvened the Cedar Valley Oral Health Initiative, a group originally established in 2001 out of a common concern for unmet oral health needs in their area. Although in place, the CVOHI had lost momentum in carrying out its strategic plan. ABCD-E funding was used to hire a facilitator to assist the task force to meet more regularly and complete the action steps of their plan. The group has successfully identified oral health resources, developed a coordination system, and is providing additional services in a central location, developing an oral health plan for the general public, and creating an education plan for professionals and caretakers. Ongoing collaboration continues among CVHOI, EPSDT care coordination staff, local dental offices, Head Start nursing staff, and Healthy Child Care Iowa nurse consultants.

### Mid-Sioux Opportunity, Inc.

Cherokee County Plymouth County  
Ida County Sioux County  
Lyon County

#### Contact: Cindy Harpenau

712-786-3417  
charpenau@mid-siouxopportunity.org

Recognizing the steadily increasing number of Hispanic families in their area, Mid-Sioux Opportunity chose to address language barriers in their community. A Spanish interpreter was hired to assist with the oral health education services at schools and with dental care coordination visits for families. In addition, a dental hygienist presented oral health information to community groups. Although acquiring a bilingual staff person with dental expertise has been a challenge, feedback has been very positive. Oral health education outreach continues by the dental hygienist.

### Volunteer Care Network (VCN)

Scott County

#### Contact: Tammy Uskavitch

Scott County Health Department  
563-336-3131 tuskavitch@davchc.com

Finding dental homes for Scott County children is being accomplished by the development of the Volunteer Care Network (VCN), a group of volunteer dentists who have signed agreements to provide treatment to uninsured and underinsured patients (see page 2, this issue).

### Unity Health System

Muscatine County  
Louisa County

#### Contact: Jeannine Gothard

563-263-0122 jgothar@unityiowa.org

Unity focuses on outreach and education through continuing dental education programs for area dentists, hygienists, and assistants. Their goals are to build partnerships with area dental practices, increase awareness of public health resources in the community, and develop cooperative referral agreements with area dentists. Courses are scheduled at convenient times and locations, and as an additional incentive offer continuing education credits. Attendance continues to grow; dentists who have not yet participated are invited by personal phone call. Some participants have since agreed to assist with a dental clinic serving low-income children in Muscatine. Efforts are ongoing to partner with community groups and encourage dentists to accept referrals.

#### To learn about other community activities

addressing access to dental care, please contact the Iowa Department of Public Health Oral Health Bureau at 515-281-3733.

# Oral Health Resources *for Providers*

## Iowa Department of Public Health

### Oral Health Bureau

[http:// www.idph.state.ia.us/hpcdp/](http://www.idph.state.ia.us/hpcdp/)

### Child Health Program

[www.idph.state.ia.us/hpcdp/oral\\_health\\_child\\_health.asp](http://www.idph.state.ia.us/hpcdp/oral_health_child_health.asp)

Funds 26 Title V child health agencies to improve access to basic dental services for low-income children who are not eligible for Medicaid Title XIX, un- or under-insured, enrolled in a Title V child health center, and meet Title XXI program family income guidelines.

#### Catch a Smile Fluoride Mouth Rinse Program

[/hpcdp/oral\\_health\\_mouthrinse.asp](/hpcdp/oral_health_mouthrinse.asp)

Offered to more than 150 elementary and junior high schools in communities with fluoride-deficient water, and to schools with a large rural enrollment. The program provides fluoride packets, dispensers, toothbrushes, dental floss, posters, and teachers' manuals.

#### Dental Care for Persons with Disabilities Program

[/hpcdp/oral\\_health\\_disabilities.asp](/hpcdp/oral_health_disabilities.asp)

Provided at 28 locations across the state, this program serves children age 0-21 years who are not eligible for Medicaid Title XIX, un- or under-insured, enrolled in a Title V child health center, meet Title XXI program family income guidelines, and have special health care needs such as asthma, cancer, or ADD.

#### Iowa Access to Baby and Child Dentistry (ABCD)

[/hpcdp/oral\\_health\\_abcd.asp](/hpcdp/oral_health_abcd.asp)

Improves access to dental care for low-income children, identifying and easing barriers by building infrastructure, improving care coordination, and working with local communities and dentists to improve services.

#### Fluoride Varnish Program

[/hpcdp/oral\\_health\\_varnish.asp](/hpcdp/oral_health_varnish.asp)

Fluoride varnish treatments for children and pregnant and postpartum women through Title V Maternal and Child Health Agencies.

#### School-based Sealant Program

[/hpcdp/oral\\_health\\_school\\_based\\_sealant.asp](/hpcdp/oral_health_school_based_sealant.asp)

For children grades 2 through 8, with an emphasis on children having difficulty accessing dental care.

#### School Dental Card Program

[/hpcdp/oral\\_health\\_dental\\_card.asp](/hpcdp/oral_health_dental_card.asp)

Dental cards provided to families by schools and dental offices can promote better oral health for children; a downloadable card template is available at this web site.

### Reports on Oral Health Programs and Participation

[/hpcdp/oral\\_health\\_reports.asp](/hpcdp/oral_health_reports.asp)

Data on EPSDT dental services, 2005 Oral Health Survey, Iowa Water Fluoridation Report, sealant surveys, School-based Sealant program.

