Oral Health Care in Illinois

Comprehensive Care for Children & Families

A Roadmap to the Future

The Illinois Oral Health Plan II

A compendium of information presented to the Illinois public by:

Spring 2007

Preface

"The consequences of severe untreated dental disease in children and adults are devastating. People live in pain, suffer from poor self-esteem, and face complications with other systemic diseases, such as diabetes, stroke, heart disease and preterm births…"

- *Catalyzing Improvements in Oral Health Care: Best Practices from the State Action for Oral Health Access Initiative, Center for Health Care Strategies, August 2006*

In May 2000, the U.S. Surgeon General's report, *Oral Health in America*, described both the "marked improvement in the nation's oral health in the past 50 years" and the simultaneous "silent epidemic of oral disease affecting our most vulnerable citizens."

In response to this report, the Illinois Department of Public Health (IDPH) convened a Statewide Steering Committee to draft an Illinois Oral Health Plan. IDPH hosted a series of community forums to gather community input and unveiled the Illinois plan at an Oral Health Summit on September 11, 2001.

Since 2001, the Illinois Oral Health Plan (IOHP) has been used by state and local leaders in the development of new programs and policies throughout Illinois. State, federal, and private sector funding has been utilized to implement many of the initiatives outlined in the plan.

In 2006, IDPH reconvened a Statewide Steering Committee to update the plan. During the summer of 2006, seven Town Hall meetings were held throughout Illinois to gather public input. The new plan was unveiled to the public in May of 2007.

The Illinois Rural Health Association (IRHA) has facilitated the IOHP II planning process and developed the draft recommendations. The IFLOSS Coalition: Communities working together to improve oral health in Illinois (IFLOSS) has taken a lead role in publishing and disseminating the findings statewide and would like to acknowledge the many participants who are continuously working toward making this plan a reality in Illinois. Though they are too numerous to name here, all are listed in the Appendix section of this Compendium.

The information included in the Oral Health Plan II and the developments that took place at and since the Summit have been shared with oral health and health care professionals and other community stakeholders who are concerned with the important role oral health plays in the overall health of Illinois' residents of all ages. In this plan, you will learn more about the strategic objectives, goals, and strategies by which model oral health will become a standard for all Illinois citizens.

This plan is also intended as a guidepost for improving the oral health of all Illinoisans and as a model for other states as they work to improve the oral health of their citizens. The success of the plan contained in this publication is simple. It requires that each reader take ownership of a strategic goal, specific action or identified strategy within the plan. This plan belongs to the entire state. The responsibility and credit lie with us all and can not and should not be assigned to one or a handful of constituents.

As you read the plan and familiarize yourself with the background material, ask yourself how you and your organization can help make the plan a reality. We encourage your comments, input and suggestions. Together, we can improve the status of oral health in Illinois.

IFLOSS Coalition:
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Acknowledgements

The Illinois Department of Public Health, IRHA and the IFLOSS Coalition would like to thank the following Statewide Steering Committee members for their time and energy in the development of this plan. Their commitment to improving oral health care for all Illinois residents led to the creation of this ambitious five-year plan for oral health care in Illinois.

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Table of Contents

Preface 3

Acknowledgements 4

Table of Contents 5

Executive Summary 6

Statewide Efforts to Improve Oral Health in Illinois 7

Healthy People 2010 9

Public Private Partnerships 17

2006 Oral Health Planning Process 21

Oral Health Plan II 23

Appendices

- Appendix A - Surgeon General's Report 2000 39
- Appendix B - Illinois Oral Health Plan I - Executive Summary 2002 41
- Appendix C - Illinois Oral Health Plan I - Outcomes 45
- Appendix D - Illinois Oral Health Plan I - Evaluation Summary 2005 52
- Appendix E - Illinois Oral Health Plan II - Town Hall Meeting Questions 53
- Appendix F - Illinois Oral Health Plan II - Town Hall Meeting Evaluation Tool 54
- Appendix G - Registered Dentists & Dental Hygienists in Illinois 2005 55
- Appendix H - Illinois Oral Health Plan II - Town Hall Meeting Participants 56
- Appendix I - Illinois Oral Health Plan II - Oral Health Summit Attendees 59
- Appendix J - Acronyms & Definitions 61

Executive Summary

The U.S. Surgeon General's Report, *Oral Health in America*, published in May 2000, describes both the "marked improvement in the nation's oral health in the past 50 years" and the simultaneous "silent epidemic of oral disease affecting our most vulnerable citizens." Huge strides have been made in improving the oral health of Illinoisans. Community water fluoridation, dental sealants, advancements in dental technology and growing public awareness of positive oral health behaviors have made it possible for many in Illinois to maintain optimal oral health for a lifetime.

At the same time, Illinois mirrors the nation in that oral disease remains pervasive among families with lower income or less education, the elderly, those with disabilities and chronic disease, those who are under-insured and other minority groups. Low income is a major risk factor for dental decay and periodontal disease. These preventable oral diseases account for a great deal of tooth loss and infections that may influence the outcomes of serious health problems such as cardiovascular disease, diabetes, pre-term low birth-weight babies and others.

The major findings and suggested framework for action put forth by the Surgeon General (See Appendix A) formed the basis for the 2002 Illinois Oral Health Plan. In response to the Surgeon General's Report, the Division of Oral Health at the Illinois Department of Public Health convened a Statewide Steering Committee to develop a Statewide Oral Health Plan. The Committee hosted seven Town Hall meetings to discuss the status of oral health with local health leaders. Based on information collected at the town hall meetings, the Steering Committee proposed a draft list of oral health priorities for the state. In response to the Surgeon General's Call to Action, the group hosted a Statewide Summit to garner support and assess public reaction to the plan (See Appendix B). Although the Summit, scheduled on September 11, 2001, was adjourned early due to the tragic national events of that now-historic date, the draft plan was disseminated to Summit members and participants, who were encouraged to provide feedback for the final plan.

The **Illinois Oral Health Plan I** (IOHP I) was distributed to all participants and partnering organizations in January 2002. The plan was utilized during the transition of state government to the Blagojevich Administration in the spring of 2002. State and local leaders made sure the new administration was aware of the plan and its importance to communities throughout Illinois.

Several components of the first plan have been successfully implemented over the past five years, including:

- Implementation of a new state oral health surveillance system
- Expansion of the IFLOSS Coalition
- New state law to require dental exams for school children in kindergarten, second and sixth grades
- Integration of oral cancer prevention into the overall state prevention efforts
- Implementation of the Early Childhood Caries Prevention Program
- Creation of the Cavity Buster Pilot program – a comprehensive school health curricula
- Collection of oral health workforce capacity data through the new surveillance system
- Expansion of continuing education opportunities for oral health professionals
- Increased community-based experiences for dental and dental hygiene students
- Increased minority representation in schools of dentistry and dental hygiene
- Expansion of oral health care services to underserved children through KidCare & All Kids
- Expansion of school-based dental sealant programs in Chicago
- Creation of the Dental Educators Forum to improve networking and educational opportunities
- Increased foundation and private sector support for oral health care programs and services

(See Appendix C for IOHP I Plan accomplishments)

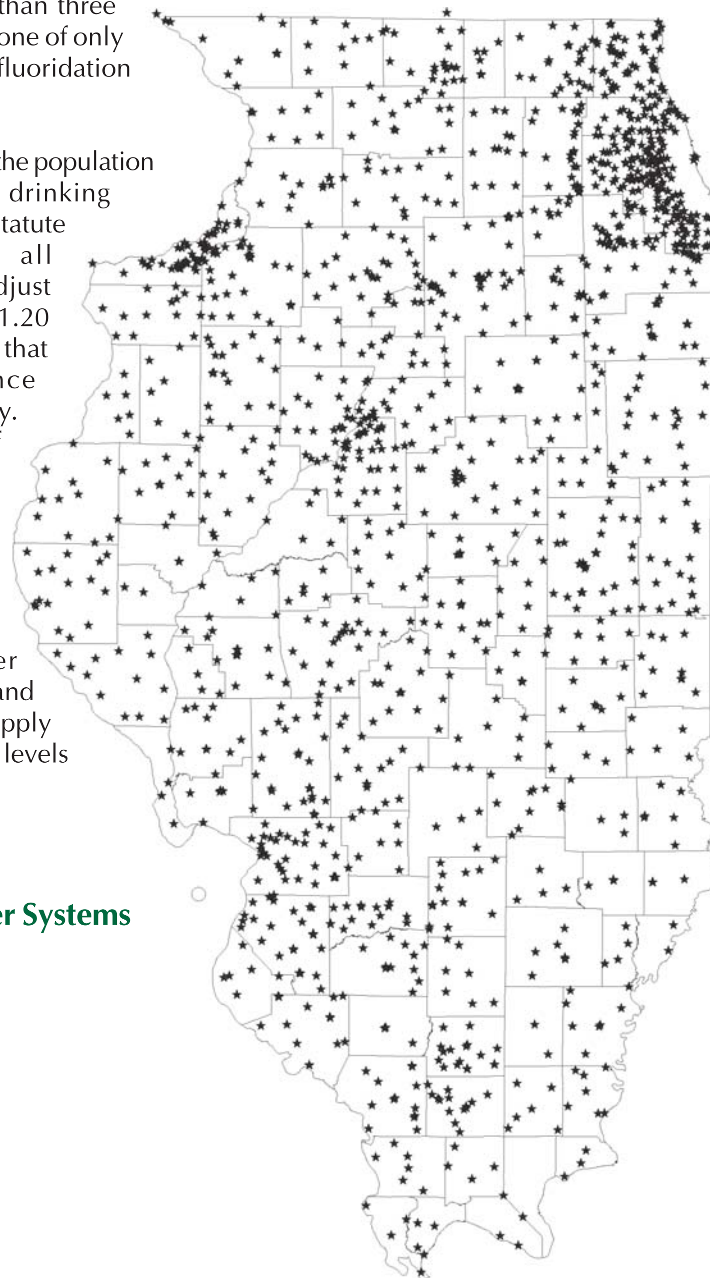
Statewide Efforts

to Improve Oral Health in Illinois

Community Water Fluoridation

Community water fluoridation is the most effective public health measure available to prevent and control dental decay and has been recognized as one of the greatest public health achievements of the 20th century. Illinois requires all community water systems to adjust fluoride to optimal levels. Dental decay is one of the most prevalent diseases in our society. Before community water fluoridation began in the 1940s, the average child had 10 or more tooth surfaces affected by dental decay. In contrast, the average child in 1992 had slightly more than three tooth surfaces decayed. Illinois is one of only eight states that have mandatory fluoridation laws.

Currently, more than 93 percent of the population in Illinois receives fluoridated drinking water. The Illinois Fluoridation Statute enacted in 1967 requires all community water systems to adjust fluoride to optimal levels (0.90 - 1.20 milligrams per liter). The result is that residents of Illinois experience significantly less dental decay. Since the health benefits of fluoridation are most beneficial when the fluoride level is maintained within this optimal range, the IDPH, Division of Oral Health works with the Illinois Environmental Protection Agency to monitor community water supplies and provide education and technical expertise to the water supply operators in order to keep fluoride levels optimal.



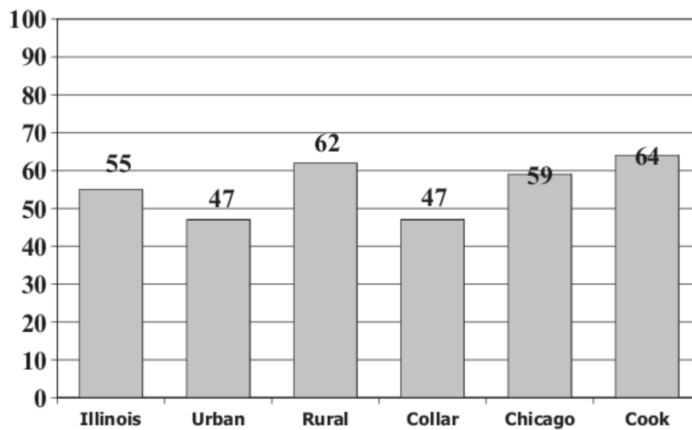
Illinois Community Water Systems
July 2005

Oral Health Status of Illinois Children

Healthy Smiles/Healthy Growth, a statewide oral health survey conducted in school year 2003-04, gathered the most reliable estimates to date of oral health status in Illinois children. This survey was funded through a grant by the Centers for Disease Control and Prevention and was conducted by the Illinois Department of Public Health in collaboration with communities across the state. The survey results demonstrated that a very large number of Illinois school children still suffer from preventable oral health problems, and lack basic preventive care (as determined by sealant prevalence). The survey also confirmed that significant oral health disparities exist.

Of 9,000 targeted and identified third-grade children, a total of 6,630 were screened during the 2003-2004 school year. The purpose was to obtain important information about cavity history (whether or not a child had evidence of any prior cavities), current untreated cavities, treatment urgency, presence of sealants, and body mass index (BMI), based on height and weight measurements included in the screenings. The survey revealed that 55 percent of Illinois third-grade children have suffered the damaging effects of decay. Given that dental disease can be avoided almost entirely, this is an unacceptable statistic that represents a continuing public health challenge (see graphs). As a result of the information gathered through this survey, the Illinois Department of Public Health (IDPH) intensified efforts to expand its school-based sealant program. (See map on page 10). As of 2006, 978,623 dental sealants have been applied to 399,645 children since the program's inception in 1986.

Percentage of Children with Dental Cavity Experence, 2003-2004

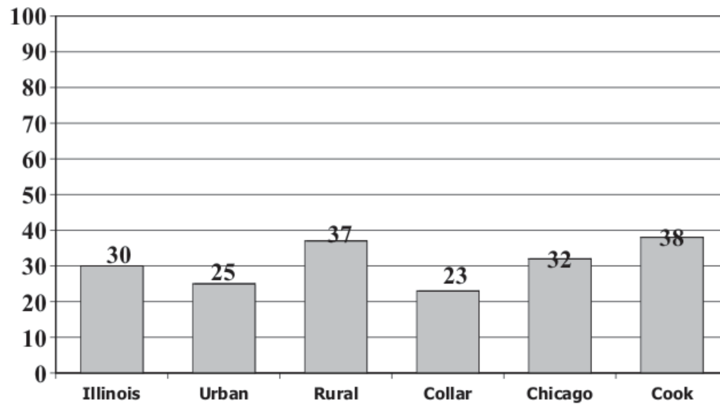


Healthy People 2010

The Healthy People 2010 objective is to reduce the proportion of children with dental cavity experience to 42 percent.

Why is this important?
Children who have dental cavities at an early age are more likely to have decay in the future. Dental cavities are a preventable disease. The combination of factors that cause cavities can greatly be reduced through a variety of interventions. Factors include the transmissible nature of the bacteria that cause cavities, diets that include carbohydrates and sugar that fuel bacteria, poor oral hygiene, lack of dental visits and lack of adequate exposure to fluorides.

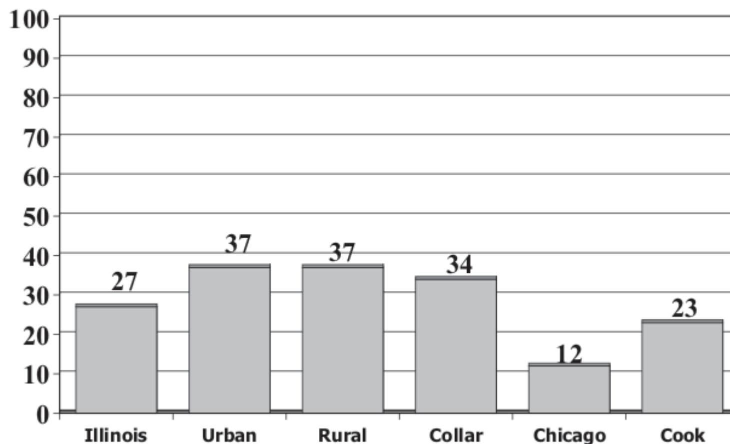
Percentage of Children with Untreated Cavities, 2003-2004



The Healthy People 2010 objective is to reduce the proportion of children with untreated dental cavities to 21 percent.

Why is this important?
Poor oral health can affect learning. According to the National Maternal and Child Health Resource Center, 51 million school hours per year are lost because of dental-related illness. Children experiencing pain are distracted and unable to concentrate on schoolwork. Children who take a test while they have a toothache do not score as well as children who are undistracted by pain. Early tooth loss caused by cavities can result in failure to thrive, speech problems and reduced self-esteem. Also, children are often unable to verbalize dental pain. Teachers may mistake their behavior for something other than a dental problem.

