

Iowa Oral Disease Prevention Program

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Iowa Oral Health Environmental Scan Summary 2014



Iowa Department of Public Health • Bureau of Oral and Health Delivery Systems

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Introduction

In July and August of 2014, the Iowa Department of Public Health's Oral Health Center (OHC) conducted an environmental scan as part of a cooperative agreement with the Centers for Disease Control and Prevention (CDC). This was done by administering two surveys; an Internal Environmental Scan completed by personnel of the state oral health program and an External Environmental Scan completed by oral health stakeholders outside of the state oral health program. The results of this scan can improve oral health strategic planning efforts in Iowa.

Internal Environmental Scan Survey

To complete the Internal Environmental Scan, OHC personnel took a survey based on an evaluation tool, the *Environmental Assessment Instrument*^{*}, presented by the Division of Oral Health at the CDC. Survey recipients rated 109 environmental factors based on how they impact the state oral health program. The results of this survey indicate opportunities for oral health program advancement and opportunities for oral health program improvement.

Opportunities for Oral Health Program Advancement

The Internal Environmental Scan highlighted many supporting factors within Iowa's oral health environment. The following items were identified as current strengths that advance oral health in Iowa.

- Ability of OHC to provide training and technical assistance to local agencies
- Ability for all OHC staff to be involved in strategic planning and direction
- Public Health Supervision
- OHC focus on prevention vs. intervention programs
- School-based/school-linked dental sealant programs
- Mandatory dental screenings
- OHC partnership with DHS/IME
- Surveillance data specifically for very young children
- Surveillance data specifically for school-aged children
- Personnel resources

Opportunities for Oral Health Program Improvement

The Internal Environmental Scan also highlighted some opportunities for improvement to the state oral health program. The following items were identified as opportunities for program growth.

- Communication with the governor's office and the legislature
- Collaboration with the State Dental Society
- Fluoridation Manager Position
- Communication between State Dental Society and Legislature
- IDPH Hiring Process/Policy
- Diverse, Statewide Oral Health Coalition

* DOH *Environmental Assessment Instrument* Rating Form available from http://www.cdc.gov/oralhealth/state_programs/pdf/environmental_scan.pdf

External Environmental Scan Survey

To conduct the External Environmental Scan, a survey was sent to a convenience sample of 67 oral health stakeholders in Iowa. These stakeholders represented 45 different organizations or groups. These groups included professional organizations, programs within the IDPH, academic institutions, non-profit organizations, state agencies, foundations, coalitions, and others. Forty-one individuals completed the survey.

The survey consisted of questions related to the following five topic areas:

1. Community Water Fluoridation
2. Coordination of Iowa's Oral Health Stakeholders
3. Oral Health Data
4. Oral Health and its Integration within Health Reform and Health Initiatives
5. Access to Oral Health Services in Iowa

The questions and results can be seen below in Tables 1 through 5 and Figures 1 and 2. Comments provided by respondents can be found in Appendix A.

Community Water Fluoridation

Table 1: Questions and results for the External Environmental Scan topic area of community water fluoridation.

Community Water Fluoridation							
Survey Question	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Don't Know	Total
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)
Maintaining optimal fluoride levels in Iowa's local water systems is an important public health issue.	0 (0)	0 (0)	0 (0)	5 (12.2)	36 (87.8)	0 (0)	41 (100)
Iowa's general public perceives CWF as safe.	0 (0)	3 (7.5)	5 (12.5)	25 (62.5)	4 (10.0)	3 (7.5)	40 (100)
Iowa's general public perceives CWF as effective.	0 (0)	3 (7.7)	6 (15.4)	21 (53.9)	5 (12.8)	4 (10.3)	39 (100)
The Iowa Department of Public Health (IDPH) should have a staff member dedicated specifically to CWF activities.	0 (0)	2 (4.9)	7 (17.1)	12 (29.3)	16 (39.0)	4 (9.8)	41 (100)
IDPH should be responsible for actively promoting the benefits of CWF.	0 (0)	0 (0)	0 (0)	16 (40.0)	23 (57.5)	1 (2.5)	40 (100)
Maintenance of local CWF equipment should be a responsibility of IDPH (as opposed to another organization).	1 (2.4)	4 (9.8)	13 (31.7)	11 (26.8)	5 (12.2)	7 (17.1)	41 (100)
Training of local community water system operators should be a responsibility of IDPH (as opposed to another organization).	0 (0)	3 (7.3)	10 (24.4)	15 (36.6)	9 (22.0)	4 (9.8)	41 (100)

