

Appendix F - Illinois Oral Health Plan IV Evaluation Report 2023

Introduction

The Illinois Department of Public Health (IDPH) Oral Health Section (OHS) released the *Illinois Oral Health Plan (IOHP) IV: Eliminating Inequities in Oral Health (2021 – 2025)* in 2021. The IOHP was informed by many stakeholders across the state. The IDPH OHS values ongoing feedback from stakeholders and, over the course of this iteration of the IOHP, sought to solicit feedback on utility, awareness, sustainability, and alignment with organizational mission/goals. An evaluation survey was then created to solicit feedback to inform the direction of future iterations of the IOHP.

Methods

An electronic evaluation survey was created utilizing the Illinois Research Electronic Data Capture (REDCap™) secure web application for building and managing online surveys and deployed across 300+ stakeholders. The survey was released June 1, 2023, distributed through the IDPH OHS listserv, and was closed June 30, 2023. The survey had a total of 64 respondents and 62 responded and indicated their organization type/affiliation. Of the individual responses, 52% (n=32) represent a local health department (LHD), 13% (n=8) represent a community health center (CHC)/federally qualified health center, 10% (n=6) represent a community-based organization/foundation, 3% (n=2) represent a private practice, 2% (n=1) represent a state agency, 2% (n=1) represent a community member, and 16% (n=10) responded as other with various organization types, such as associations, Head Start, charitable clinics, and school-based programming. [Figure 1]

Of the individual responses, the following professions/affiliations were indicated: 37.1% (n=23) oral health provider, 27.4% (n=17) program manager/director, 21.0% (n=13) non-clinical advocate, 9.7% (n=6) medical or other clinical provider, 3.2% (n=2) professional society/association member, and 1.6% (n=1) instructor. [Figure 2] Although not every county was represented, survey respondents were in both rural and urban counties across 48 unique ZIP codes. [Attachment 1]

Results

Figure 1. Organization Type / Affiliation (n = 62)

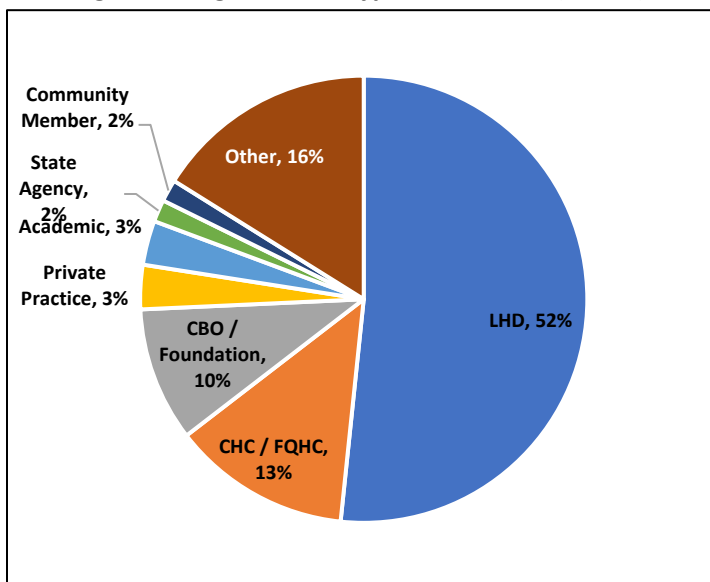
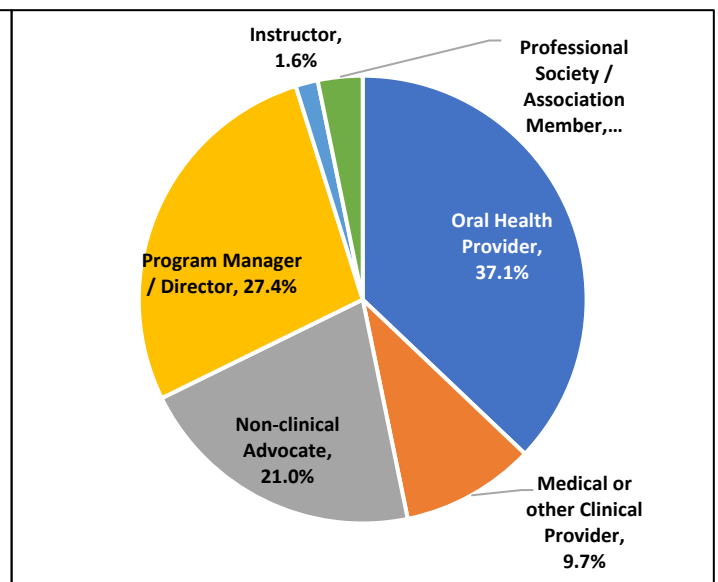