Percentage of Children with Dental Sealants, 2003-2004



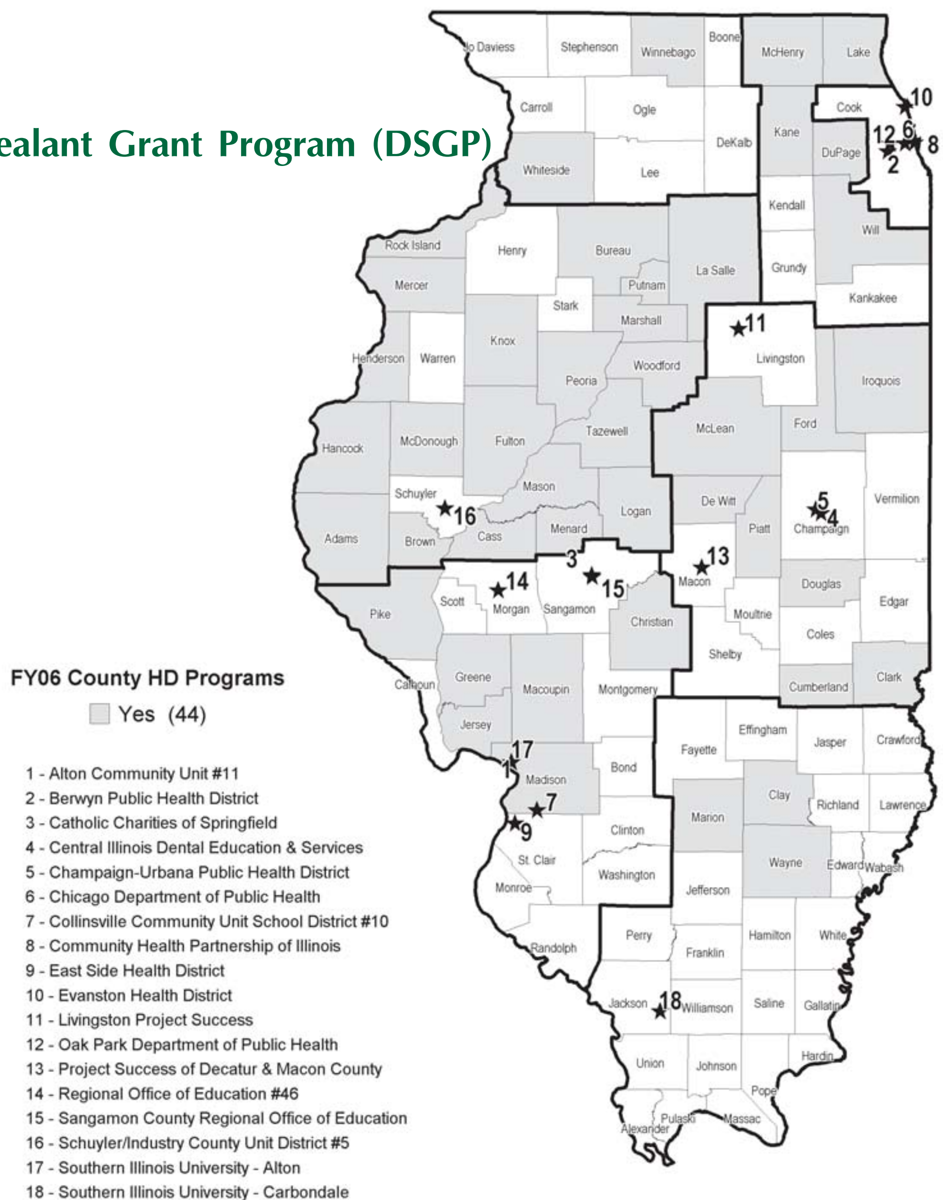
The Healthy People 2010 objective is to increase the proportion of children receiving sealants to 50 percent.

Why is this important?
Dental sealants are thin plastic coatings applied to the chewing surfaces of molars that prevent dental decay. Sealants have been shown to be a valuable evidenced-based public health measure. When combined with appropriate use of fluorides, dental sealants can virtually eradicate dental decay, the most prevalent dental disease in our society.

Sealants also have been proven cost-effective. According to the National Maternal and Child Oral Health Resource Center's fact sheet entitled "Preventing Tooth Decay and Saving Teeth with Dental Sealants", the 1999 average cost of applying one dental sealant was $27, compared with the average cost of filling that same tooth at $73.77. If all children and adolescents receive appropriate amounts of fluoride and have dental sealants applied to susceptible tooth surfaces, most tooth decay could be prevented.

The **Dental Sealant Grant Program (DSGP)** assists high-risk Illinois school children by granting funds and giving technical assistance to public health service providers to develop and implement community dental sealant programs. In fiscal year 2003, the DSGP served 43,487 children placing 81,385 sealants.

Dental Sealant Grant Program (DSGP)



The **Disaster Emergency Medicine Readiness Training (DEMRT) Center** was established at the University of Illinois at Chicago (UIC) in the summer of 2003 to help the State of Illinois recruit, train, and retain volunteer medical responders, with a particular focus on enabling oral health professionals to define a role in disaster response and to participate fully as a medical volunteer on a local, state, or federal response team. In July of 2005 the UIC DEMRT Center was named a Regional Training Center by the American Medical Association. It is one of seven centers in the nation capable of providing advanced disaster training and instructor certification and the only such center with a dentist as the Medical Director.

Though DEMRT was initially founded as a training center, it has evolved into a policy "think tank" as well. As part of the State effort to engage the oral health community, the need for protective legislation for oral health professionals was identified. Many oral health professionals were (justifiably) concerned that providing total body care, even during a disaster as part of a medical response team, could be considered acting outside of the Dental Practice Act, which could potentially lead to civil liability and/or suspension of licensure. In response to this concern, the IDPH Division of Oral Health, in conjunction with the State legislature, the American Dental Association, the American Bar Association, the DEMRT Center, and other governmental and civilian entities, drafted an amendment to the Illinois Dental Practice Act to define the "Dental Emergency Responder (DER)" and make IDPH the credentialing authority for the DER. The amendment was adopted in August of 2005 and took effect January 1, 2006. This legislation is the first of its kind and remains unique in the nation.

The **Early Childhood Caries (ECC) Prevention Program (Formerly Baby Bottle Tooth Decay (BBTD) Program)** addresses a rampant form of dental decay found in young children that is caused by a complex interaction of risk and preventive factors including improper feeding practices. It is any caries experience in children three years of age and younger. The term "baby bottle tooth decay" is no longer recommended because it implies that altering bottle use will prevent tooth decay in infants, when in reality, ECC is a complex disease and prolonged use of a bottle is only one of the risks. Interventions must integrate oral health education for parents in non-traditional settings so they begin thinking about oral health before they see the first tooth. The program was created after the IDPH Division of Oral Health completed the first statewide prevalence study of the disease in 1992. Of the 850 children screened, more than 17 percent had ECC and 76 percent of those children still needed dental treatment. The study qualified Illinois for a U.S. Centers for Disease Control and Prevention BBTD Prevention Project Award.

Since that time, an ECC prevalence study has been conducted among two- to four-year old children in the Supplemental Food Program for Women, Infants and Children (WIC). It found that 33 percent of three-year-olds showed signs and symptoms of ECC. This led to a comprehensive statewide educational program targeting low-income families in WIC/Family Case Management and Head Start. The program includes training of WIC/Family Case Management and Head Start staff to recognize ECC and the importance of prevention, and provides a teaching manual and a variety of resources for clients enrolled in the programs. The Early Childhood Caries Program works closely with the Illinois Department of Human Services, Illinois Head Start and a variety of other organizations to administer the program.

The **Craniofacial Anomaly Program** targets the families of infants born in Illinois with cleft lip and cleft palate. Two of the most common congenital anomalies, cleft lip and cleft palate, affect about one in 700 live births. Infants with these anomalies are identified through the Adverse Pregnancy Outcomes Reporting System and birth certificate information. The IDPH Division of Oral Health seeks to help the families of these children by providing them with educational and referral information, including a statewide directory of craniofacial treatment teams and educational pamphlets on the anomalies. Since the program's inception in 1986, 4,173 Illinois families have been served.

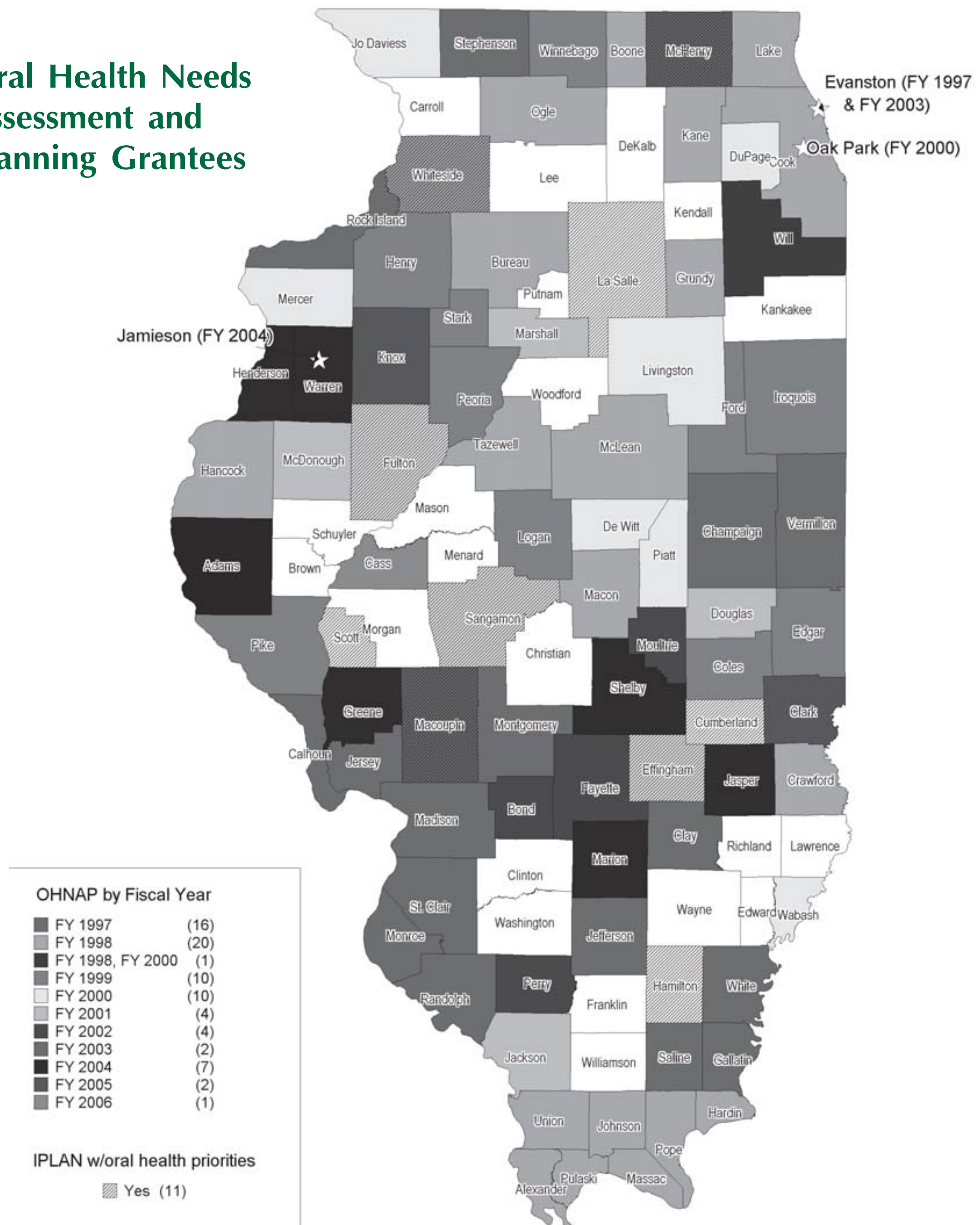
In addition, training and information is provided to perinatal and medical records hospital staff to ensure that the anomalies are detected early and reported correctly. The goal of the Craniofacial Anomaly Program is to improve the identification, reporting and early intervention of cleft lip and cleft palate in Illinois.

Oral Health Needs Assessment & Planning

The Oral Health Needs Assessment and Planning (OHNAP) Program assists the communities in Illinois in determining their oral health status and planning comprehensive oral health programs specifically to meet community needs. The IDPH Division of Oral Health leads state planning efforts through developing a statewide oral health plan and providing training, technical assistance and quality assurance to local health departments. As of 2005, 66 OHNAP grants have been provided to support planning efforts in 79 communities in Illinois.

The Association of State and Territorial Dental Directors (ASTDD) Seven-Step Model is used to facilitate a systematic data collection and analysis process that is translatable into an action plan. At the heart of this model is a core set of information that all oral health programs should include. The step-by-step process in this model engages the community to provide integrated information about oral health status, the existing health system, and resources. Community resources are best used when targeted to populations currently most at risk. The process is completed with development of appropriate community intervention strategies and implementation of the action plan.

Oral Health Needs Assessment and Planning Grantees



IFLOSS Coalition: Communities working together to improve oral health in Illinois

In 1998, the IFLOSS Coalition was created by communities interested in improving oral health in Illinois. Partners in the IFLOSS Coalition include local health departments, dentists and dental hygienists, community health centers, maternal and child health workers, schools, state agencies, advocacy groups, the dental and dental hygiene associations, and other community members. IFLOSS has established regional and statewide networks to distribute materials and information to oral health advocates, operates a consortium for purchasing oral health supplies, and facilitates an oral health listserv. The Coalition meets regularly to discuss program and legislative initiatives, advocacy issues and to assist communities with the start-up and maintenance of dental clinics for underserved areas of the state.

IFLOSS has developed interventions that address access to oral health. The organization has worked to promote legislative agendas to increase funding for HFS medical benefits and public health oral health programs, has developed an oral health marketing plan and a public dental clinic development manual, and holds quarterly meetings allowing partners to network and build capacity.

IFLOSS has also published and/or distributed the following documents:

- *Illinois Oral Health Plan (2002)*
- *Compendium of Community Efforts to Improve Oral Health in Illinois*
- *Women and Children's Oral Health Manual* (Early Childhood Caries Prevention Manual)
- Safety Net Dental Clinics List

Illinois State Oral Health Surveillance System

The framework for action to promote oral health put forth by the U.S. Surgeon General forms the basis for the Illinois Oral Health Plan (IOHP). One of the priorities of this plan is to develop an oral health surveillance system. This priority and the collective wisdom of citizens, stakeholders and policy makers have provided a vision and guided the development of this surveillance system. Since 2000, the IDPH Division of Oral Health has been developing the Illinois' Oral Health Surveillance System (IOHSS).

An IOHSS advisory committee of key stakeholders and experts in oral health and epidemiology has guided the development of the surveillance system, assured that the IOHSS is addressing the needs of the communities and promoted the use of surveillance information by communities. The goal of the IOHSS is to monitor Illinois-specific, population-based data on oral disease burden and trends, measure changes in oral health program capacity, and monitor and report community water fluoridation quality.

The IOHSS is funded by Illinois' cooperative agreement with the Centers for Disease Control and Prevention (CDC). The IOHSS is modeled after the National Oral Health Surveillance System. The IOHSS helps monitor the progress towards reducing oral health disparities and gathers evaluation data for program improvement, decision-making, and policy development/ enhancement. With the IOHSS, Illinois is able to identify high-risk populations, allocate the limited resources to the most needy populations, monitor progress and quality improvement, and form policy development.