Coordination of Iowa's Oral Health Stakeholders

Table 2: Questions and results for the External Environmental Scan topic area of coordination of Iowa's oral health stakeholders.

Coordination of Iowa's Oral Health Stakeholders							
Survey Question	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Don't Know	Total
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)
My organization is well-informed about Iowa Department of Public Health (IDPH) oral health initiatives.	0 (0)	1 (2.6)	5 (12.8)	15 (38.5)	17 (43.6)	1 (2.6)	39 (100)
IDPH actively seeks involvement from my organization regarding oral health initiatives.	0 (0)	1 (2.6)	1 (2.6)	21 (53.9)	16 (41.0)	0 (0)	39 (100)
Within the past 5 years, my organization has allocated resources (time, money, personnel, other) to an IDPH oral health initiative.	0 (0)	3 (7.7)	0 (0)	12 (30.8)	22 (56.4)	2 (5.1)	39 (100)
My organization's partnership with IDPH has improved the oral health of Iowans.	0 (0)	1 (2.6)	2 (5.1)	15 (38.5)	18 (46.2)	3 (7.7)	39 (100)
Iowa needs a more formalized structure for advancing oral health initiatives in the state (broad & comprehensive state coalition, workgroup, other).	1 (2.6)	0 (0)	3 (7.9)	21 (55.3)	11 (29.0)	2 (5.3)	38 (100)

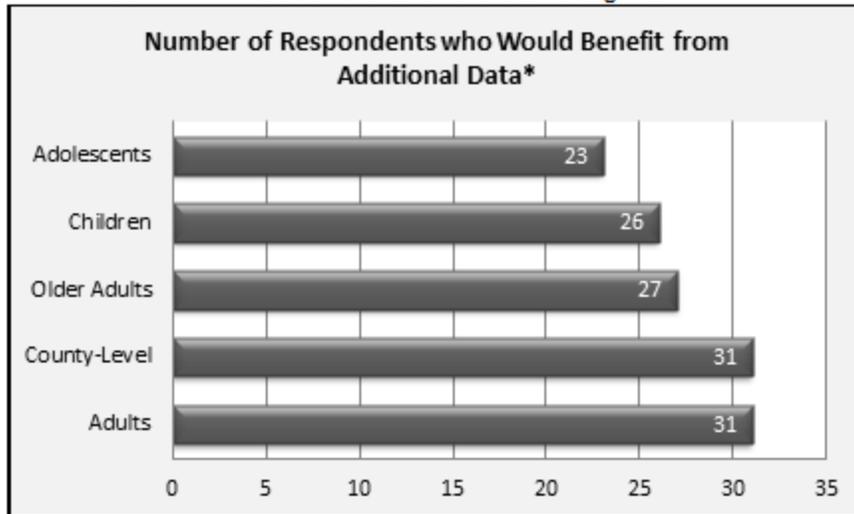
Oral Health Data

Table 3: Questions and results for the External Environmental Scan topic area of oral health data.