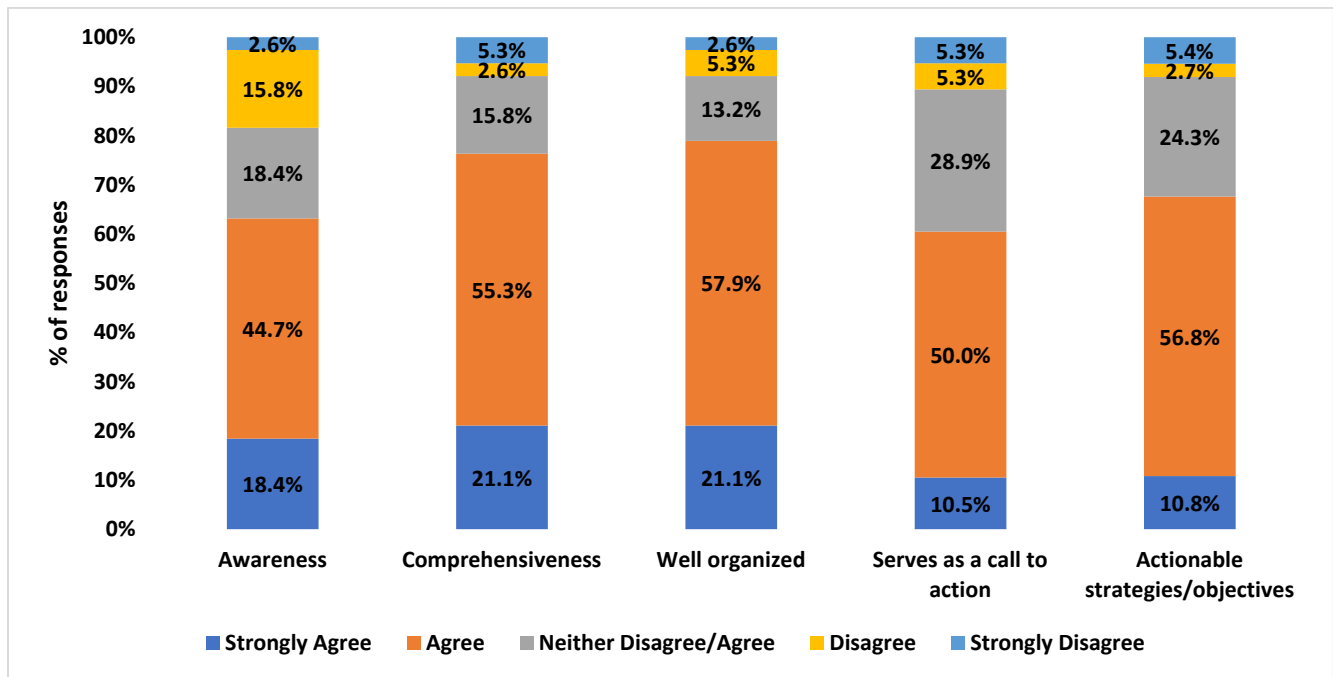
Figure 2. Professional Affiliation (n = 62)



Plan Attributes

Survey respondents indicated the degree to which they agree/disagree with various attributes of the IOHP using a Likert scale from 1-5 with 1 being strongly disagree and 5 being strongly agree. The statements included the level of awareness about the IOHP and whether the IOHP is comprehensive, well organized, serves as a call to action, and/or contains strategies/objectives that are actionable. Respondents agreed or strongly agreed with the organization of the plan (79.0%), followed by comprehensiveness (76.4%). For the level of awareness of the plan, 18.4% of respondents disagreed or strongly disagreed.