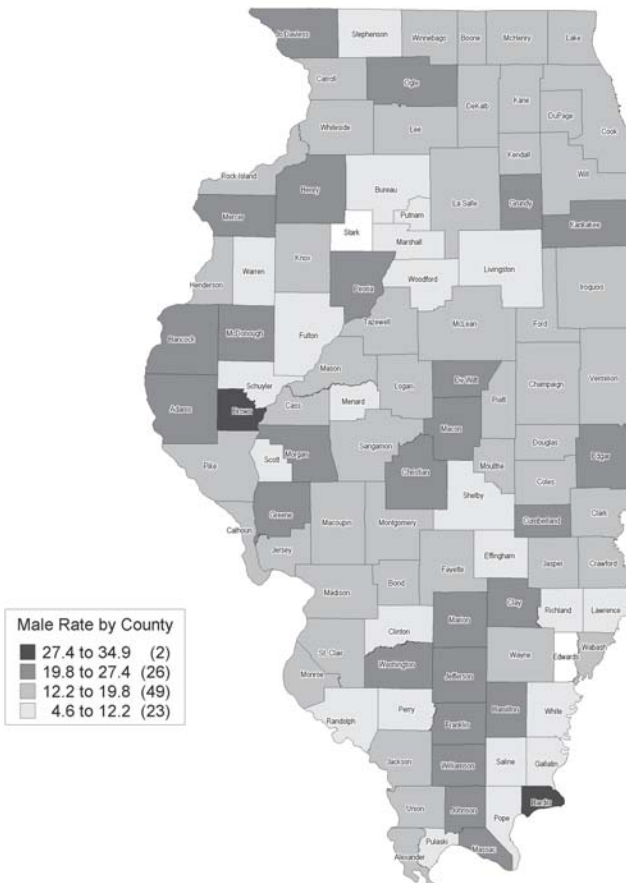
In 2002, as a result of the IOHP I, the State of Illinois received funding from the CDC to develop and implement the IOHSS system in Illinois. In 2007, the IDPH Division of Oral Health will release the IOHSS Burden Document to highlight the state data collected through the IOHSS system. The system tracks workforce, cavity, sealant, oral cancer, and other indicators for the State of Illinois. Copies of the Burden Document will be available from the IDPH Division of Oral Health.

The **Oral Cancer Prevention Program** assists local health departments in implementing community-specific plans for early detection (through oral screenings) and increasing public awareness regarding the risk factors of and prevention for oral cancer. The importance of these measures cannot be overstated. Oral cancer is the fifth leading cause of death in African-American males. Three project areas were targeted for grant funding by the IDPH, Division of Oral Health based on rates of oral cancer deaths and late stage detection. They cover ten counties in Central

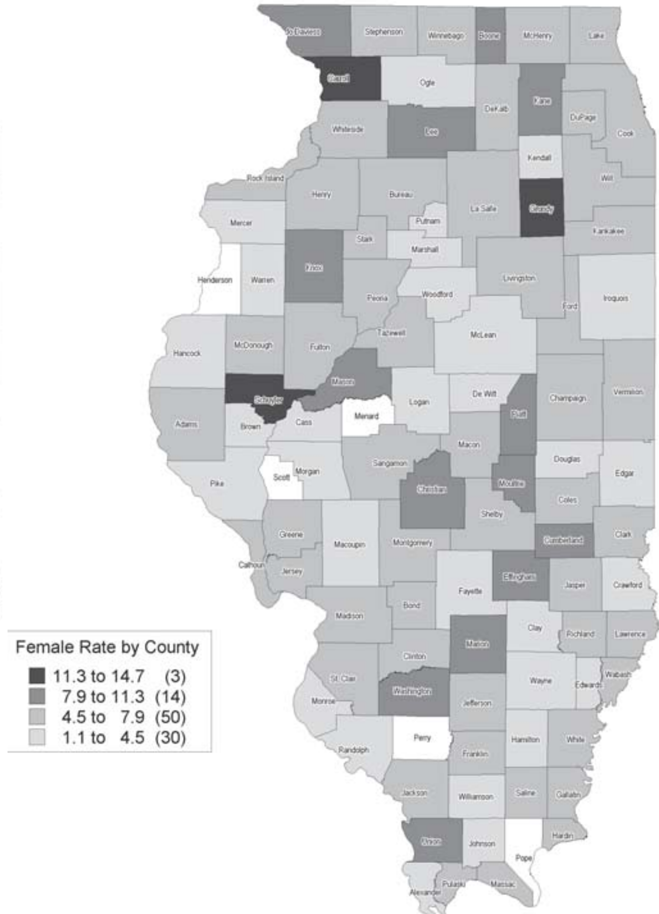
Illinois, six counties in West-Central Illinois, and the East St. Louis area. The grantee communities have developed comprehensive, community-specific plans and are implementing strategies aimed at preventing oral cancer through education and increasing survival rates through early detection and screening. Communities work collaboratively with local dental and medical providers, focusing on high-risk populations and integrating activities with other cancer prevention programs.

Future plans include expanding the focus on smokeless tobacco in collaboration with the IDPH Tobacco Control Program. Many oral health risks are associated with smokeless tobacco, a known cause of oral cancer. Chewing tobacco has also been linked to dental caries. The National Institutes of Health and the Centers for Disease Control and Prevention found "chewing tobacco users were four times more likely than non-users to have decayed dental root surfaces". (Tomar, SL, "Chewing Tobacco Use and Dental Caries among U. S. Men," *Journal of the American Dental Association,* 1999 130:160.) The use of smokeless tobacco can also lead to gingivitis, which can contribute to bone and tooth loss. Prior research (O'Connor, Flaherty, Edwards, and Kozolowski, 2003) has shown that young males ages 12-18, who were not smokers, but regularly used smokeless tobacco, were three times more likely to become smokers. In Illinois, 5.6% of middle school students and 3.7% of high school students currently use smokeless tobacco (YTS 2006, provisional data). The use of one tobacco product may play a role in the dependence of nicotine. In 2002, the Oregon Research Institute conducted a study to determine the effectiveness of dental health workers in promoting behavior change. They found that smokeless tobacco users who received counseling were more likely to quit. Hygienists who are trained through workshops are more likely to discuss cessation efforts with their patients. According to the 2005 Illinois Adult Tobacco Survey, three in ten adults who had a dental visit in the past year were asked by their dentist if they smoked in the past 12 months. An intensive evaluation component is a feature of this project, which is expected to become a model for the nation.

Oral and Pharyngeal Cancer Incidence Rates 1998-2002 - Male



Oral and Pharyngeal Cancer Incidence Rates 1998-2002 - Female



The **Orofacial Injury Control and Prevention Program/Project Mouthguard** is an injury control initiative developed by the IDPH Division of Oral Health and office of Health Promotion that is designed to reduce the incidence of orofacial sports injuries. The focus of this project is on increasing knowledge and awareness among Illinois schoolchildren regarding the importance of preventing these types of injuries and implementing community-based programs to extend the requirement for mouthguard use among children who participate in athletic activities.

Facial trauma, including injuries to the jaw and dentition, results from a variety of causes. Although studies show the major causes of facial trauma to be automobile accidents and assaults, contact sports also contribute significantly to orofacial injuries. The Division of Oral Health has conducted studies to determine the incidence, pattern of involvement, degree of injury and etiology of orofacial sports injuries in school populations.

The Orofacial Injury Control and Prevention Program promotes the use of mouthguards in all athletic events that pose the risk of sustaining an orofacial injury by granting funds and providing technical assistance to public health service providers to develop and implement community-based mouthguard programs. Components of this program include data collection, media communications, legislative initiatives, and evaluation.

The **Private Well Testing Program** enables Illinois residents who do not reside in areas served by community water supplies to determine the fluoridation level of their water. In areas where community water fluoridation is not available, such as in many homes with private wells or in mobile home communities, it is possible to prescribe supplemental fluorides. The effect of optimal fluoride levels in drinking water during the years of tooth development and throughout life has been demonstrated. Tooth decay may be reduced by up to 65 percent for individuals who drink water with optimal levels of fluoride from birth. The fluoride level of drinking water must be determined prior to prescribing appropriate fluoride supplements for children. The IDPH divisions of Oral Health and Laboratories will test the fluoride level for private wells serving homes and mobile home communities where children reside.

The school-based **Sodium Fluoride Mouthrinse Program** began in 1976. It is promoted to mainly rural school systems in which a majority of students reside in areas where drinking water comes from private wells rather than from fluoridated community water systems. These preventive programs use a 0.2 percent solution of sodium fluoride in the form of a mouthrinse. The schoolchildren rinse for one minute once each week, usually in their classrooms. The target grades are kindergarten through sixth grade. A variety of clinical trials have shown that fluoride mouthrinse programs result in caries reductions of 20 percent to 30 percent.

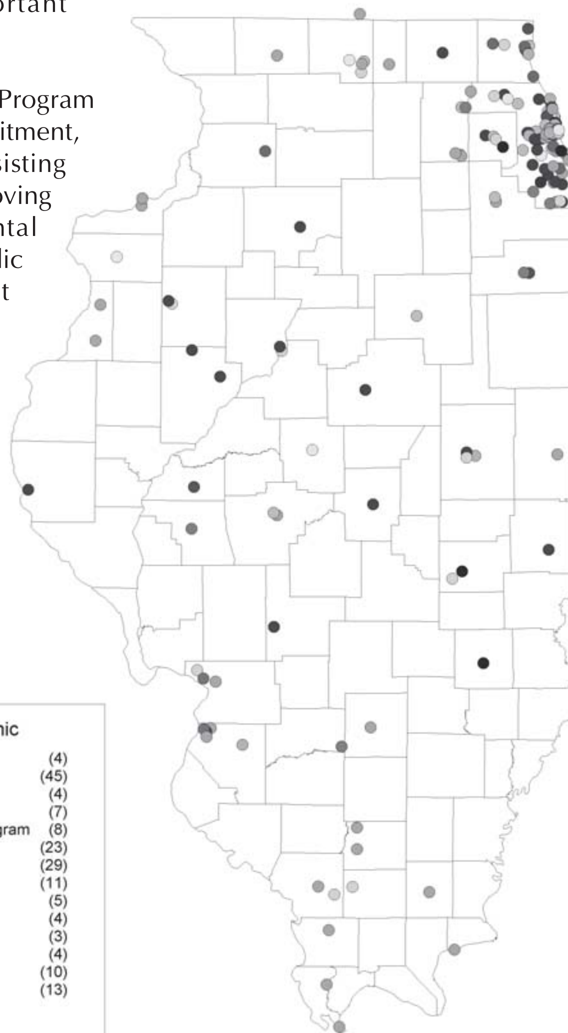
The **Spit Tobacco Program, "SOS: Snuff Out Smokeless,"** is a comprehensive statewide educational intervention project. The use of smokeless tobacco is a growing health problem. A survey of smokeless tobacco use among Illinois schoolchildren conducted by the IDPH Division of Oral Health indicated that in certain areas of Illinois approximately one in four adolescent males uses smokeless tobacco products. The "SOS: Snuff Out Smokeless" program includes a media campaign, pamphlet and poster development, a statewide task force, local health department programs and legislative initiatives. The goal of the program is to prevent the onset and reduce the prevalence of smokeless tobacco use among young people through increased awareness and knowledge of the health risks.

Oral Health Improvements for HFS Beneficiaries. Under the administration of Governor Rod R. Blagojevich, oral health care services have been expanded to families in need of care. In his first year in office, income eligibility for Medicaid/ State Children's Health Insurance Program, offering preventive and restorative dental care to children, was increased from 185 to 200 percent of the federal poverty level (FPL). In addition, income standards for parental coverage through Family Care, which offers restorative care to eligible adults, were expanded from 49 to 90 percent of the FPL. In 2004, eligibility for parents through Family Care was increased to 133 percent of the FPL, and by January 1, 2006, parents or caretaker relatives with income up to 185 percent of the FPL were covered. On that same date, HFS rates paid to dental care providers for children's preventive dental services were substantially increased, an effort that is expected to result in enhanced access to preventive care for Illinois children.

In July 2006, the Governor introduced **All Kids**, the first program in the nation to provide access to comprehensive, affordable health care, including preventive and restorative dental services, to every uninsured child. The Illinois Department of Healthcare and Family Services (HFS) has worked closely with its dental administrator on a periodic outreach campaign targeting the families of children ages 3 to 18 who have been continuously enrolled in HFS programs for 12 months, but have not had a dental service during that time frame. In addition, with a grant from the Michael Reese Health Trust and under the State's ten percent Title XXI administrative cap, HFS is working with IDPH and physicians of pediatric care to conduct a fluoride varnish pilot project at selected sites in Cook County. The results of the fluoride varnish pilot should contribute to the body of knowledge about best practices in dental health care delivery to improve access to important preventive measures.

HFS' administrator for its Dental Program is responsible for provider recruitment, education, client education, assisting with referrals to dentists, and improving children's participation in dental services under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. This effort has resulted in an increase in preventive dental health utilization that will be measured and monitored over time.

Safety Net Dental Clinics



Type of Clinic

CHC	(4)
FQHC	(45)
Hospital	(4)
Mental Health	(7)
Mobile Dental Program	(8)
NP	(23)
PH	(29)
PH/FQHC	(11)
Referrals	(5)
SBHC	(4)
SBHC-mobile	(3)
SCH-DDS	(4)
SCH-DDS-RES	(10)
SCH-RDH	(13)

IDPH, Division of Oral Health
January 2007

Public-Private

Partnerships

The state of Illinois has a wealth of partnerships made up of a broad constituency of stakeholders who are working together to improve the oral health of all Illinoisans. The partnerships display a high level of synergy and demonstrate that successful collaboration creates new and better ways of thinking about problems and solutions. Illinois partners are engaged and are heavily invested in oral health issues.

Partnerships in Illinois are breaking new ground, challenging the "accepted wisdom," and discovering innovative solutions to problems. They see the "big picture" and understand their local environment and determine appropriate strategies most likely to succeed.

Illinois partnerships take action by combining complementary knowledge skills and resources. They attack problems from multiple vantage points simultaneously; carry out comprehensive interventions that connect varied services, programs, policies and sectors; and coordinate community efforts to fill gaps effectively and efficiently.

Partnerships in Illinois are committed to broad community relations based on community needs. They incorporate the knowledge, concerns and priorities of community stakeholders. They focus on what is important to those affected and they build on community assets while expanding support through individuals, agencies and institutions in the community that also are committed to improving oral health.

Illinois partners in oral health include: citizen activists, political leaders, professional organizations, advocacy organizations, government agencies, businesses, not-for-profits, foundations, hospitals, schools, colleges, universities, municipalities, health centers, Head Start centers, and health departments. IFLOSS is considered one of the very best state oral health coalitions in the U.S. Highlights of just a very few partnerships follow.

The **Illinois State Dental Society** continues to partner with state agencies and other IFLOSS member organizations to reduce oral health disparities and improve access to care for underserved populations. ISDS has advocated for enhanced HFS reimbursement rates, participated in educational programs and community-based initiatives, and sponsored professional volunteerism opportunities for its members. The **Donated Dental Service Program**, operated by the Illinois Foundation of Dentistry for the Handicapped, provides donated dental care to homeless, mentally compromised or disabled persons. The Illinois State Dental Society and the Division of Health Policy of the Illinois Department of Children and Family Services have developed the **Take Two Program**, a volunteer dental program that helps to provide dental care to children who are wards of the State and are in the care of foster parents. In collaboration with the **Illinois Dental Hygienists Association**, a long-term care in-service training program was developed to provide long term care facility staff with training in the management of the oral health of residents.

Established in 1937 and administered by the **University of Illinois at Chicago, the Division of Specialized Care for Children (DSCC)** is the Illinois Title V agency that provides care coordination for families and children with special health care needs. DSCC's mission is to assure that children with disabilities, and those who have conditions which may lead to disabilities, grow and develop to the full extent of their abilities.