Oral Health Data*							
Survey Question	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Don't Know	Total
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)
My organization uses oral health data.	0 (0)	0 (0)	0 (0)	17 (48.6)	18 (51.4)	0 (0)	35 (100)
My organization is aware that oral health data is available on the Iowa Department of Public Health (IDPH) website.	0 (0)	0 (0)	0 (0)	14 (40.0)	20 (57.1)	1 (2.9)	35 (100)
IDPH disseminates oral health data sufficiently.	0 (0)	2 (5.9)	4 (11.8)	15 (44.1)	10 (29.4)	3 (8.8)	34 (100)
My organization uses oral health data from IDPH when making decisions.	0 (0)	1 (2.9)	6 (17.7)	16 (47.1)	10 (29.4)	1 (2.9)	34 (100)
My organization would benefit from additional oral health data from IDPH for children.	0 (0)	2 (5.7)	6 (17.1)	16 (45.7)	10 (28.6)	1 (2.9)	35 (100)
My organization would benefit from additional oral health data from IDPH for adolescents.	0 (0)	3 (8.6)	8 (22.9)	12 (34.3)	11 (31.4)	1 (2.9)	35 (100)
My organization would benefit from additional oral health data from IDPH for adults.	0 (0)	0 (0)	4 (11.4)	14 (40.0)	17 (48.6)	0 (0)	35 (100)
My organization would benefit from additional oral health data from IDPH for older adults.	0 (0)	0 (0)	7 (20.0)	10 (28.6)	17 (48.6)	0 (0)	35 (100)
My organization would benefit from additional oral health county-level data from IDPH.	0 (0)	0 (0)	2 (5.7)	17 (48.6)	14 (40.0)	2 (5.7)	35 (100)

*This table only represents answers from the respondents who agreed or strongly agreed that their organization uses oral health data.

Figure 1: Number of respondents who agree or strongly agree they would benefit from additional data for the listed categories.



*This table only represents answers from the respondents who agreed or strongly agreed that their organization uses oral health data.

Oral Health and its Integration within Health Reform and Health Initiatives

Table 4: Questions and results for the External Environmental Scan section of oral health and its integration within health reform and health initiatives.

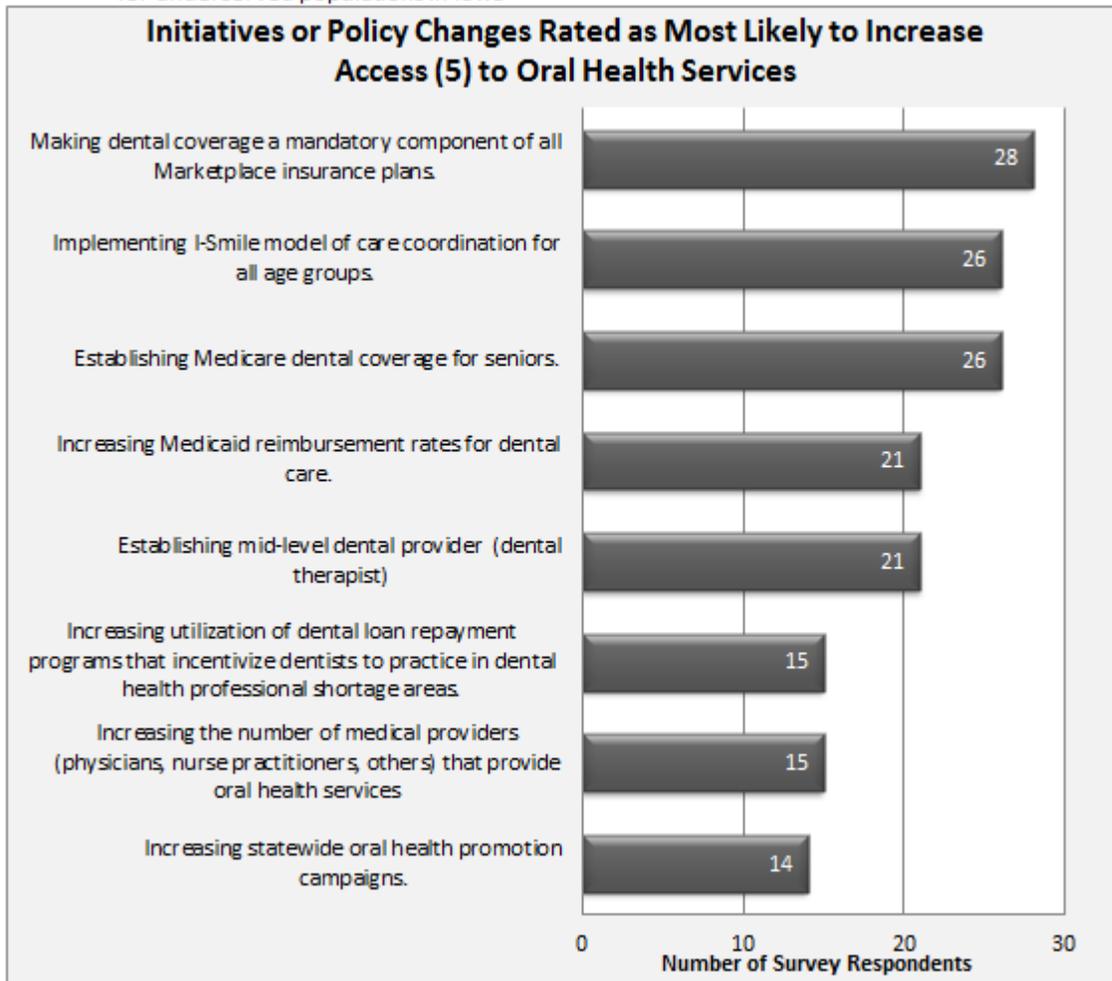
Oral Health and its Integration within Health Reform and Health Initiatives							
Survey Question	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Don't Know	Total
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)
Oral health is being addressed within Accountable Care Organization (ACO) models of care.	1 (2.6)	6 (15.4)	12 (30.8)	7 (18.0)	2 (5.1)	11 (28.2)	39 (100)
Oral health is being addressed in Medicaid expansion under the Affordable Care Act (ACA).	1 (2.6)	1 (2.6)	3 (7.7)	20 (51.3)	8 (20.5)	6 (15.4)	39 (100)
Oral health is being addressed in chronic disease initiatives (tobacco, diabetes, heart disease, cancer).	0 (0)	5 (12.8)	11 (28.2)	14 (35.9)	3 (7.7)	6 (15.4)	39 (100)
My organization is involved in key discussions in my community about health care integration and health system transformation.	0 (0)	3 (7.7)	7 (18.0)	18 (46.2)	11 (28.2)	0 (0)	39 (100)