Figure 3. Organizational Agreement with Select Attributes of the IOHP



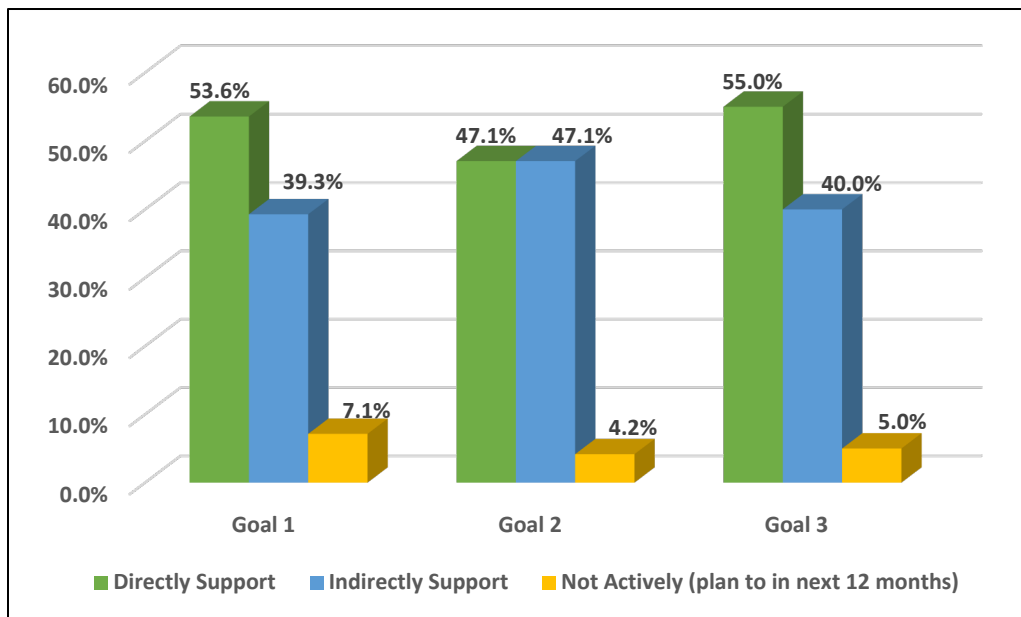
Plan Support

Respondents were asked about which IOHP goals aligned with their respective organization's mission or goals. Based on their selections, respondents were then asked specific questions about each goal. The IOHP goals included in the survey were:

- **Goal 1:** Improve oral health status and self-care practices by addressing the promotion of social determinants of health.
- **Goal 2:** Align infrastructure and workforce to promote timely and equitable access to oral health care.
- **Goal 3:** Integrate and expand health promotion, primary prevention, and assurance of appropriate care.

Almost half of respondents indicated organizational alignment with Goal 1 (46.7%), followed by Goal 3 (40.0%), and Goal 2 (38.3%), respectively. Of those, 38.3% indicated supporting two or more goals and 26.7% indicated alignment with all three goals. For each goal, respondents indicated if their organization supports the goal(s) directly, indirectly, or plan to support the goal in the next 12 months. A majority of responding organizations indicated they directly support Goal 3 (55.0%) and Goal 1 (53.6%). Goal 2 had the highest indirect support (47.1%). Across all goals, a few organizations indicated not actively supporting the goal(s) but plan to in the next 12 months. [Figure 4]

Figure 4. Type of Organizational Support by Goal

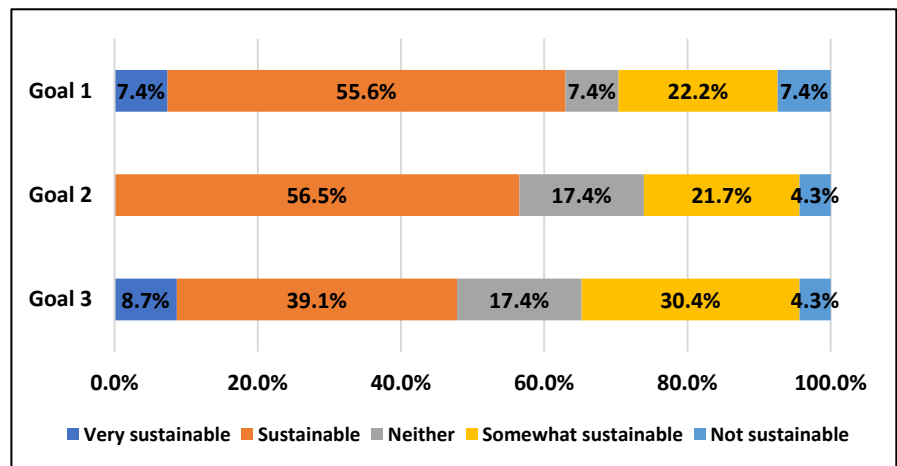


Sustainability of Activities Implemented in Support of IOHP

Respondents were asked if the activities they have implemented or enhanced in support of the goal(s) were sustainable. Sustainability was defined as including, but not limited to, funding, organizational support, and community support that are necessary for the long-term continuation of an organizational practice, policy, and/or process.