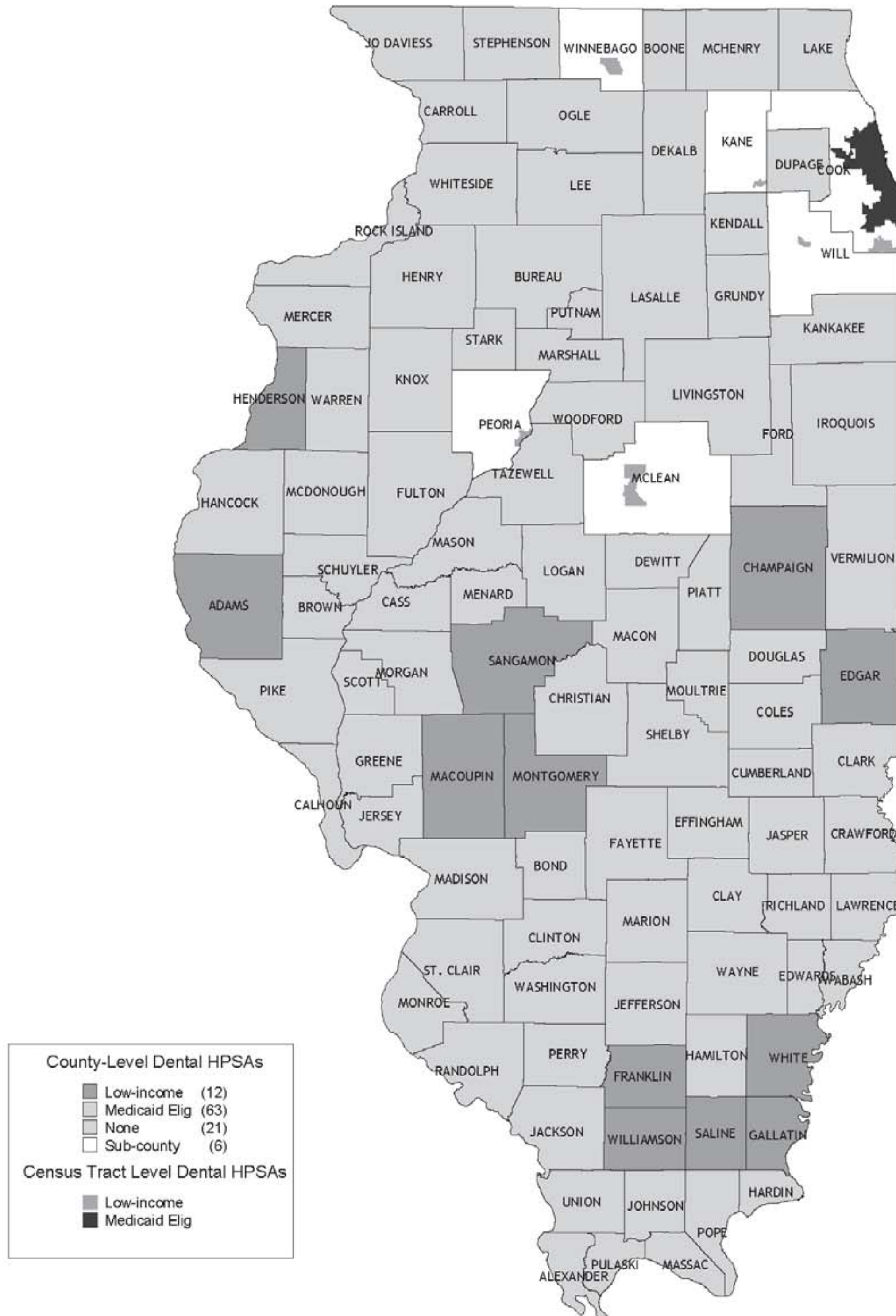
The **Illinois Rural Health Association** is re-establishing their Oral Health Subcommittee to address access to care, increase public awareness and offer educational programs for rural communities and school districts.

The **Campaign for Better Health Care** advocated for oral health care to be included as a component of the plan to assure health care access to all Illinois residents developed by the Adequate Health Care Task Force. The Task Force developed this plan to meet its charge established in the Health Care Justice Act.

The **University of Illinois at Chicago (UIC)** – College of Dentistry (COD) has created a community-based oral health clinic experience program for their dental students. Students have the opportunity to provide oral health care services to residents in rural and underserved areas of Illinois. The first clinical experience outside of Chicago was located in Rockford and has been considered a success by UIC Rockford officials and participating students. UIC-COD is working to expand the clinical experience to other underserved areas of Illinois in the next few years.

Federally Designated Dental HPSAs in Illinois

February 23, 2005



Map generated by the Illinois Department of Public Health, Center for Rural Health

2006 Oral Health

Planning Process

The second oral health plan was developed under the guidance of a Steering Committee with the input of community residents, dentists, dental hygienists, public health administrators, school officials, disability advocates, policy makers and other interested parties in Illinois. While all Steering Committee members may not have agreed with all recommendations, this plan represents the views of the many stakeholders involved in the process and provides a roadmap to ensure access to quality oral health care in Illinois. The plan represents a vision for the state to be accomplished by all engaged participants working in partnership at the state and local levels.

In May 2006, the IDPH Division of Oral Health convened the Statewide Steering Committee to review the existing oral health plan, provide updates to the plan, and oversee a process that would result in distribution of a second five-year plan by January 2007. Based upon the evaluation of the first IOHP Planning Process (see Appendix D), the Committee was expanded to include rural health leaders and organizations that represent persons with disabilities to assure input from these specific underserved populations. The Committee met throughout the summer and fall of 2006, and hosted seven Town Hall Meetings, culminating in a Statewide Summit in Springfield on November 13, 2006. A draft of the plan was disseminated at the Summit for public input and comment.

The seven Town Hall meetings were hosted during the summer of 2006 in the following communities: Galesburg, Carbondale, Rockford, Downer's Grove, Champaign, Chicago, and Maryville. The same five questions were discussed at each of the town hall meetings to ensure the collection of consistent data in each region of the state (see Appendix E). Although many of the issues addressed through IOHP I were not raised during the 2006 town hall meetings, some continued to be voiced in all areas of the state. Those unresolved recommendations from the first plan were added to the list of recommendations received in the IOHP II planning process to produce this comprehensive plan of action.

Five subcommittees of the Steering Committee were formed to focus on each of the goal areas, to review the state priorities and recommendations, and to develop the strategies for implementation. The subcommittees included both Steering Committee members and community participants who provided additional resources and information to complete the draft plan. The Steering Committee met in the fall of 2006 to discuss the details of the draft plan and develop plans for the Statewide Summit. The Committee developed the Summit agenda, recommended speakers, and coordinated the invitation process for the Summit.

The Statewide Steering Committee would like to express its sincere appreciation to the following organizations for hosting the seven Town Hall Meetings:

- Knox County Health Department
- Southern Illinois University at Carbondale Center for Rural Health and Social Services
- National Center for Rural Health Professions, University of Illinois School of Medicine, Rockford
- DuPage County Health Department
- Champaign County Health Care Consumers
- Illinois Primary Health Care Association
- Madison County Health Department

Town Hall Meetings

IL Oral Health Plan II

Policy Goals, Illinois Priorities, Recommendations and Strategies

Policy Goal 1
Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.

Illinois Priorities for Policy Goal 1

A. Educate the public, health professionals and decision-makers about the relationship between oral health and systemic health with an emphasis on:
   - Prevention of early childhood caries.
   - Oral healthcare for pregnant women.
   - Behaviors that assure good oral health, such as daily oral hygiene, routine dental checkups, community water fluoridation and fluoride use, dental sealants, proper nutrition, injury prevention and being tobacco free.
   - Oral health care for individuals with special health care needs, including individuals with disabilities or chronic disease, infants, and seniors, including those in long-term care facilities. General dentists can provide many routine dental procedures and services to these populations without referral to treating these populations.
   - Early detection and prevention of oral and pharyngeal cancer.
   - Requirements for dental exams for school attendance at kindergarten, second and sixth grades.
   - School-aged children about the importance of good oral health.
   - Caretakers in institutions and facilities about the proper oral health care of those who are dependent on their assistance.

B. Maximize the use of the entire health care and oral health workforce, particularly health care providers, to educate the public and decision makers on the value and importance of oral health.

C. Create training programs and materials for medical professionals and students to learn oral health screening techniques and assessment tools.

D. Develop a comprehensive report and fact sheet that details the findings from studies and the literature to document the impact that oral health has on physical health and improving health status, and the cost savings from dental care (prevention and treatment services). This document can be used in educating the public, media, politicians and policy makers.

Recommendations & Strategies

Policy Goal I - Recommendation 1

Develop a comprehensive statewide oral health education and awareness program that includes the following elements:

- A statewide media campaign with messages about the value and importance of oral health and the impact of poor oral health on systemic health.
- Specific messages for at-risk populations (low-income, homeless, individuals with special health care needs, the elderly, parents and caregivers for infants and children, and others).
- Culturally and linguistically appropriate materials.
- The incorporation of oral cancer prevention messages into existing state and local cancer prevention efforts.

Strategies

- Coordinate existing statewide health marketing efforts to develop a statewide marketing campaign. IFLOSS should partner with WIC, maternal and child health, HFS, long-term care, and CDC-funded initiatives to promote oral health care in Illinois.
- Conduct social marketing efforts (e.g., market research, focus groups) and apply learning to inform intervention efforts and make more efficient use of limited resources for education and awareness activities.
- Utilize non-traditional community partners and methods based on learning from social marketing efforts to engage in collaborative efforts to improve outreach, provide lay oral health education and promote improved oral health habits.
- Link websites of various organizations partnering to improve oral health to assure educational information is accessible to the general public.
- Provide more outreach to educate parents, community-based organizations and a variety of special populations (such as migrant workers, persons with disabilities, the elderly, individuals with chronic health conditions, caretakers of infants, and others) about good oral health habits and the importance of regular check-ups. Provide outreach to faith-based programs to improve information to families, and incorporate these efforts in the IFLOSS Marketing Plan.
- Create a partnership, including IDPH, the Illinois State Dental Society, Illinois Dental Hygienists Association, UIC and SIU to develop a video that includes basic techniques for working with children with special healthcare needs, e.g., children in wheelchairs, non-verbal children, children who are deaf or blind, cognitively or developmentally impaired, etc.
- Develop partnerships with stores that sell back-to-school supplies to encourage them to give away, or sell at a minimal cost, oral health school kits that include a toothbrush, floss, and informational materials. Dollar General Stores, Wal-Mart, and other large back-to-school supply centers should be targeted in this effort.
- Identify oral health champions and celebrities willing to help promote oral health care in Illinois.
- Design oral health training programs for physicians and their staff, parents and caregivers, students, advocates, and other stakeholders, to improve oral health status.
- Expand training programs to other childcare professionals, such as licensed Day Care operators, early intervention staff, pediatricians, school therapists, DCFS case workers, and others, on the oral health care needs of the children they serve. Provide continuing education credits for training programs for child care professionals.
- Explore the evidence to support an increased role for parents in fluoride varnish application.
- Work with disability advocates to develop marketing materials for parents of children with disabilities to answer questions and teach them how to advocate on behalf of their children who need oral health care (oral health coaching skills).
- Establish partnerships among children's oral health advocates, local schools, and communities to implement oral health educational curriculum and provide materials for students.

- Develop new informational materials for health care providers on basic oral health guidelines, including a video to provide oral health training and information to medical professionals, brochures for physician offices, and emergency oral health guidelines for emergency room physicians.

Policy Goal I - Recommendation 2

Expand the early childhood caries (ECC) prevention program with the following components:

- Collect and publish data on early childhood caries collected on a routine basis.
- Expand distribution of educational materials on ECC prevention to public health departments and clinics and engage in other efforts to promote the program based on social marketing learning.
- Pilot programs to demonstrate effective ECC prevalence strategies and broadly disseminate findings.

Strategies

- Expand the pilot ECC data collection system to assess compliance with new dental exam requirements for school-aged children and a new recommendation that Federally Qualified Health Centers (FQHC) examine one-year old children in their care.
- Raise awareness among general dentists and other medical professionals through the use of data on cavities and critical needs for care.
- Communicate to physicians and dentists the importance of oral health care at age 1.
- Offer training through dental schools on pediatric dentistry and infant oral health.
- Expand training programs to include childcare professionals, such as licensed day care operators, early intervention staff, pediatricians, school therapists, DCFS case workers, and others, on the oral health care needs of the children they serve. Provide continuing education credits for training programs for child care professionals.
- Build on current initiatives, such as WIC, family case management and other IDHS programs and engage local health departments, early intervention staff, birth-to-three networks, and other community-based oral health providers in planning pilot programs to demonstrate ECC prevention program effectiveness. Seek funding to plan and implement these programs.
- Examine the list of food items covered under the WIC program, consider alternatives to high-sugar foods and drinks, and create and distribute informational materials on alternatives.

Policy Goal I - Recommendation 3

Promote regular dental exams for children. At a minimum:

- Encourage dental assessments for young children beginning at age 1.
- Assess the compliance with required dental exams/assessments and propose any policy changes needed.

Strategies

- Assess the education needs of general dentists with respect to the treatment of infants and children and develop continuing education courses to address identified needs, placing a focus on treating infants and children with special needs.
- Expand community-based experiences for students of dentistry, dental hygiene, nursing, and family and pediatric medicine in the treatment of children under five. Support the University of Illinois at Chicago – College of Dentistry (UIC-COD) in implementing an initiative to provide community-based experiences for their dental students, as well as efforts to develop a similar program in southern Illinois through Southern Illinois University Edwardsville (SIUE), School of Dental Medicine.
- Assess the number of pediatric dentists in Illinois and identify targeted areas for recruitment of pediatric dentists in rural and underserved areas.

Policy Goal I - Recommendation 4

Provide prenatal education and assure preventive oral health care for all pregnant women with an emphasis on the relationship between maternal oral health and pre-term low birth weight, and between maternal oral health and infant oral health, and the benefit of establishing positive oral health during infancy and afterwards.

Strategy

- Re-establish an early childhood oral health committee made up of public-private partners including: IDPH, the Illinois Maternal and Child Health Coalition, IDHS, the Ounce of Prevention Fund, HFS, the IFLOSS Coalition, hospitals, Illinois Rural Health Association (IRHA), Illinois Primary Health Care Association (IPHCA), and others, to implement and expand programs to educate the primary care community and women on the relationships between oral health and adverse pregnancy outcomes.

Policy Goal I - Recommendation 5

Partner with the Illinois State Board of Education (ISBE) to implement a statewide oral health education curriculum for all Illinois schools and promote oral health care available through school-based services.

Strategies

- Seek funding to establish a comprehensive school oral health education program in all Illinois schools.
- Encourage policies limiting access to candy and soda machines in schools and promote drinking fluoridated water to reinforce positive oral health messages to students and staff.

Policy Goal I - Recommendation 6

Maximize the capacity of communities to dedicate resources for oral health awareness and education.

Strategies

- Incorporate positive oral health behaviors with existing local health educational programs and materials.
- Utilize health department-based child care nurse consultants, case managers, and social workers to provide oral health education and prevention information in homes and child care centers.
- Develop initiatives with new partners, such as municipalities and businesses, to bring the message of good oral health as integral to overall health and to help communities link with non-traditional stakeholders.

Policy Goal I - Recommendation 7

Provide medical professionals, and the institutions where they are educated and trained, with information on oral disease prevention and treatment.

Strategies

- Develop programs to educate all medical providers about the prevention of oral disease, ECC, existing oral health services in communities, and referral options for oral health services and EPSDT.
- Develop training programs for medical professionals who work with special populations to help them recognize oral health disease and provide information to providers and parents on how to access oral health services for persons with special needs (disabled, individuals with chronic disease, elderly, infants and others).
- Provide educational materials for parents in waiting rooms and exam rooms to guide oral health discussions among the health care provider, the patient, and family members.

Policy Goal I - Recommendation 8

Implement and maintain a public/private statewide partnership that focuses on the prevention and control of oral and pharyngeal cancer.

Strategies

- Assure funding for the IDPH Oral Cancer Prevention and Control project to expand statewide, community-based efforts that empower local communities to prevent and control oral and pharyngeal cancer.
- Coordinate activities of the Statewide Partnership for Oral Cancer Prevention and Control with groups involved with development of the Illinois Oral Health Plan.

Policy Goal II
Build an effective infrastructure that meets the oral health needs of all Illinoisans and integrates oral health effectively into overall health.

Illinois Priorities for Policy Goal II

A. Increase diversity of students in Illinois dental and dental hygiene schools.
B. Increase the number and types of community-based experiences that benefit both communities and students of dentistry and dental hygiene.
C. Improve outreach to involve dentists and dental hygienists in private practice in community-based efforts to improve oral health and access to care.
D. Assure capacity of schools of dentistry and dental hygiene to recruit and retain a diversified faculty and to provide state-of-the-art teaching and research opportunities.
E. Improve coordination among local health agencies on oral health programs.
F. Explore the feasibility of providing expanded financial incentives (e.g., loans, grants, tax credits) for dentists to practice in underserved areas. Assure a focus on rural Illinois.
G. Develop educational materials and training for medical professionals to encourage them to screen for oral diseases; to provide fluoride treatment, varnishes, and other preventive measures, anticipatory guidance, and referral for oral health care; and to administer consistent emergency room treatment options.
H. Develop a case management approach for parents to make sure they know how and where to access oral health services.
I. Promote enrollment in the HFS Dental Program among private dental professionals working in public dental clinics.
J. Maintain the statewide fluoridation program in Illinois.
K. Promote awareness within the oral health community of potential man-made and natural disasters, of potential effects of disasters on the community, and of opportunities to pursue involvement as disaster medical responders.
L. Increase the number of safety net dental clinics in underserved areas.
M. Develop and implement strategies to encourage referrals for oral health care by primary care providers of children during EPSDT well child visits, creating closer ties between primary care and dentistry.
N. Continue efforts to pilot and evaluate HFS' fluoride varnish program in pediatric offices in Chicago, and if found to be effective, work toward statewide expansion of the initiative.
O. Expand the Illinois Department of Public Health's capacity for providing and monitoring oral health services provided in the school oral health programs.