Access to Iowa's Oral Health System

Table 5: Questions and results for the External Environmental Scan topic area of access to Iowa's oral health system. Respondents were asked to indicate on a scale from 1 to 5 how likely each of the listed interventions or policy changes would increase access to oral health care for Iowa's underserved populations.

Access to Iowa's Oral Health System							
Survey Question	1 Least Likely	2	3	4	5 Most Likely	Don't Know	Total
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)
Increasing utilization of dental loan repayment programs that incentivize dentists to practice in dental health professional shortage areas.	0 (0)	0 (0)	4 (10.3)	17 (43.6)	15 (38.5)	3 (7.7)	39 (100)
Establishing mid-level dental provider (dental therapist)	1 (2.6)	3 (7.7)	4 (10.3)	9 (23.1)	21 (53.9)	1 (2.6)	39 (100)
Increasing the number of medical providers (physicians, nurse practitioners, others) that provide oral health services	1 (2.6)	2 (5.1)	8 (20.5)	11 (28.2)	15 (38.5)	2 (5.1)	39 (100)
Increasing statewide oral health promotion campaigns.	0 (0)	3 (7.7)	9 (23.1)	10 (25.6)	14 (35.9)	3 (7.7)	39 (100)
Implementing I-Smile model of care coordination for all age groups.	1 (2.6)	2 (5.1)	2 (5.1)	7 (18.0)	26 (66.7)	1 (2.6)	39 (100)
Increasing Medicaid reimbursement rates for dental care.	1 (2.6)	0 (0)	2 (5.1)	13 (33.3)	21 (53.9)	2 (5.1)	39 (100)
Establishing Medicare dental coverage for seniors.	1 (2.6)	0 (0)	3 (7.9)	6 (15.8)	26 (68.4)	2 (5.3)	38 (100)
Making dental coverage a mandatory component of all Marketplace insurance plans.	1 (2.6)	0 (0)	2 (5.1)	5 (12.8)	28 (71.8)	3 (7.7)	39 (100)