Respondents indicated activities implemented or enhanced for Goal 1 and Goal 2 were sustainable or very sustainable (63.0% and 56.5%, respectively). Goal 3 had the highest indication of activities being somewhat sustainable or not sustainable (34.7%). [Figure 5]

Figure 5. Level of Sustainability of Activities by Goal



Impact of Activities Implemented in Support of IOHP

Respondents were asked about the anticipated impact they foresee for the IOHP goal(s) that they indicated supporting. Specifically, respondents were asked to select the anticipated impact on the IOHP objectives outlined within each goal. (See **Attachment 2** for the full list of IOHP objectives by goal and the response percentages.) Across all three goals, the objective with the highest anticipated impact was “Reduce the proportion of adults and children with untreated tooth decay and periodontal disease” (Goal 2). The objective with the lowest anticipated impact was “Increase the number of Illinoisans with comprehensive medical and dental insurance” (Goal 1) [Table 1].

Table 1. Objectives with Highest and Lowest Anticipated Impact by Goal

	Highest Anticipated Impact	Lowest Anticipated Impact
Goal 1: Improve oral health status and self-care practices by addressing social determinants of health promotion.	<i>Increase understanding of how and when to obtain appropriate and timely professional oral health care. (71.4%)</i>	<i>Increase the number of Illinoisans with comprehensive medical and dental insurance. (25.0%)</i>
Goal 2: Align infrastructure and workforce to promote timely and equitable access to oral health care.	<i>Reduce the proportion of adults and children with untreated tooth decay and periodontal disease. (83.3%)</i>	<i>Increase the proportion of persons at health centers who also obtain comprehensive oral health services at their home health center. (41.7%)</i>
Goal 3: Integrate and expand health promotion, primary prevention, and assurance of appropriate care.	<i>Expand oral health knowledge by non-oral health care personnel for use in health promotion, primary prevention, and referral for all ages to appropriate care. (70.8%)</i>	<i>Elevate oral health as a priority area within hospital systems, insurance providers, and other community health organizations. (41.7%)</i>

Challenges of Activities Implemented in Support of IOHP*

Respondents were asked about challenges they have encountered while supporting each of the respective IOHP goals. When challenges across all three goals were combined, funding and workforce shortages were rated as the greatest challenges at 56.5% and 53.9% respectively. [Figure 6]. A similar trend was observed when analyzing the data within each of the goals independently. Goal 3 had a higher indication of challenges across each of the categories compared to Goal 1 and Goal 2 [Table 2]. Additional challenges indicated by respondents included “dental services for underinsured and uninsured,” “lack of dental providers for kids 5 years of age and under,” and “lack of integration of auxiliary dental care

Figure 6. Challenges Encountered toward Supporting IOHP Goals, ALL Goals Combined

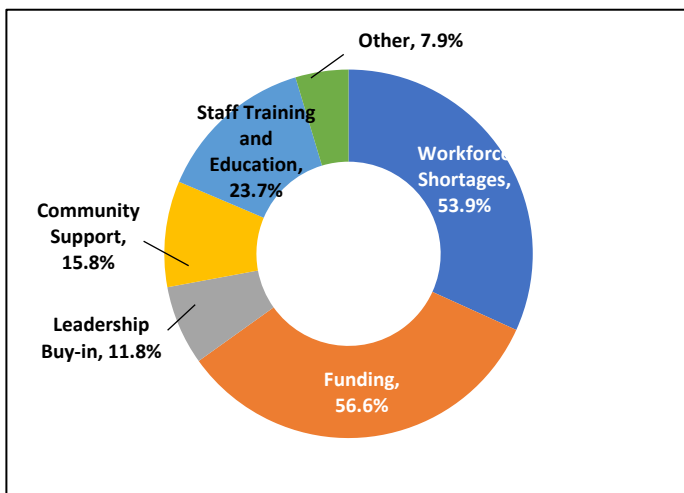


Table 2. Challenges Encountered toward Supporting IOHP Goals By Goal

	Goal 1	Goal 2	Goal 3
Workforce shortages	53.6%	54.2%	54.2%
Funding	53.6%	58.3%	58.3%
Leadership buy-in	7.1%	8.3%	20.8%
Community support	21.4%	4.2%	20.8%
Staff training and education	17.9%	20.8%	33.3%
Other	7.1%	12.5%	4.2%

*Respondents were able to select more than one category per response. As such, totals may not equal 100%

professionals.”