Policy Goal II - Recommendation 1

Increase representation of diverse populations in Illinois dental and dental hygiene schools

Strategies

- Recruit a more diverse population into dental and dental hygiene schools to better reflect characteristics of the population of residents served in Illinois. A diverse workforce of oral health care professionals will help to assure culturally competent oral health care that meets the needs of all Illinois residents.
- Encourage public-private partnerships that pilot creative approaches to recruit and retain dental and dental hygiene school students and faculty.
- Explore the feasibility of funding and the Dental Student Loan Repayment Program.
- Formalize the dental and dental hygiene school forum and request members to develop a plan for multi-cultural student recruitment.
- Analyze multi-cultural student recruitment programs in other states to identify best practices in student recruitment and pilot them in Illinois.
- Use the American Dental Association survey of dental and dental hygiene schools to ascertain information on the racial and ethnic characteristics of students. Add racial and ethnic characteristics of dental and dental hygiene school students to the surveillance system to track the data and report on trends.

Policy Goal II - Recommendation 2

Increase the number and types of community-based experiences that benefit both communities and students of dentistry and dental hygiene.

Strategies

- Expand the multicultural applied experience in dental hygiene schools to provide rotations to Veterans Administration Hospitals and community-based clinics.
- Expand the UIC program that places dental students in community-based safety net clinics and expand options to serve southern Illinois clinics. Support SIUE's efforts to create a similar program in downstate Illinois.
- Integrate information and training experiences into the dental and dental hygiene education curricula that will provide these oral health professionals with opportunities to treat a diverse public. Promote culturally competent health care through emphasis in all Illinois education and training programs for all oral health professionals.
- Assure community-based experiences include treatment of populations that require special care, particularly the developmentally disabled, the elderly, chronic disease patients, and children under the age of five.
- Increase community awareness by continuing to incorporate disaster response and disaster planning training into dental and dental hygiene curricula. Training can lead to community-based experience such as volunteering with a local response agency (e.g., the Medical Reserve Corps) to establish bonds with the community at large and with other health care professionals in particular.

Policy Goal II - Recommendation 3

Improve outreach to involve dentists and dental hygienists in private practice in community-based efforts to improve oral health and access to care.

Strategies

- Conduct outreach to assure oral health providers are aware of enhanced reimbursement rates for preventive services offered through the HFS Dental Program.
- Advocate for increased funding to support enhanced reimbursement rates for restorative and other dental services to provide incentives for new oral health professionals to participate in the HFS Dental Programs.

- Communicate regularly with private sector dentists and hygienists to inform them of community oral health needs and provide opportunities for participation in community oral health and related public health programs, including: fluorides and fluoridation, dental sealants, preventive mouthguards, early childhood caries prevention, oral cancer prevention and control, oral health in special populations (rural, elderly, developmentally disabled, and others), orofacial injury prevention and control, emergency response and preparedness, women's health, diabetes, cardiovascular disease, tobacco, cancer, and injury prevention.
- Utilize the existing network of health department staff and boards to inform local private dentists and dental hygienists of the oral health needs of health department clients.
- Encourage dental and dental hygiene school educators to integrate public oral health issues into their teaching methodologies in addition to providing the private practice perspective.
- Provide dental and dental hygiene students more information on where and how to work and volunteer in safety net clinics. Create and disseminate attractive recruitment materials to ensure students are aware of the opportunities to serve within their communities.
- Develop service learning opportunities and continuing education credits for dentists and dental hygienists that serve special needs populations, such as the developmentally disabled, nursing home residents and those living with chronic diseases.

Policy Goal II - Recommendation 4

Assure capacity of schools of dentistry and dental hygiene to recruit and retain a diverse faculty and to provide state-of-the-art teaching and research opportunities.

Strategies

- Continue to track workforce trends through the oral health workforce survey.
- Identify faculty members that understand both the public sector and private sector aspects of oral health and engage them in recruitment and retention efforts.
- Identify promising students and provide them opportunities to teach in order to encourage consideration of teaching careers.
- Identify and seek research funds to explore oral health care strategies for those with special needs (e.g., infants, the disabled, aging patients, and those with chronic illness) and offer training for students on serving these special populations.
- Add dental school curricula that reflect the comprehensive nature of oral health by highlighting the skills dental students utilize regularly that can translate into comprehensive medical care during a declared disaster, and promote awareness of the Dental Emergency Responder designation.

Policy Goal II - Recommendation 5

Improve coordination of oral health programs among local and state agencies.

Strategies

- Identify models to support community collaboration among local health departments and community agencies on oral health programs to resolve barriers to oral health care. Health departments can work with local dental societies, hygienists, health organizations and community-based clinics to identify oral health needs and develop a local response to those needs. Local coordination of services will provide the most comprehensive coverage in the most efficient manner.
- Build a broad-based constituency around community water fluoridation, drawing from long-standing stakeholders, such as IDPH, IEPA, community water systems and their professional associations, IFLOSS, IDHA, and ISDS, to assure ongoing support for the Illinois water fluoridation law and IDPH Community Water Fluoridation Program.
- Assure appropriate use of oral health professionals in disaster response and preparedness activities. Link response teams and oral health professionals to provide training and participate in planning efforts.
- Utilize relationships built at the local level to resolve barriers to oral health care and to determine the response to medical needs within a community during a disaster in which

oral health professionals can play a role. Local dental societies, hygienists, health organizations and community-based clinics can identify the skill sets, supplies, and equipment utilized by oral health professionals that might be useful during a disaster response and recovery effort and can help establish a multi-faceted, mutually beneficial partnership with local health departments and community-based agencies.

Policy Goal II - Recommendation 6

Expand efforts to provide financial incentives (e.g., loans, grants, tax credits) for dentists to practice in underserved areas. Assure a focus on rural Illinois.

Strategies

- Utilize IDPH regional oral health consultants to assist local clinics in their efforts to apply for the federal loan repayment program to recruit dentists.
- Explore the feasibility of and, if feasible, advocate for funding for an incentive program for dentists who serve in designated oral health manpower shortage areas of Illinois. This program would provide financial assistance to dentists who serve in rural and underserved regions of Illinois.

Policy Goal II - Recommendation 7

Develop educational materials and training for medical professionals to screen for oral diseases and provide emergency room treatment options.

Strategies

- Collaborate to develop educational materials for medical professionals and students on oral health issues. Expand the Illinois Chapter of the American Academy of Pediatricians (ICAAP) current program to educate pediatricians to include information for medical professionals in the emergency department to ensure proper information is available to those who serve children and their families.
- Work with disability organizations and educational institutions to develop educational materials and curricula about providing oral health care to those with special needs (infants, the elderly, individuals with disabilities or chronic illness, and others).
- Collaborate with academic groups, volunteer medical response organizations and Emergency Medical Services leadership to create educational materials that convey the medical skills oral health professionals can provide during a disaster, to promote awareness of the definition of the Dental Emergency Responder (DER) within the Illinois Dental Practice Act, and to encourage inclusion of DERs in local disaster planning efforts.

Policy Goal II - Recommendation 8

Develop a case management approach for parents to ensure they know how and where to access oral health services.

Strategies

- Provide consistent information to pediatricians, physicians, physician assistants, migrant clinics, federally qualified health centers, head start centers, WIC clinics, and health departments on referral options for children in need of oral health services and supply related information to share with parents.
- Share case management information among community organizations that serve children and their families as part of a community-based oral health case management strategy to assist parents, especially those of children with special needs.
- Identify communities ready to develop a community-based oral health case management program and utilize community-based organizations to promote the use of the new program. The program can specifically target missed dental appointments and lack of longitudinal information on the oral health care of HFS beneficiaries and uninsured persons.
- Expand and replicate model programs, such as the one in Northern Illinois that utilizes trained local resident promoters who earn a small stipend for each encounter, to begin to resolve barriers to oral health care.

Policy Goal II - Recommendation 9

Promote enrollment in the HFS Dental Program among private dental professionals working in community-based dental clinics.

Strategy

- Explore the feasibility of assigning provider numbers to dental clinics in rural and underserved areas rather than requiring individual providers to acquire provider numbers.

Policy Goal II - Recommendation 10

Maintain the statewide fluoridation program in Illinois.

Strategies

- Increase public awareness about the importance of fluoridation through promotional materials and events.
- Work with local public health officials, city and county officials, school health educators, and others to create local public awareness programs to highlight the oral health benefits of water fluoridation.

Policy Goal II - Recommendation 11

Promote awareness within the oral health community of potential man-made and natural disasters, of potential effects of disasters on the community, and of opportunities to pursue involvement as disaster medical responders.

Strategies

- Work with local public health officials, city and county officials, and others to create local public awareness programs to highlight the benefits of oral health professionals' contributions as disaster medical responders.
- Implement disaster preparedness training as part of dental and dental hygiene curricula to include detailed information about the Dental Practice Act, the definition of the Dental Emergency Responder, and medical volunteer organizations.
- Provide continuing education opportunities to licensed dentists and hygienists that specifically focus on disaster preparedness, including information on potential natural and man-made threats, indicators that a patient population may be part of a public health emergency, proper reporting mechanisms, medical volunteer organizations, and the definition of a Dental Emergency Responder within the Dental Practice Act.
- Act in conjunction with the IDPH Division of Oral Health, ISDS, IDHA, local health departments, and academic centers to establish DER training requirements, provide credentialing, and allow certified DERs to register with the State medical volunteer registry created in response to the National Incident Management System mandate.
- Act in conjunction with the IDPH Division of Oral Health, ISDS, IDHA, local health departments, and academic centers to promote outreach to the medical community, increase awareness of dental provider medical skills, and strengthen relationships with the emergency medical services.
- Advocate for dedicated funding for the maintenance of current disaster medicine training programs focused on the recruitment and retention of oral health professionals as medical responders and support start-up funding for dedicated Dental Emergency Responder teams created to integrate with existing medical volunteer infrastructure and emergency medical service responders.

Policy Goal III
Remove known barriers between people and oral health services.

Illinois Priorities for Policy Goal III

A. Advocate for increased funding to support enhanced reimbursement rates for services provided to HFS beneficiaries in Illinois.
B. Increase the number of low-income children and pregnant women in underserved areas that receive dental examinations, preventive oral health services, and restorative care.
C. Develop a comprehensive communications strategy among oral health stakeholders to promote awareness of available transportation resources for patients who need transportation services to oral health and primary care providers.
D. Explore the feasibility of increasing the available start-up resources and adding maintenance funding for safety net dental clinics to address the unmet oral health needs of HFS beneficiaries, the uninsured, and the underinsured.
E. Advocate for increased funding for IDPH's school-based dental sealant program to allow penetration of the program throughout Illinois.
F. Identify funding streams for a statewide, community-based education and awareness program, pilot projects in care coordination to improve access to services, and early childhood caries prevention programs.
G. Advocate to expand the Illinois loan repayment program for dentists and hygienists who agree to practice in dental underserved areas and to treat underserved populations.
H. Explore innovative programs to expand the dental workforce in rural areas, especially oral surgeons and other specialists.
I. Explore the feasibility of expanding the scope of oral health services covered by HFS medical benefits programs to include preventive oral health services for adults.
J. Increase the number of people in Illinois who are insured for dental services.
K. Encourage safety net dental clinics to offer a full array of oral health services.
L. Increase the number of providers participating in the All Kids and HFS medical benefits programs and serving low- income adults, through a comprehensive community-focused approach to appeal to dentists to participate in these programs and serve this population.

Recommendations & Strategies

Policy Goal III - Recommendation 1

Develop a strategy for enhancing funding of services reimbursed through the HFS Dental Program.

Strategies

- Facilitate collaboration among advocacy groups to advocate and lobby for funding to support reimbursement rates for services provided through the HFS Dental Program. Comprehensive care provided at a dental home with quality assurance measures must be the priority for all public oral health programs in Illinois. Increased reimbursement rates will result in a more comprehensive network of services throughout Illinois.
- Assure a continuum of care in delivery of publicly funded services that includes quality preventive care, restorative care, proper referrals when needed, and a formal arrangement for follow-up care. More dentists will participate in state-funded dental programs when they are able to provide a dental home.

Policy Goal III - Recommendation 2

Increase the number of low-income children and pregnant women in underserved areas that receive dental examinations, preventive oral health services and restorative care.

Strategies

- Ensure all dental and dental hygiene graduates are competent in managing the oral health needs of pregnant women and children.
- Assess the continuing education needs of general dentists and dental hygienists in the management and treatment of pregnant women, infants and children, and develop continuing education courses to address identified needs.

Policy Goal III - Recommendation 3

Increase access to dental services for persons with developmental disabilities.

Strategies

- Partner with public and private sector representatives to develop centers of excellence throughout Illinois for dental management of persons with disabilities.
- Advocate for increased reimbursement rates for services to persons with developmental disabilities who require desensitization and relaxation procedures.
- Provide information through local health departments, public program staff, and community-based organizations to the guardians of persons with developmental disabilities on the importance of good oral health and how to access services.

Policy Goal III - Recommendation 4

Develop a comprehensive communications strategy among oral health stakeholders to promote awareness of available transportation resources for patients who need transportation services to oral health and primary care providers.

Strategies

- Educate providers and beneficiaries about available transportation services or resources, as lack of knowledge is often a barrier to oral health services. Collaborate to assure:
- HFS beneficiaries are aware of the availability of transportation assistance through HFS medical benefits programs; and
- Other patients are aware of alternative options, such as senior transport services.
- Assess transportation systems' capacities and develop community-specific plans for coordination and improvements, as needed.

Policy Goal III - Recommendation 5

Explore the feasibility of increasing the available start-up resources and adding maintenance funding for safety net dental clinics to address the unmet oral health needs of HFS beneficiaries, the uninsured, and the underinsured.

Strategies

- Advocate for increased funding through IDPH and HFS for public health departments and FQHCs to open and maintain public dental clinics. Explore the feasibility of expanding the program from a two-year grant to a four-year grant and increasing the annual support through these agencies from $35,000 to $100,000.
- Advocate for continued funding of IDPH-administered community and migrant health center dental expansion and new start-up grants.
- Advocate for continued supplemental funding for prevention and safety net programs that utilize dental volunteers through the tobacco master settlement agreement and other resources.
- Advocate for the State of Illinois to create and fund a safety net clinic maintenance grant program to be administered by the IDPH Division of Oral Health.

Policy Goal III - Recommendation 6

Advocate for increased funding for IDPH's school-based dental sealant program to allow penetration of the program throughout Illinois.

Strategy

- Advocate for increased funding to support the dental sealant program. Currently, the IDPH sealant program uses an old reimbursement rate of $14 per sealant due to limited funding. The current HFS Dental Program rate for reimbursement is $36 per sealant. Increased funds for IDPH are needed to build and maintain community-based dental sealant program infrastructure and to support an increased number of sealants at the new reimbursement rate so that the program can continue to grow throughout Illinois.

Policy Goal III - Recommendation 7

Promote and identify funding streams for statewide, community-based oral health education and awareness programs, pilot projects in care coordination to improve access to services and early childhood caries prevention programs.

Strategies

- Convene a partnership of education and advocacy groups to work together to develop a statewide education and public awareness campaign on oral health care. Existing community-based organizations can help disseminate the materials to parents and local leaders.
- Develop a basic oral health education program for special populations (infants, seniors, individuals with disabilities, individuals with chronic illness, migrant workers, and others) to be included in public health materials for parents and community-based organizations. Work specifically with disability groups to develop informational materials for persons with disabilities and their families who need to know how to advocate for quality oral health care.
- Assess the feasibility of developing an oral health education curriculum and job description to employ oral health educators in schools.
- Develop a partnership of education and advocacy groups to develop a statewide education and public awareness campaign on the emergence of the Dental Emergency Responder. Existing community-based organizations can help disseminate the materials to parents and local leaders.

Policy Goal III - Recommendation 8

Explore the feasibility of expanding the Illinois loan repayment program for dentists and dental hygienists who agree to practice in dental underserved areas and to treat underserved populations.