Figure 2: Initiatives or policy changes rated as most likely to increase access to oral health care services for underserved populations in Iowa



Conclusion

The results of this environmental scan can help inform strategic planning efforts for advancing oral health in Iowa. The Internal Environmental Scan provided insight on current strengths of Iowa’s oral health environment and also opportunities for improvements. The External Environmental Scan provided valuable information on the topics of community water fluoridation, coordination of Iowa’s oral health stakeholders, oral health data, oral health and its integration within health reform and health initiatives, and access to Iowa’s oral health system. By using the results of this environmental scan, oral health stakeholders in Iowa can make informed decisions on the best ways to improve the oral health of Iowans.

Appendix A-Stakeholder Comments from External Environmental Scan

Stakeholder Comments for Community Water Fluoridation
<ul style="list-style-type: none"> • “Water fluoridation is critical for optimal dental and physical health. The IDPH must be very active in advocacy work for evidence-based water fluoridation programs, legislation, and policy development. This includes collaborating with other agencies and legislative committees to be sure that Iowa laws and regulations are drafted and promulgated in such a way as to protect the public. This is especially critical now when outside groups or special interests are working to discredit the importance of water fluoridation.”
<ul style="list-style-type: none"> • “I believe Community Water Fluoridation is essential to maintaining the oral health of the residents of Iowa. Letting just any organization be responsible for monitoring could lead to lower standards.”
<ul style="list-style-type: none"> • “With support from the Delta Dental of Iowa Foundation and under the leadership of the Iowa Public Health Association, a statewide coalition specific to Iowa CWF was created in 2012 to review fluoridation in the state. As part of this coalition, a survey of community water operators, public health officials, and other community leaders conducted by the Iowa Public Health Association in early 2013 showed overwhelming support for CWF and recognized the Iowa Department of Public Health (IDPH) as a partner responsible for providing support and education to the public. Communities seek support from the IDPH to provide information on CWF. In addition, water operators are frequently asked by city leaders and community members to provide information about fluoridation equipment updates and the safety of CWF. They rely on the IDPH to provide technical support and current CWF education that may be outside their scope of practice. This partnership helps ensure all stakeholders are kept informed and involved. There is a need for dedicated funding to IDPH to support CWF education, outreach, and technical support for Iowa communities and strengthen the public-private partnership on fluoridation.”
<ul style="list-style-type: none"> • “I think it is extremely important especially for those who have limited access to dental care.”
<ul style="list-style-type: none"> • “I think it does make a difference.”
<ul style="list-style-type: none"> • “The response to the 'maintenance of local CWF equipment' assumes that IDPH has funds to assist communities with the maintenance. The public needs a continued reminder about the benefits of CWF. Like other successful public health initiatives, the public forgets the historic past (of prevalent dental caries).”
<ul style="list-style-type: none"> • “eternal vigilance is necessary as towns appear to make their own decisions on whether to fluoridate city water, sometimes without the facts about the benefits of fluoridation.”
<ul style="list-style-type: none"> • “IDPH should play a large role in CWF, along with other partners such as Delta Dental and DNR. With this such a hot topic, having someone dedicated to CWF would be a helpful resource for LPH as well as community members needing direction.”
<ul style="list-style-type: none"> • “I think it is essential to the oral health of Iowa residents”
<ul style="list-style-type: none"> • “My general view is it helps protect teeth and helps protect disease.”
<ul style="list-style-type: none"> • “It would be nice to ensure the webpage with public water system fluoride levels is regularly updated. I am pleased to sense there may be more involvement from IDPH with CWF in the future, as I feel it is extremely important. Thank you IDPH!”
<ul style="list-style-type: none"> • “CWF is essential. It has worked well for many years so many people do not realize what happens without it. There needs to be on-going education (role of PH) about the benefits to reduce the risk of the general public wanting to discontinue CWF.”
<ul style="list-style-type: none"> • “It would be beneficial for local health care providers to take an active role in promoting CWF and educating the public, in concert with local and state public health.”

