

CHAPTER 50
ORAL HEALTH

641—50.1(135) Purpose. The purpose of establishing the state public health dental director position and the oral health bureau within the Iowa department of public health is to create a strong oral health unit with sufficient leadership and capacity to determine priorities, develop plans, make funding decisions, and establish policies that improve the oral health of all Iowans. These rules will enhance the efficiency of state government, strengthen relationships with federal and local authorities, and improve interrelationships between the public and private sectors.

641—50.2(135) Definitions. For purposes of this chapter, the following definitions apply:

“Core public health functions” means the functions of health assessment, policy development, and assurance.

1. Assessment: regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets.

2. Policy development: development, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values and is in accordance with state public health policy.

3. Assurance: ensuring, by encouragement, regulation, or direct action, that programs and interventions which maintain and improve health are carried out.

“Dental care for persons with disabilities program” means the department program to provide dental services to low-income children and young adults with special health care needs.

“Dental home” means a network of individualized care based on risk assessment, which includes oral health education, dental screenings, preventive services, diagnostic services, treatment services, and emergency services.

“Dental sealant program” means the department program implemented through public or private nonprofit agencies to provide dental examinations or screenings and dental sealants to children in a school-based setting.

“Department” means the Iowa department of public health.

“Direct dental services” means those services generally delivered one-on-one between a health professional and a client.

“Enabling services” means services that allow or provide for access to and the derivation of benefits from the array of basic health care services and includes activities such as outreach, case management, health education, transportation, translation, home visits, support services, and other services.

“EPSDT” means the Early and Periodic Screening, Diagnosis, and Treatment program which provides for regular preventive health care services for children aged 0 to 21 as authorized by Title XIX of the Social Security Act.

“Fluoride mouth rinse program” means the department program implemented through elementary schools and middle schools, which includes oral health education and weekly rinsing with fluoride. The program targets schools with children at high risk for tooth decay.

“Gap filling” means direct health services supported by public health staff or resources that are needed but are not otherwise accessible in the community.

“Infrastructure building” means activities directed at improving and maintaining the health status of all clients by providing support for the development and maintenance of comprehensive health service systems, including development and maintenance of health service standards or guidelines, training, data, and planning systems.

“I-Smile program” means the department program implemented through public and private nonprofit agencies and private health care providers to increase access to dental care for children and to ensure a dental home.

“Medicaid” means the Medicaid program authorized by Title XIX of the Social Security Act and funded through the Iowa department of human services from the United States Department of Health and Human Services.

“*Oral health education*” means information provided by a health professional about dental disease, prevention, and anticipatory guidance, including oral habits, oral development, fluoride exposure, and dietary counseling.

“*Population-based services*” means preventive interventions and personal health services developed for and available to populations of the state rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components.

“*Senior smiles program*” means the department program implemented through public and nonprofit private agencies to provide oral screenings and interventions for older Iowans.

“*Title V*” means Title V of the Social Security Act and the federal requirements contained in the Omnibus Reconciliation Act of 1989 (Public Law 101-239) which address the Maternal and Child Health and Children with Special Health Care Needs programs.

“*Title V maternal and child health program*” means the department program implemented through local public or private nonprofit agencies for the assurance of access to preventive and primary child and maternal health services and services to children with special health care needs in accordance with 641—Chapter 76, Maternal and Child Health Program. Through this program, agencies are responsible for ensuring access to dental services, with an emphasis on early intervention and preventive oral health care beginning at or near the age of 12 months and continuing into adulthood.

“*Title XIX*” means the Medicaid program authorized by Title XIX of the Social Security Act and funded through the Iowa department of human services from the United States Department of Health and Human Services.

“*Vulnerable populations*” means individuals and groups whose needs are not addressed by traditional dental service providers and health care systems.

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641—50.3(135) Dental director responsibilities. The state public health dental director shall provide overall leadership of the state oral health program and shall be responsible for the following duties:

1. Plan and direct all work activities of the statewide public health dental program.
2. Develop comprehensive initiatives for oral health prevention and improved access to dental care.
3. Evaluate the effectiveness of the statewide public health dental program and of program personnel.
4. Manage the oral health bureau, including direction, supervision, and fiscal management of bureau staff.
5. Represent the department to external stakeholders, including public and private organizations, providers, and the general public.
6. Other related work as required.

641—50.4(135) Oral health bureau functions. The bureau shall be responsible for the core public health functions of assessment, policy development, and assurance of oral health services in Iowa.

50.4(1) Assessment. The bureau shall develop and implement an ongoing oral health surveillance system to evaluate and monitor the oral health status of children and other vulnerable population groups in Iowa. Assessment activities may include the following:

- a. Assess oral health status and needs so that problems can be identified and addressed.
- b. Assess determinants of identified oral health needs, including resources.
- c. Assess the fluoridation status of water systems and other sources of fluoride.
- d. Identify, investigate, and monitor oral health problems and health hazards.

50.4(2) Policy development. The bureau shall facilitate ongoing strategic planning and application of evidence-based research in oral health policy development to improve access to care and the overall oral health of all Iowans. Policy development activities may include the following:

- a. Develop plans and policies through a collaborative process that supports individual and community oral health efforts to address oral health needs.

b. Provide leadership to address oral health problems by maintaining a strong oral health unit within the department.

c. Mobilize partnerships with policymakers, professionals, organizations, groups, the public and others to identify and implement solutions to oral health problems.

50.4(3) Assurance. The bureau shall assist Iowans in maintaining optimal oral health throughout all stages of life by providing or ensuring infrastructure-building, population-based, and enabling services at the state and local level. Infrastructure-building and enabling services shall target the improvement of access to dental care and prevention. Population-based services shall include public health training and technical assistance, educational activities that increase oral health awareness, and activities that improve dental support systems for families.

The bureau shall leverage federal, state, and local resources to administer grant programs which include Title V maternal and child health, including the Medicaid and EPSDT programs; I-Smile program; dental sealant program; fluoride mouth rinse program; dental care for persons with disabilities program; senior smiles program; and other new and existing programs. Assurance activities may include the following:

a. Provide assistance and resources to local public health programs for community capacity-building efforts to identify vulnerable populations and to develop innovative approaches that link people to needed oral health services, including gap-filling direct dental services.

b. Inform, educate, and empower the public regarding oral health problems and solutions.

c. Promote and enforce laws and regulations that protect and improve oral health, ensure safety, and assure public accountability for the public's well-being.

d. Assure that the public health and personal health workforce has the capacity and expertise to effectively address oral health needs.

e. Evaluate the effectiveness, accessibility, and quality of population-based and personal oral health services.

f. Conduct research and support projects to gain new insights and promote innovative solutions to oral health problems.

641—50.5(135) Funding. The oral health bureau and the state public health dental director shall be funded through federal Title V funds and state matching funds, state general funds, department of human services funding, and other funds as available.

These rules are intended to implement Iowa Code Supplement sections 135.14 and 135.15.

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