Strategy

- Advocate for funding for a state loan repayment program for dentists and dental hygienists, tied to service in rural and underserved areas. Create a state funded loan repayment program to match the federal funding for the loan repayment program currently operated by the Center for Rural Health at IDPH.

Policy Goal III - Recommendation 9

Explore incentive programs to expand the oral health workforce for all populations, especially oral surgeons and specialists.

Strategy

- Advocate for funding for a State of Illinois Rural and Underserved Dental Reimbursement Program to provide an incentive for oral surgeons, pediatric dentists, and other specialists who decide to practice in a rural or underserved area of Illinois. This reimbursement program could help cover relocation costs for dental professionals who elect to move to these areas.

Policy Goal III - Recommendation 10

Advocate for an expansion of oral health services provided through the HFS Dental Program to include preventive services for adults.

Strategies

- Advocate for funding to expand HFS Dental Program coverage to include preventive services for adults - especially the elderly, those with chronic illnesses, and those with disabilities. Support HFS Dental Program coverage for the cost of preventive and restorative care especially for those who require anesthesia or operating room expenses.
- Develop educational materials for staff at senior citizen centers and facilities to ensure oral health status of the elderly – include the importance of oral health to overall health, proper oral hygiene, avoiding risk factors for oral disease and the importance of routine oral health care.

Policy Goal III - Recommendation 11

Increase the number of people in Illinois who are insured for oral health care.

Strategies

- Collaborate with business organizations and labor leaders to develop programs for the business community on the importance of oral health in relation to employee health in an effort to assure dental coverage as part of employer-sponsored health insurance plans.
- Monitor the application of the work of the Adequate Health Care Task Force and advocate for coverage of oral health care to be included in responses to the Task Force plan to assure access to health care for all Illinois residents.

Policy Goal III - Recommendation 12

Encourage safety net dental clinics to offer a full array of oral health care.

Strategy

- Encourage safety net dental clinics to provide dentures and other restorative services to their local population in addition to preventive services.

Policy Goal IV
Continue to build the science and research needed to improve oral health.

Illinois Priorities for Policy Goal IV

A. Develop an ongoing system to collect workforce capacity baseline and projections data with a focus on underserved areas and with underserved populations (e.g., infants, the elderly, low income residents, individuals with chronic health impairments, and persons with disabilities or other special health care needs).

B. Implement an oral health needs assessment and planning process in all Illinois counties and for sub-regions of Chicago.

C. Maximize the contribution and use of the IDPH oral health surveillance system (IOHSS), using existing (e.g., IPLAN) and collecting new public health data (e.g., local oral health needs assessments) to inform the science base necessary to improve oral health in Illinois.

D. Educate local health professionals to properly collect and utilize surveillance and research data.

E. Develop common measures for monitoring and tracking oral health processes, utilization and outcomes.

F. Conduct research and engage in pilot projects to identify and test best practices, disseminate results broadly, and promote adoption of evidence-based oral health interventions.

G. Expand the utility of the IOHSS by training contributors to recognize abnormal health events that might signal the beginning, expansion, or reemergence of a public health emergency. Provide practitioners with guidelines and reporting mechanisms to allow rapid reporting of information in a format valuable to epidemiologists and other public health officials.

Recommendations & Strategies

Policy Goal IV - Recommendation 1

Develop an ongoing system to collect workforce capacity baseline and projections data with a focus on underserved areas and with underserved populations (e.g., infants, the elderly, low income residents, individuals with chronic health impairments, and persons with disabilities or other special health care needs.)

Strategies

- Collaborate with dental and dental hygiene schools to survey student interest and employment in the rural and underserved areas of Illinois.
- Support the work of IDPH and SIU-Carbondale to survey hygienists in order to identify public health workforce trends.
- Work with dental and dental hygiene schools to develop a student survey to gauge interest in serving special populations in Illinois as a means of identifying future workforce capacity.
- Support the continued partnership between IDPH and IDFPR to collect oral health workforce data in conjunction with dental and dental hygiene re-licensure.

Policy Goal IV - Recommendation 2

Implement an oral health needs assessment and planning process in all Illinois counties and for subregions of Chicago.

Strategies

- Advocate for an oral health needs assessment requirement in each county and for sub-regions of Chicago and Cook County. Most counties have developed an oral health needs assessment; those that have not are in rural regions of the State and in Cook County.
- Advocate for increased State of Illinois funding for the OHNAP Grant program to provide adequate resources for counties to develop their oral health needs assessment.

Policy Goal IV - Recommendation 3

Develop common measures for monitoring and tracking oral health processes, utilization and outcomes, and maximize the contribution and use of existing public health data (e.g., IPLAN, Oral Health Surveillance System, local oral health needs assessments) to inform the science base necessary to improve oral health in Illinois.

Strategies

- Continue to implement the Illinois Oral Health Surveillance System (IOHSS) and utilize the IDPH Division of Oral Health's epidemiologist and health communications specialist to analyze and publish oral health trends and highlights.
- Continue to convene annual IOHSS committee meetings to review available data and recommend common measures for all oral health stakeholders to use in monitoring and tracking oral health processes, utilization and outcomes.
- Encourage adoption of common measures and advocate for funding for additional data collection and analysis, as needed.
- Advocate for additional research funding to support identification and adoption of evidence-based oral health prevention and treatment practices in Illinois.

Policy Goal IV - Recommendation 4

Educate local health professionals to properly collect and utilize research data.

Strategies

- Provide training and technical assistance to public health professionals on proper data collection, analysis, interpretation and presentation techniques to meet community needs and for the Illinois Oral Health Surveillance System.
- Ensure timely access to local health statistics for use in community planning efforts.

Policy Goal V

Use public-private partnerships to improve the oral health of those who suffer disproportionately from oral diseases.

Illinois Priorities for Policy Goal V

A. Monitor the implementation and continued development of the Illinois Oral Health Plan.

B. Establish a formal mechanism for leaders in dental education (dentistry, dental hygiene, dental residency training programs) to convene on a routine basis and discuss strategies, synergies and opportunities.

C. Support the IFLOSS Coalition and other organizations focused on oral health improvement for all residents of Illinois.

D. Assure active participation of oral health leaders in statewide health improvement organizations such as the Illinois Maternal and Child Health Coalition, Prevention First, Campaign for Better Health Care, and the Illinois Public Health Institute.

E. Include representatives from key stakeholder groups and from populations disproportionately affected by oral health problems (e.g., infants, the elderly, persons with developmental disabilities and individuals with special health care needs) in oral health planning, and on state and local committees that advance oral health programs in Illinois.

F. Identify funding streams to assure the long-term development and institutionalization of the IFLOSS Coalition.

Recommendations & Strategies

Policy Goal V - Recommendation 1

Monitor the implementation and continued development of the Illinois Oral Health Plan.

Strategies

- Evaluate the development and implementation of the Illinois Oral Health Plan II.
- Continue support from all stakeholders for expanding infrastructure within the IDPH Division of Oral Health, focusing on leadership, surveillance, and prevention interventions.

Policy Goal V - Recommendation 2

Establish a formal mechanism for leaders in dental education (dentistry, dental hygiene, dental residency training programs) to convene on a routine basis and discuss strategies, synergies and opportunities.

Strategies

- Support continued annual or bi-annual conferences to bring together stakeholders to discuss implementation of the plan.
- Formalize an annual meeting of dental and dental hygiene school personnel to discuss research, recruitment, education, curriculum and faculty issues.

Policy Goal V - Recommendation 3

Support the IFLOSS Coalition as the voice of oral health in Illinois. Continue to build its capacity as a working public/private partnership focused on oral health improvement for all residents of Illinois.

Strategies

- Develop a membership committee to reach out to additional members to help implement components of the oral health plan.
- Link oral health improvement efforts throughout Illinois.
- Recruit organizations to help address issues related to special populations.
- Continue to plan, fund, and implement projects with partners that address IOHP 2 goals and priorities.

Policy Goal V - Recommendation 4

Assure the active participation of the oral health community in statewide health improvement organizations such as the Illinois Rural Health Association, Illinois Maternal and Child Health Coalition, Prevention First, the Campaign for Better Health Care, Illinois Public Health Institute, and the IFLOSS Coalition.

Strategies

- Request a liaison to IFLOSS from other statewide health improvement organizations to ensure a coordinated approach to oral health care in Illinois.
- Continue to support organizational membership dues to IFLOSS to ensure participation from each organization's representative in attending IFLOSS meetings, completing IFLOSS assignments and participating on IFLOSS sub-committees.
- Work collaboratively to establish oral health committees to assist in the implementation of the Illinois Oral Health Plan.

Policy Goal V - Recommendation 5

Include representatives from key stakeholder groups and from populations disproportionately affected by oral health problems (e.g., infants, the elderly, persons with developmental disabilities, individuals with special health care needs, and others) in the planning and implementation of strategies in the oral health plan, as well as on state and other committees that monitor and provide for the oral health of Illinois residents.

Strategy

- Develop IFLOSS sub-committees with special needs partners to ensure communication with these groups.

Policy Goal V - Recommendation 6

Identify funding streams to assure the long-term development and institutionalization of the IFLOSS Coalition.

Strategies

- Collaborate to plan IFLOSS projects and seek funding and other resources.
- Support IFLOSS in maintaining a leadership role in national coalition building efforts and in serving as a model, mentor and motivator for other state, local and national partners.

Appendix A

The Surgeon General's Report on Oral Health

On May 25, 2000, Surgeon General David Satcher released *Oral Health in America: A Report of the Surgeon General.* In addition to a lack of awareness of the importance of oral health among the public, the report found a significant disparity between racial and socioeconomic groups in regards to oral health and ensuing overall health issues. Based upon these findings, the Surgeon General called for action to promote access to oral health care for all Americans, especially the disadvantaged and minority children found to be at greatest risk for severe medical complications resulting from minimal oral care and treatment. The report called for a national partnership to provide opportunities for individuals, communities, and the health professions to work together to maintain and improve the nation's oral health.

Oral Health in America: A Report of the Surgeon General charted a broad course of action including:

- Enhancing the public's understanding of the meaning of oral health and the relationship of the mouth to the rest of the body
- Raising the awareness of the importance of oral health among government policy makers to create effective public policy that will improve America's oral health
- Educating non-dental health professionals about oral health and disease topics and their role in assuring that patients receive good oral health care

It also recommended an expansion of the science base to determine the people and populations most at risk for serious oral health conditions, an acceleration of the application of research findings into targeted and effective health prevention methods, and promotion of their adoption by the public and health professions.

Three years later, on Tuesday, April 29, 2003, the U.S. Department of Health and Human Services released the *National Call to Action to Promote Oral Health*. The report was designed to encourage the public and private sectors to work together to improve oral health and prevent oral disease for all Americans. Released by Surgeon General Richard Carmona at the 2003 National Oral Health Conference in Milwaukee, Wisconsin, the *Call to Action* identified the following five action areas:

- Change perceptions of oral health care
- Overcome barriers to care by replicating effective programs and proven efforts
- Build the science base and accelerate science transfer
- Increase oral health workforce diversity, capacity and flexibility
- Increase collaboration

Since the release of the Surgeon General's report and the *Call to Action*, the dental public health community nationwide has rallied around the five action areas in order to improve oral health for all Americans.

Sources: The United States Health and Human Services website at: http://www.surgeongeneral.gov/library/oralhealth/;U.S. Department of Health and Human Services. National Call to Action to Promote Oral Health. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003.

Appendix B

Illinois Oral Health Plan I Executive Summary 2002

The State of Oral Health in Illinois:

In Illinois, huge strides have been made in improving the oral health of the state's residents. Community water fluoridation, dental sealants, advancements in dental technology and growing public awareness of positive oral health behaviors have made it possible for many in Illinois to maintain optimal oral health for a lifetime.

At the same time, Illinois mirrors the nation in that oral disease remains pervasive among families with lower incomes or less education, the frail elderly, those with disabilities, those who are under-insured and minority groups. Preventable Oral diseases account for a great deal of tooth loss and can act as a focus of infection that impacts outcomes of serious general health problems such as coronary heart disease, diabetes, pre-term low birth weight and others.

The major findings and suggested framework for action put forth by the U.S. Surgeon General form the basis for Illinois' plan. The plan articulates goals, priorities and strategies to improve the oral health of all Illinoisans. Its five policy goals reflect specific priorities and its recommended strategies and action steps suggest how to address each of them. The plan concludes with a call for the establishment of a select committee to monitor and provide guidance in the implementation of the plan.

Five Policy Goals and Illinois-Specific Priorities
Listed below are the five policy goals and the Illinois-specific priorities that have been developed through the Oral Health Plan and Summit.

Policy Goal I
Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.

Illinois Priorities

A. Educate the public, health professionals and decision makers about the relationship between oral health and systemic health with an emphasis on:
   - Prevention of early childhood caries.
   - Prenatal oral health care for women.
   - Behaviors that assure good oral health, for example, daily oral hygiene, routine dental checkups, the proper uses of fluoride, proper nutrition, injury prevention and being tobacco free.
   - Removal of fear and misunderstandings about going to the dentist.
   - Early detection and prevention of oral and pharyngeal cancer.

B. Maximize use of the entire health care and dental health workforce – particularly public program staff (e.g., WIC, family case management, maternal and child health, mental health and long-term care) – to educate the public on the value and importance of oral health.

Policy Goal II
Build an effective infrastructure that meets the oral health needs of all Illinoisans and integrates oral health effectively into overall health.

Illinois Priorities

A. Increase the representation of African Americans and Hispanics in Illinois dental and dental hygiene schools.

B. Increase the number and types of community-based experiences that benefit both communities and students of dentistry and dental hygiene.

C. Improve outreach to involve dentists and dental hygienists in private practice in community-based efforts to improve oral health and access to care.

D. Establish a uniform system for assessing oral health workforce capacity as a component of an Illinois oral health surveillance system.

E. Assure capacity of schools of dentistry and dental hygiene to recruit and retain faculty and to provide state of the art teaching and research opportunities.

Policy Goal III
Remove known barriers between people and oral health services.

Illinois Priorities

Any plan to address barriers to oral health in Illinois must incorporate a strategy for funding the reimbursement of Medicaid services at a floor of 75 percent of the 50th percentile (average) of fees charged by a private dental practice.

A. Expand the scope of Medicaid-covered oral health services to include preventive services for adults.
B. Increase the start-up and maintenance funding resources available for public dental clinics to address the unmet oral health needs of the Medicaid population, the uninsured and the underinsured.
C. Expand funding for IDPH's school-based dental sealant program to allow penetration of the program throughout Illinois.
D. Identify funding streams for a statewide community-based education and awareness program, pilot projects in care coordination to improve access to services, and early childhood caries prevention programs.
E. Develop an Illinois loan repayment program for dentists and hygienists who agree to practice in dental underserved areas and to treat underserved populations.
F. Expand the dental workforce in rural areas.

Policy Goal IV
Accelerate the building of the science and evidence base and apply science effectively to improve oral health.

Illinois Priorities

A. Develop an oral health surveillance system or a common set of data that can be used to define the scope of oral health needs and access to oral health services, to monitor community water fluoridation status, and to measure the utilization of dental services by the entire population in Illinois. Assure that the system has the capacity to capture data on special populations (low-income, Medicaid insured, elderly, developmentally disabled, children with special health care needs) as well as the insurance status of all population groups.
B. Maximize the contribution and use of existing public health data (e.g., IPLAN, local oral health needs assessments) to inform the science base necessary to improve oral health in Illinois.

Policy Goal V
Use public-private partnerships to improve the oral health of those who suffer disproportionately from oral diseases.

Illinois Priorities

A. Monitor the implementation and continued development of this Illinois Oral Health Plan.
B. Establish a formal mechanism for leaders in dental education (dentistry, dental hygiene, dental residency training programs) to convene on a routine basis and discuss strategies, synergies and opportunity.
C. Support the IFLOSS Coalition as a working public/private partnership focused on oral health improvement for all residents of Illinois.
D. Assure the active participation of the oral health community in statewide health improvement organizations such as the Illinois Maternal and Child Health Association, Prevention First, the Campaign for Better Health Care and Public Health Futures Illinois.
E. Include representatives from key stakeholder groups and from populations disproportionately affected by oral health problems (e.g., the elderly, persons with developmental disabilities) in the planning and implementation of ideas in the oral health plan, as well as on state and other committees that monitor and provide for the oral health of Illinois residents.

Appendix C

The Illinois Oral Health Plan Outcomes

Policy Goal I
Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.