<i>Stakeholder Comments for Coordination of Iowa Oral Health Stakeholders</i>
<ul style="list-style-type: none"> • “In addition to more coalition building, community education is important to make sure that the public understands the importance of water fluoridation for promoting optimum health and dental health.”
<ul style="list-style-type: none"> • “If there is a workgroup, I believe it should include various cultures and income levels.”
<ul style="list-style-type: none"> • “IDPH has reached out to keep [organization name redacted] informed about oral health initiatives and has shared content for inclusion in [organization name redacted]’s quarterly e-newsletter, [name of publication redacted]. [Organization name redacted] has a representative on the Access to Oral Health for Aging Iowans Coalition and is coordinating [future project name redacted]. While [organization name redacted] has a role to fill in this work, we cannot replace the credibility and perception of authority that IDPH can provide.”
<ul style="list-style-type: none"> • “There are oral health coalitions that address specific issues but we need to combine them into one coalition.”
<ul style="list-style-type: none"> • “IDPH oral health personnel sometimes exclude PAs from oral health messages because they lack the understanding that Iowa Medicaid reimburses PAs indirectly through the physician or practice. PAs are fully enrolled medical care providers of physician services for Iowa Medicaid.”
<ul style="list-style-type: none"> • “Iowa is doing a fantastic job with oral health initiatives!”

<i>Stakeholder Comments for Oral Health Data</i>
<ul style="list-style-type: none"> • “Updated information on a regular, consistent basis would be beneficial in understanding trends, advocacy work, and education initiatives.”
<ul style="list-style-type: none"> • “The data we would use would be for women and young children.”
<ul style="list-style-type: none"> • “Obviously we don't do much with the oral health data. Not so much that we'd benefit from additional data, but may just need better informed about what's out there and how we can/should use it.”
<ul style="list-style-type: none"> • “Additional information is always welcome; however, information about adults and older adults would be especially welcomed because there is a dearth of data about these populations.”
<ul style="list-style-type: none"> • “Our organization uses head/neck cancer data from the State Health Registry of Iowa.”
<ul style="list-style-type: none"> • “Please include Iowa Medicaid enrolled PAs in distribution of oral health information.”
<ul style="list-style-type: none"> • “Data is a valuable tool! I wish there were more data readily available for the entire population for all ages - not just Medicaid. Our [organization name redacted] partners would like indicators of all children and they are just not available.”

<i>Stakeholder Comments for Oral Health and its Integration within Health Reform and Health Initiatives</i>
<ul style="list-style-type: none"> • “Oral health should be part of the discussion of overall health.”
<ul style="list-style-type: none"> • “There are short-comings in the ways that oral health is addressed under the ACA.”
<ul style="list-style-type: none"> • “It is unclear if the statement refers to Iowa or the nation.”
<ul style="list-style-type: none"> • “Include PAs. There are more than 1,000 licensed PAs in Iowa.”
<ul style="list-style-type: none"> • “Quite honestly, it appears that oral health has been more of an afterthought in ACOs, ACA and chronic condition initiatives. Partly, this is probably due to the disconnect between dental care systems and primary health care delivery systems. This may be improving, but there is still much to do.”

Stakeholder Comments for Access to Iowa's Oral Health System

- <http://www.kevinmd.com/blog/2014/07/stop-calling-nurse-practitioners-mid-level-providers.html> Something to consider re: perceptions if Iowa moves forward with dental therapists.”
- “Dental coverage should be a mandatory component of all private and public health insurance plans.”
- “All of these interventions are excellent ideas.”
- “Making dental coverage mandatory would be good if we can address the affordability issue also.”
- “Include PAs. Establish and support a dental PA program to expand care to more lowans and decrease costs.”
- “There are limits on the extent to which medical providers can be recruited to provide oral health services. Particularly in primary care, they are scarce and overburdened, too. So while I think doing so would increase access, I think the other models will be more important in improved access to oral health services.”