## Online Oral Health Resources

### Organizations

#### American Academy of Pediatric Dentistry

[www.aapd.org](http://www.aapd.org)

#### American Academy of Pediatrics

[www.aap.org](http://www.aap.org)

#### American Association of Public Health Dentistry

[www.aaphd.org](http://www.aaphd.org)

#### American Dental Assistants Association

[www.dentalassistant.org](http://www.dentalassistant.org)

#### American Dental Association

[www.ada.org](http://www.ada.org)

#### American Dental Hygienists Association

[www.adha.org](http://www.adha.org)

#### Iowa Dental Association

[www.iowadental.org](http://www.iowadental.org)

#### University of Iowa Pediatric Dentistry

[www.iowapediatricdentistry.com](http://www.iowapediatricdentistry.com)

### Information

#### Bright Futures Oral Health Toolbox

[www.mchoralhealth.org/Toolbox/index.html](http://www.mchoralhealth.org/Toolbox/index.html)

#### National Center for Chronic Disease Prevention and Health Promotion, Oral Health Resources

[www.cdc.gov/oralhealth/](http://www.cdc.gov/oralhealth/)

#### National Maternal and Child Oral Health Resource Center

[www.mchoralhealth.org/](http://www.mchoralhealth.org/)

#### Oral Health Fact Sheets

[www.idph.state.ia.us/hpcdp/oral\\_health\\_fact\\_sheets.asp](http://www.idph.state.ia.us/hpcdp/oral_health_fact_sheets.asp)

**Self-study materials** for health care providers who want to promote the oral health of young children

#### A Health Professional's Guide to Pediatric Oral Health Management (7 modules, for physicians, physician assistants, nurses)

[www.mchoralhealth.org/PediatricOH/index.htm](http://www.mchoralhealth.org/PediatricOH/index.htm)

#### Open Wide: Oral Health Training for Health Professionals (4 modules, for community providers such as Head Start and WIC)

[www.mchoralhealth.org/OpenWide/index.htm](http://www.mchoralhealth.org/OpenWide/index.htm)

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After screening, a match is made between the person and a dental professional, and an appointment is scheduled. Patients are asked to arrive 15 minutes prior to the appointment to fill out dental office and VCN paperwork. VCN staff will work with the individual to schedule additional appointments for subsequent treatment if needed.

A patient may cancel an appointment on the day of the appointment one time. If the reason for cancellation isn't valid, or if the patient cancels more than once on the day of the appointment, the patient is excused from the program.

### **The Volunteer Care Network**

#### **Pilot project May-Oct 2004**

**59** Volunteer dentists provided care to 122 patients

#### **VCN in 2005**

**62** Volunteer dentists  
**5** Dental labs to donate dentures, crowns, etc.

During the VCN pilot project (May through October 2004), 59 volunteer dentists provided care to 122 patients. So far in 2005, the number of volunteer dentists has increased to 62, and 5 dental labs have volunteered to donate dentures, partials, and crowns. The Volunteer Care Network, now a part of United Way's information and referral InfoLINK, is successfully providing dental care for underserved children and adults in the Quad Cities area.

## **Coming Your Way: Expanded Medicaid Services**

This July the passage of the **IowaCare Medicaid Reform Act** (House File 841) began the process of expanding Medical Assistance Program eligibility to include adults age 19 through 64. Service providers under this Act are the University of Iowa Hospitals and Clinics (UIHC), Broadlawns Hospital in Polk County, and the four state mental health institutes at Cherokee, Clarinda, Independence, and Mount Pleasant.

Covered benefits will include inpatient and outpatient hospital services, physician or licensed nurse practitioner services, dental services, and transportation by the provider. Participants will get a medical exam and personal health improvement plan within 90 days of enrollment. They will also have access to a pharmacy assistance clearinghouse, and a 24-hour medical information hotline to assist with choices about emergency room use. Participants will pay premiums and co-payments that are determined using a sliding scale based on the person's annual income.

The IowaCare Act also strives to rebalance long-term care by increasing the number of Medicaid participants eligible for the HCBS waiver programs. It will increase level of care requirements for Medicaid-reimbursed nursing facility services, and maintain current requirements for Home and Community Based Waiver services.

This legislation fosters the promotion of health care partnerships by calling upon DHS to:

- Develop "dental homes" that provide preventive dental care for Medicaid recipients
- Expand the use of electronic medical records
- Identify barriers to medical care for people with mental retardation or developmental disabilities
- Implement a provider incentive payment program
- Offer a home and community-based services (HCBS) waiver to provide services for 300 children with a DSM-IV diagnosis that results in functional impairment and the need for an institutional level of care
- Provide dietary counseling to encourage weight loss
- Reduce smoking among Medicaid recipients to less than 1% of children, 10% of adults

**To learn more**, visit the Iowa Medicaid Enterprise web site, [www.ime.state.ia.us](http://www.ime.state.ia.us).

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If you have questions about **billing** related to EPSDT Care for Kids services, please call Provider Services: **1-800-338-7909**

If you have questions about **clinical issues** and EPSDT Care for Kids services, please call **1-800-383-3826**

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