Illinois Priorities

A. Educate the public, health professionals and decision makers about the relationship between oral health and systemic health with an emphasis on:
   - Prevention of early childhood caries
   - Prenatal oral health care for women
   - Behaviors that assure good oral health, for example, daily oral hygiene, routine dental checkups, the proper uses of fluoride, proper nutrition, injury prevention and being tobacco free
   - Removal of fear and misunderstandings about going to the dentist
   - Early detection and prevention of oral and pharyngeal cancer

B. Maximize use of the entire health care and dental health workforce particularly public program staff (e.g., WIC, family case management, maternal and child health, mental health and long-term care) to educate the public on the value and importance of oral health.

Recommendation	Successes to date
Recommendation 1 **Develop a comprehensive statewide oral health education and awareness program that should include, at a minimum, the following elements:** ■ A statewide media campaign with messages about the value and importance of oral health and the impact of poor oral health on systemic health ■ Specific messages for populations identified as most at risk for poor oral health (e.g., low-income populations, populations with developmental disabilities and the elderly) ■ Culturally and linguistically appropriate materials ■ The incorporation of oral cancer prevention and awareness messages into existing state and local cancer prevention efforts	**Successes to date** Multiple efforts under way, including ECC Education Program DOH (see Recommendation 2); Health Literacy Training, Oral Health Conference, Mid-winter Meeting; Oral Cancer Prevention Program, with DOH grants.
Recommendation 2 **Develop an early childhood caries (ECC) prevention program with the following components:** ■ Data on early childhood caries prevalence ■ Messages on ECC prevention in appropriate settings (e.g., day care centers) and programs funded through IDPH and IDHS ■ Pilot programs to demonstrate effective ECC prevention strategies	**Successes to date** IDPH Health Educator, IDPH Epidemiologist; data collected; statewide comprehensive training program for WIC and Head Start, MCH Block Grant; CDC Infrastructure Grant, HRSA Grant; IL Head Start Oral Health Plan development

Recommendation	Successes to date
Recommendation 3 **Promote regular dental exams for children. At a minimum** ■ Encourage dental exams for young children beginning at age 1 ■ Investigate the possibility of requiring a dental exam prior to school entrance and before entering grades K, 5 and 9; propose policy changes as necessary	**Successes to date** HFS MCH Handbook guidance to change from year 2 to year 1 for first dental visit; Public Act Requirement passed and implemented; Dental examinations for all children entering K, 2, and 6; Lt. Governor Pat Quinn champions oral health
Recommendation 4 **Provide prenatal education to all pregnant women with an emphasis on the relationship between maternal oral health and pre-term low birth weight, and between maternal oral health and infant oral health, and the benefit of establishing positive oral health behaviors in infancy.**	**Successes to date** Comprehensive training for WIC and Head Start; March of Dimes Prematurity Project
Recommendation 5 **Implement comprehensive school health curricula with an oral health education and prevention component in all Illinois schools to assure that children are healthy and, therefore, better able to learn**	**Successes to date** Cavity Busters Curriculum pilot underway
Recommendation 6 **Encourage or require protective mouthguard use in school or other sports programs for those sports at high risk for oral or facial injury.**	**Successes to date** Project Mouthguard, DOH
Recommendation 7 **Maximize the capacity of local health departments to dedicate existing resources for oral health education.**	
Recommendation 8 **Provide pediatricians, nurses, emergency room physicians and other medical professionals, and the institutions where they are educated and trained, with information on oral disease prevention and treatment.**	**Successes to date** Illinois Chapter of the American Academy of Pediatrics Bright Smiles Project; HFS, UIC, ICAAP, DOH Research Medicaid reimbursement; Michael Reese Health Trust funding
Recommendation 9 **Implement and maintain a public/private statewide partnership that focuses on the prevention and control of oral and pharyngeal cancer.**	**Successes to date** NIH and PHHS Block Funding to support local efforts; Oral Cancer Prevention Program, DOH

Policy Goal II
Build an effective infrastructure that meets the oral health needs of all Illinoisans and integrates oral health effectively into overall health.

Illinois Priorities

- Increase the representation of African Americans and Hispanics in Illinois dental and dental hygiene schools
- Increase the number and types of community-based experiences that benefit both communities and students of dentistry and dental hygiene
- Improve outreach to involve dentists and dental hygienists in private practice in community-based efforts to improve oral health and access to care.
- Establish a uniform system for assessing oral health workforce capacity as a component of an Illinois oral health surveillance system
- Assure capacity of schools of dentistry and dental hygiene to recruit and retain faculty and to provide state of the art teaching and research opportunities

Recommendation	Successes to date
Recommendation 1 **Increase the representation of students from under-represented minorities at the UIC College of Dentistry, the SIUE School of Dentistry and dental hygiene schools and programs.**	**Successes to date** RWJ Foundation Grant to UIC COD
Recommendation 2 **Increase the number and types of community-based experiences available to students of dentistry and dental hygiene.**	**Successes to date** RWJ Foundation Grant to UIC COD, SIUC Community Dental Clinic and ICHF Grant
Recommendation 3 **Integrate information and training experiences into the dental and dental hygiene education curricula that will allow these dental health professionals to treat a diverse public.**	**Successes to date** RWJ Foundation Grant to UIC COD, SIUC Community Dental Clinic and ICHF Grant
Recommendation 4 **Expand the continuing education opportunities for currently practicing dentists and dental hygienists in the area of dental public health**.	**Successes to date** Multiple efforts IFLOSS, IFDH, IL Oral Health Conference
Recommendation 5 **Establish a process for the systematic collection of oral health workforce capacity in Illinois. Once established, assess the distribution of and potential need for dental specialists, particularly pediatric dentists.**	**Successes to date** Illinois dental workforce census completed in fall of 2004 & 2006; Public Act DPFR may require dentists to complete census; Board Certified Faculty in Dental Public Health; Division of Prevention and Public Health at UIC COD

Policy Goal III
Remove known barriers between people and oral health services.

Illinois Priorities

Any plan to address barriers to oral health in Illinois must incorporate a strategy for funding the reimbursement of Medicaid services at a floor of 75 percent of the 50th percentile (average) of fees charged by a private dental practice.

- Expand the scope of Medicaid-covered oral health services to include preventive services for adults
- Increase the start-up and maintenance funding resources available for public dental clinics to address the unmet oral health needs of the Medicaid population, the uninsured and the underinsured
- Expand funding for IDPH's school-based dental sealant program to allow penetration of the program throughout Illinois
- Identify funding streams for a statewide community-based education and awareness program, pilot projects in care coordination to improve access to services, and early childhood caries prevention programs
- Develop an Illinois loan repayment program for dentists and hygienists who agree to practice in dental underserved areas and to treat underserved populations
- Expand the dental workforce in rural areas

Recommendation	Successes to date
Recommendation 1 **Increase Medicaid funding to raise reimbursement rates to a minimum floor of 75 percent of the 50th percentile of fees charged by private dental practices.**	Partially met Preventive Care; Memisovski Decision
Recommendation 2 **Expand the scope of services provided to Medicaid beneficiaries to include, at a minimum:** ■ Preventive services particularly for adults (cleaning [prophylaxis], periodic exams) ■ Periodontal (gum) procedures, particularly for pregnant women ■ Endodontics (root canal) procedures for posterior (back) teeth ■ Partial dentures ■ Operating room costs/anesthesia for persons with developmental disabilities who require sedation	No cuts to Medicaid program; Center for Health Care Strategies; Purchasing Inst.; RWJF Project
Recommendation 3 **Increase the proportion of low-income children and pregnant women - both insured and uninsured - and the proportion of persons who live in geographically underserved areas who receive dental examinations, preventive oral health services and restorative care.**	KidCare and All Kids; utilizing dental sealant grant program to enroll kids into KidCare and All Kids
Recommendation 4 **Increase access to dental services for persons with developmental disabilities.**	Expand Milestone Clinic

Recommendation	Successes to date
Recommendation 5 **Increase funding for public health clinic start-up and maintenance grants and other safety net programs including community/migrant health centers and not-for-profit volunteer programs.**	**Successes to date** Significant expansion of dental safety net
Recommendation 6 **Replicate and expand the current IDPH school-based dental sealant program into new communities.**	**Successes to date** New grantees - Kane, Brown, Christian, LaSalle, Madison, Wayne, Shawnee Health Services, Alton Community Unit #1, Berwyn Public Health District; Foundation funding Chicago DSGP
Recommendation 7 **Implement a pilot case management system addressing the oral health care needs of low-income and uninsured individuals, specifically missed dental appointments, and lack of longitudinal information on the oral health care of Medicaid insured and uninsured persons.**	
Recommendation 8 **Replicate model programs that help insurance beneficiaries (both public and private) to understand their dental benefits and the value of those benefits.**	**Successes to date** IFLOSS Compendium of Successful Programs
Recommendation 9 **Pursue Illinois-specific funding for loan repayments for Illinois dental school graduates and graduates of dental hygiene training programs who agree to practice in a dental underserved shortage area or a rural area, or to serve an underserved population (e.g., persons with developmental disabilities) upon graduation. Focus resources on applications from rural areas, in an effort to improve retention in rural communities.**	
Recommendation 10 **Decrease the number of people in Illinois who are uninsured for dental services.**	**Successes to date** KidCare and All Kids; PA; general supervision of dental hygienists in school based setting requires public health affiliation

Policy Goal IV
Accelerate the building of the science and evidence base and apply science effectively to improve oral health.

Illinois Priorities

- Develop an oral health surveillance system or a common set of data that can be used to define the scope of oral health needs and access to oral health services, to monitor community water fluoridation status, and to measure the utilization of dental services by the entire population in Illinois. Assure that the system has the capacity to capture data on special populations (low-income, Medicaid insured, elderly, developmentally disabled, children with special health care needs) as well as the insurance status of all population groups.
- Maximize the contribution and use of existing public health data (e.g., IPLAN, local oral health needs assessments) to inform the science base necessary to improve oral health in Illinois.

Recommendation	Successes to date
Recommendation 1 **Develop the infrastructure necessary for an oral health surveillance system with the capability to define oral health status, the scope of oral health needs, access to oral health services, community water fluoridation status and utilization of dental services by the population.**	Illinois Oral Health Surveillance System developed; Healthy Smiles Healthy Growth Assessment of 3rd graders; Head Start data collection pilot
Recommendation 2 **Enhance and increase the resources available for local health departments to gather accurate and useful data on oral health for use in local planning.**	Health department training in data collection; IDPH Fluoridation Database Manager

Policy Goal V
Use public-private partnerships to improve the oral health of those who suffer disproportionately from oral diseases.

Illinois Priorities

- Monitor the implementation and continued development of this Illinois Oral Health Plan
- Establish a formal mechanism for leaders in dental education (dentistry, dental hygiene, dental residency training programs) to convene on a routine basis and discuss strategies, synergies and opportunity
- Support the IFLOSS Coalition as a working public/private partnership focused on oral health improvement for all residents of Illinois
- Assure the active participation of the oral health community in statewide health improvement organizations such as the Illinois Maternal and Child Health Association, Prevention First, the Campaign for Better Health Care and Public Health Futures Illinois
- Include representatives from key stakeholder groups and from populations disproportionately affected by oral health problems (e.g., the elderly, persons with developmental disabilities) in the planning and implementation of ideas in the oral health plan, as well as on state and other committees that monitor and provide for the oral health of Illinois residents

Recommendation	Successes to date
Recommendation 1 **Monitor the implementation and continued development of the Illinois Oral Health Plan.**	**Successes to date** Monitoring underway; IRHA Forum; IOHP part of State Health Improvement Plan
Recommendation 2 **Develop a formal mechanism for leaders in dental education (dentistry, dental hygiene, dental residency training programs) to convene on a routine basis and discuss strategies, synergies and opportunities.**	**Successes to date** Dental Educators Forum
Recommendation 3 **Identify funding streams to assure the long-term development and institutionalization of the IFLOSS Coalition.**	**Successes to date** Increased membership; multiple chapters of Coalition; Policy and Legislation Committee; IRHA - Oral Health Work Group; significant foundation support for oral health service delivery; IFLOSS assures oral health in Adequate Care Task Force

Appendix D

Illinois Oral Health Plan I

Evaluation Report Summary, February, 2006 - Background and Methods

In July 2005, the Illinois Department of Public Health, Division of Oral Health contracted with the Illinois Prevention Research Center (IPRC) located at the University of Illinois at Chicago, School of Public Health, Institute for Health Research and Policy to conduct program evaluation and provide technical assistance to the ongoing oral health activities in the state. The framework for the evaluation of the IL Oral Health Plan is based primarily on two sources, the CDC's *Framework for Program Evaluation in Public* Health and suggested strategies offered by representatives of the CDC, Division of Oral Health during their site visit to Illinois in early 2005. Data for this summary come from a series of 3 statewide *Stakeholder Forums* and 107 *Illinois Oral Health Plan Development and Implementation Survey*s. *Stakeholder Forums* were conducted as collaborative efforts between the oral health division of the state health department and the following entities:

- Illinois Dental Education Forum (March 28, 2005 – Springfield, IL)
- Illinois Rural Health Association Oral Health Forum (April 13, 2005 – Effingham, IL)
- Illinois State Dental Society Access to Care Committee Forum (July 6, 2005 – Springfield, IL)

Administration of the *Development and Infrastructure Survey* took place with the following:

- Illinois Dental Education Forum participants
- Illinois Rural Health Association Oral Health Forum participants
- Illinois State Dental Society Access to Care Committee Forum – members
- Illinois State Dental Hygienists Association – Board members
- Illinois State Dental Hygienists Association – House of Delegates
- Illinois Public Health Association Conference participants
- Illinois State Oral Health Conference participants

Recommendations

Based on the results of the *Stakeholder Forums*, the findings from the *Development and Implementation Survey* and interactions with staff of the Illinois Department of Public Health, Division of Oral Health, the following recommendations are suggested:

- Overall, the plan has been received and viewed as a positive step for oral health planning and programming in Illinois both in its development and implementation
- The Stakeholder forums were viewed as a positive method for obtaining direct and specific feedback from the groups involved
- Specific recommendations from the Stakeholder Forums should be included in the next State Oral Health Plan
- Increase emphasis on inclusion of special population needs including the elderly and rural residents with regard to oral health care access
- For the next plan, it was highly recommended that specific 'benchmarks' be included as baseline measures to ensure and demonstrate progress. Issues concerning prioritization of activities and the costs associated with implementing these were also suggested
- The plan is often used for grant writing, strategic planning, legislative advocacy and as a community health planning tool
- Concern remains about the role of the RDH within the practice community including recommendations for the expansion of the role
- There is a strong desire for the continued and expanded role of the oral health educational sector in the planning process
- There should remain an emphasis on 'getting the word out' on oral health through conducting local and regional meetings as often as possible
- The work of the Division of Oral Health is very much appreciated

Prepared by: Illinois Prevention Research Center, UIC Institute for Health Research and Policy under contract from the Division of Oral Health, Illinois Department of Public Health

Appendix E

Illinois Oral Health Plan II

Town Hall Meeting Questions

The Illinois Statewide Oral Health Plan Steering Committee is currently seeking input to help improve oral health services in Illinois. In order to collect information from Town Hall Meeting participants, please take a few minutes to respond to these questions. Your answers will be kept anonymous and aggregated with all respondents.

1. What specific problems are you having in accessing oral health services in your community? Please be specific about service and access issues.

2. Are vulnerable populations able to access services in your community (elderly, low-income, disabled, uninsured, rural residents, etc)? Please be specific about service and access issues.