Conclusion

The IOHP serves as a critical framework for shaping oral health services and infrastructure as well as supporting the oral health needs of Illinoisans. The IOHP was rated favorably for being comprehensive, well organized, and serving as a call to action across various organizations. However, awareness of the IOHP was rated lower than all other categories. An ongoing priority should be around finding creative and innovative ways to solicit feedback/input from a variety of stakeholder

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groups when revising future IOHP iterations. Additionally, utilizing multiple modalities to promote the IOHP could support increased awareness/buy-in and lead to enhanced utility, alignment, and overall health outcomes.

The majority of respondents indicated directly or indirectly supporting one or more of the IOHP goals. Overall, the sustainability of the activities implemented in support of the goal(s) seemed promising. For areas with the lowest sustainability, further discussions might be necessary to understand unique challenges in making these activities sustainable (e.g., partnerships, service expansion limitations, health care access through reimbursement mechanisms, etc.).

Not surprisingly, common themes regarding the highest anticipated impact of the IOHP were around areas that can be influenced through patient education and/or services; whereas common themes regarding the lowest anticipated impact of the IOHP were around areas that require broader policy and systems changes.

This survey informed IDPH OHS of the challenges organizations face while supporting the IOHP. The greatest challenges were related to funding, staffing, workforce shortages, staff education and training, and re-connecting oral health to health care systems. The IDPH OHS continues to work to highlight opportunities, showcase successes, and bring in statewide funding to address some of these challenges. Additional efforts related to reimbursement and coordination of oral health services, especially for those uninsured and underinsured, remain critical. Continued collaboration with oral health partners across the state and in alignment with the IOHP remain top priorities.

IDPH OHS plans to utilize this survey instrument (or equivalent) to ensure the *Illinois Oral Health Plan (IOHP) IV: Eliminating Inequities in Oral Health (2021 – 2025)* and future iterations of IOHPs are a useful resource for oral health providers, health systems, stakeholders, and community members.

Attachment 2. Anticipated Impact of Supporting IOHP goal(s), by Objective

Goal 1: Improve oral health status and self-care practices by addressing social determinants of health promotion.	%
<i>Increase the number of Illinoisans with comprehensive medical and dental insurance.</i>	25.0%
<i>Increase understanding of how and when to obtain appropriate and timely professional oral health care.</i>	71.4%
<i>Address common risk factors for disease (e.g., nutrition, tobacco use) by sharing messaging with the diverse population of Illinois that good oral health is essential to good overall health.</i>	60.7%
<i>Decrease high-risk behaviors that contribute to oral health inequities, such as tobacco and e-cigarette/vaping use in adolescents and consumption of sugar-sweetened beverages.</i>	57.1%
<i>Increase protective behaviors that improve oral health equity, such as HPV vaccination, fluoride, and healthy weight.</i>	57.1%
Goal 2: Align infrastructure and workforce to promote timely and equitable access to oral health care.	%
<i>Drive workforce development and intervention models designed to improve oral health outcomes for all Illinoisans with a focus on Medicaid members and uninsured persons.</i>	54.2%
<i>Increase clinical service capacity in dental health professional shortage areas through recruitment and incentivizing workforce to provide care in these geographies and populations.</i>	50.0%
<i>Improve the Illinois Medicaid dental benefit to meet the health care needs of its members with a focus on family as a unit.</i>	50.0%
<i>Reduce the proportion of adults and children with untreated tooth decay and periodontal disease.</i>	83.3%
<i>Increase the proportion of persons at health centers who also obtain comprehensive oral health services at their home health center.</i>	41.7%
<i>Decrease the proportion of the Illinois population that uses the emergency department for non-traumatic dental issues.</i>	62.5%
Goal 3: Integrate and expand health promotion, primary prevention, and assurance of appropriate care.	%
<i>Elevate oral health as a priority area within hospital systems, insurance providers, and other community health organizations.</i>	41.7%
<i>Expand oral health knowledge by non-oral health care personnel for use in health promotion, primary prevention, and referral for all ages to appropriate care.</i>	70.8%
<i>Increase appropriate oral health service delivery in non-oral health settings.</i>	54.2%