3. What innovative oral health projects have been developed in the last five years in your community?

4. Do you have access to educational and public awareness materials for oral health services in your community?

5. What suggestions do you have to improve oral health care in your community?

6. Who are the oral health champions in your community? Why?

Appendix F

Illinois Oral Health Plan I

Town Hall Meeting Evaluation Tool

1. The meeting format provided opportunity for input from all participants.
   Not at All 0 1 2 3 4 Very Much

2. The meeting facility was accessible and accommodating for the meeting.
   Not at All 0 1 2 3 4 Very Much

3. The meeting facilitator encouraged participation and input from all participants.
   Not at All 0 1 2 3 4 Very Much

4. The meeting adequately addressed the oral health needs of your community.
   Not at All 0 1 2 3 4 Very Much

5. I felt my voice was clearly heard.
   Not at All 0 1 2 3 4 Very Much

6. I had the opportunity to address the issues I felt are important.
   Not at All 0 1 2 3 4 Very Much

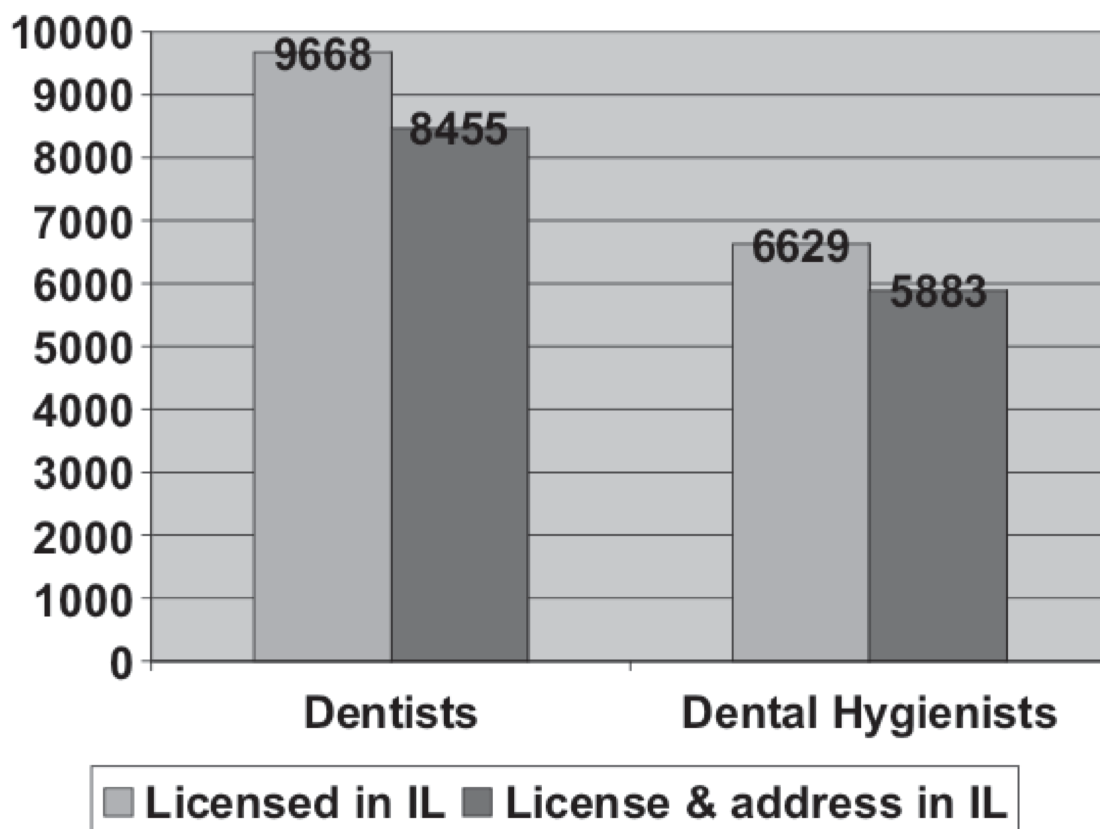
7. The meeting allowed me adequate time to voice my opinion.
   Not at All 0 1 2 3 4 Very Much

8. Please share any additional issues, thoughts, suggestions and recommendations you may have for the Statewide Oral Health Plan.

Appendix G

Registered Dentists & Dental Hygienists in Illinois in 2005

Dentists and Dental Hygienists by License and Address in Illinois



Appendix H

IOHP II Town Hall Meeting Participants

Galesburg Town Hall Meeting

Brad Bennewitz, WGIL, Galesburg Radio Station
Ben Botkin, Register-Mail
Greg Chance, Knox County Health Department
Kim Forrin, Carl Sandburg College
Laura Fullerton, Knox County Health Department
Julie Ann Janssen, Illinois Department of Public Health
Karen Kistler, United Way
Mike Perry, WGIL, Galesburg Radio Station
Gail Ripka, Henry County Health Department
Kathleen Thacker, Illinois Department of Public Health
Melinda Whiteman, Henderson County Rural Health
Lauri Wiechmann, Carl Sandburg College
Linda Wikoff, Illinois Farm Bureau
Lori Williams, Illinois Rural Health Association

Carbondale Town Hall Meeting

Sandie Beebe, Southern Illinois University, Dental Hygiene
Lisa Bilbrey, IFLOSS Coalition
Joan M. Davis, Southern Illinois University
Ronda DeMattei, Southern Illinois University, Dental Hygiene
Julie Ann Janssen, Illinois Department of Public Health
Brooke Johnson, Southern Illinois University, Dental Hygiene Student
Jon Lam, Illinois Environmental Protection Agency
Charla Lautar, Southern Illinois University, Dental Hygiene
Sherri Lukes, Southern Illinois University, Dental Hygiene
Sandy Maurizio, Southern Illinois University, Dental Hygiene
Teri McSherry, Southern Illinois University, Dental Hygiene
Nancy Mezzarelli, Shawnee Health Services
Faith Miller, Southern Illinois University, Dental Hygiene
Jennifer Miller, Southern Illinois University
Julie Patton, Egyptian County Health Department
Judy Redick, IFLOSS Coalition
Kim Spruell, Franklin-Williamson Bi-County Health Department
Lori Williams, Illinois Rural Health Association
Marcy Wood, Southern Illinois University, Dental Hygiene Student
Bobbie Worthington, Southern Seven Head Start
Toni Kay Wright, Southern Illinois University Carbondale Head Start
Judy Zito, Southern Illinois University, Social Work

Rockford Town Hall Meeting

Rosemary Bloom, Winnebago County Health Department
Anne Clancy, Illinois Department of Public Health
Ray Empereur, Rockford Regional Health Council
Matt Hunsaker, University of Illinois Chicago, Rockford
Julie Ann Janssen, Illinois Department of Public Health
Susan Krug
Vince Madama, Rock Valley College
Marie A. Narickis, Rock Valley College
Kathy Olson, Milestone Dental Clinic
Greg Ringler, Crusader Clinic
Juanita Varnes, Winnebago County Health Department
Yvette Walker, Illinois Dental Hygienists Association
Lori Williams, Illinois Rural Health Association

Downer's Grove Town Hall Meeting

Carleen Banks, YWCA, Child Care Resource and Referral
Kimberly Benkert, Western Suburbs Dental Hygienists' Society
Dr. Ed Chavez, DuPage Community Clinic
Bill Christiansen, DuPage County Health Department
Amanda Ciatti, DuPage Community Clinic
Anne Clancy, Illinois Department of Public Health
Jennifer Coyer, DuPage PADS (Public Action to Deliver Shelter, Inc.)
Sharon Crowder, DuPage County Health Department
Susanna Roberts Davison, Kane County Health Department
Beth Emke, DuPage County Health Department
Lino Goreia, DuPage County Health Department
Julie Ann Janssen, Illinois Department of Public Health
Regine A Oair, University of Illinois
Beverly Parota, DuPage County Health Department
Beth Pitcher, Delta Dental of Illinois
Mary Ellen Schaefer, DuPage County Senior Services
Elaine Schram, DuPage County Health Department
Mila Tsagalis, DuPage County Health Department
Lori Williams, Illinois Rural Health Association
Lynne Williams, Delta Dental of Illinois
Ellen Weissbrodt, Glen Ellyn Community Resource Center

Champaign-Urbana Town Hall Meeting

Jerry Andrews, Macon County Health Department
Lisa Bell, Central Illinois Dental Educational Services
T.M. Blunt, Champaign-Urbana Public Health District
Karen Bojda, Central Illinois Dental Educational Services
Olivia Brown, Champaign County Health Care Consumers
George Carlisle, Champaign County Health Care Consumers
Paulette Coliner, Champaign County Health Care Consumers
Katie Coombes, Champaign County Health Care Consumers
Marilyn Cray, Dental Director
Monika Dubiel
Mary Emmons, Parkland College
Susan Farner, University of Illinois
Julie Ann Janssen, Illinois Department of Public Health
Allison Jones, Champaign County Health Care Consumers
Nezar Kassem, Illini District Dental Society
Claudia Lennhoff, Champaign County Health Care Consumers
Susan Maurer, Champaign County Board of Health
Nancy Mings, Carle Clinic - Pediatrics
Chinwe Ntamere, University of Illinois
Ken Powell, Campaign for Better Health Care
Larry Rogers, Champaign-Urbana Public Health District
Ann Roppel, Illinois Department of Public Health
John Short

Pam Simmons, Champaign-Urbana Public Health District
Jan Thom, Central Illinois Dental Educational Services
Amanda Vlak, University of Illinois
Rev. Robert West
Lori Williams, Illinois Rural Health Association
Dianna Wilson, Head Start
Val Woodruff
M. Ziemoeit, Fit WithZ
Marcia Zumbahlen, Private Infant Mental Health Specialist

Chicago Town Hall Meeting

William Baldyga, Institute for Health Research and Policy
Susan Bauer, Community Health Partnerships of Illinois
Mary Pat Burgess, Chicago Department of Public Health
LaDawn Burnett, Office of Lieutenant Governor
Dr. Gerald Ciebien, Chicago Dental Society, Access to Care Committee
Amy Day, Dental Dreams
Shelly Duncan, Illinois Primary Health Care Association
Bob Egan, Illinois Children's Healthcare Foundation
Dr. Caswell Evans, University of Illinois, College of Dentistry
Megan Fitzpatrick, American Dental Hygienists' Association
Tanya Ford, Illinois Primary Health Care Association
Tasha Gentry, Firman Community Services
Tasha Gibson, Firman Community Services
Danny Hannad, University of Illinois, College of Dentistry
Barbara Hernandez, Firman Community Services
Charles Holland, St. Bernard Hospital
Tyrone Hudsen, Firman Community Services
Tyrone Humphrey, Firman Community Services
Dr. David Itzkoff, Special Care Dentistry Association
Dr. Linda Kaste, University of Illinois, College of Dentistry
Dr. Lewis Lampiris, DDS, MPH
Elizabeth Lippitt, Oak Park/River Forrest Infant Welfare Clinic
Edwin Mangram, Lawndale Christian Health Center
Catherine McNamara, Oak Park Health Department
Khatija Noorallah, University of Illinois, College of Dentistry
Kena Norris, Illinois Primary Health Care Association
Dr. Sharon Perlman, Illinois State Dental Society
Ann Roppel, Illinois Department of Public Health
Amber Ryan, University of Illinois, College of Dentistry
Dr. Susana Torres, Lawndale Christian Health Center
Lori Williams, Illinois Rural Health Association
David Wolle, Dental Dreams
Christine Wu, University of Illinois, College of Dentistry

Maryville Town Hall Meeting

Lisa Bilbrey, IFLOSS Coalition
Sheryl Byrnes, Riverbend Head Start/Early Head Start
Mary Christen, Illinois Department of Public Health
Julie Clark, Ford-Iroquois Public Health Department
Beth Darling, Madison County Health Department
Dean Harbison, Illinois Department of Public Health
Matthew Hoffman, Village of Maryville
Dr. Poonam Jain, Southern Illinois University, School of Dental Medicine
Julie Ann Janssen, Illinois Department of Public Health
Patrick C. Presson, Village of Maryville
Lynne Rose, Lewis & Clark Community College
Andrea Schroll, Illinois Department of Public Health
Hardy Ware, East Side Health District

Appendix I

Attendees, IOHP II Oral Health Summit

Jaime Appelwick, Cass County Health Department
Dr. Cynthia Barnes Boyd, University of Illinois at Chicago, Neighborhoods Initiative
Lisa Bell, Central Illinois Dental Services
Karen Berg, Illinois Maternal and Child Health Coalition
Lisa Bilbrey, IFLOSS Coalition
Dr. Ann Boyle, Southern Illinois University, School of Dentistry
Honorable Rich Brauer, State Representative
Clifford A. Brown, DDS, Dental Sealants & More
Mary Pat Burgess, School-Based Oral Health Program, City of Chicago, Department of Public Health
Mary Christen, Illinois Department of Public Health
Dr. Gerald Ciebien, Chicago Dental Society
Gerri Clark, University of Illinois, Division of Specialized Care for Children
Julie Clark, Ford Iroquois Public Health Department
Dr. Chauncey Cross, Illinois State Dental Society
Beth Darling, Madison County Health Department
Phillip V. Davis, Ph.D., Southern Illinois University, School of Medicine
Amy Day, McGuire Woods
Deb Donnelly, Whiteside County Health Department
Nancy Eisenmenger, Carle Foundation Hospital
Dr. Caswell Evans, University of Illinois at Chicago, College of Dentistry
Alice Foss, Don Moss & Associates
Leslie Frederick, UIC Division of Specialized Care for Children
Robyn Gabel, Illinois Maternal and Child Health Coalition
Dr Hershall Garrett, East Side Health District
Marc Gibbs, Illinois Department of Public Health
Marilyn Green, Department of Human Services
Sunanda Gupta MD, MPH, University of Illinois at Chicago
Bobby Hall, Department of Children and Family Services
Dionne Haney, Illinois State Dental Society
Robin Hannon, St. Clair County Health Department
Janel Hanson, Rock Island County Health Department
Wanda M. Hansen, Illinois Dental Hygienists Association
Beth Hines, Centers for Disease Control, Division of Oral Health
Roger Holloway, Illinois Hospital Association
Dr. Matt Hunsaker, National Center for Rural Health Professions
Dr. David Itzkoff, Special Care Dentistry/Shapiro Center
Dr. Poonam Jain, Southern Illinois University, School of Dental Medicine
Julie Janssen, Illinois Department of Public Health
Rebecca Jeppesen, Hispanic Dental Society
Greg Johnson, Illinois State Dental Society
Michael C. Jones, Illinois Department of Public Health

Dr. Linda Kaste, University of Illinois at Chicago, College of Dentistry
Vincent D. Keenan, Illinois Academy of Family Physicians
Susan Kerr, Illinois Children's Healthcare Foundation
Patti Kimmel, Department of Health and Human Services
Honorable Renee Kosel, State Representative
Alan J. Kveton, Berwyn Public Health District
Dr. Charla Lautar, Southern Illinois University at Carbondale
Vanessa Lentz, Smile Illinois Mobile Dentists
Dr. Jerry Marshall, Tazewell County Health Department
Debra McElroy, Kane County Health Department
Mary S. Moss, Pike County Health Department
Dale Nickelson, D.D.S., M.S., UIC Dentistry, Elgin Well Child Clinic
George M. O'Neill, Jr., Shawnee Health Service
Elizabeth Patton, East Side Health District
Julie Patton, Egyptian Public and Mental Health Department
Velma Payne, East Side Health District
Dr. Karen Peters, University of Illinois at Chicago
Judy Redick, IFLOSS Coalition
Cathy Reed, Southern Illinois University at Carbondale, Head Start
Ann L. Roppel, Illinois Department of Public Health
Lynne Rose, Lewis & Clark Community College
Tonya Sandstrom, Sangamon County Public Health Department
Deborah Saunders, Department of Health and Human Services
Maria Silvis, University of Illinois at Chicago
Teresa Smith, Cass County Health Department
Jeff Stauter, McGuire Woods
Kent Tarro, Macoupin County Public Health Department
Dr. David R. Trost, Miles of Smiles, Ltd.
Alejandra Valencia, University of Illinois at Chicago
Kenneth Vaughn, 1st Family Dental
Sangeeta Wadhawan, Illinois Department of Public Health
Dr. Ken Webb, Macon County Health Department
Renee Wendt, Macoupin County Health Department
Melinda Whiteman, Henderson County Rural Health Center
Marcia Widolff, Whiteside County Health Department
Lori Williams, Illinois Rural Health Association
Phyllis J. Wood, Egyptian Public and Mental Health Department
Toni Kay Wright, Southern Illinois University Carbondale Head Start
Brenda Yarnell, Ph.D., United Cerebral Palsy, Land of Lincoln
Katie Zinn, Illinois Department of Public Health
Judy Zito, Southern Illinois University
Ellie Zoerink, Macomb School District #185

Appendix J

Acronyms and Definitions

CCDPH	Cook County Department of Public Health
CDC	Centers for Disease Control and Prevention
CDPH	Chicago Department of Public Health
CDS	Chicago Dental Society
CPPH	Chicago Partnership for Public Health
DCFS	Illinois Department of Children and Family Services
DER	Dental Emergency Responder
DHS	Illinois Department of Human Services
DEMRT	Disaster Emergency Medicine Readiness Training Center
ECC	Early Childhood Caries
EPSDT	Early Periodical Screening Diagnosis and Treatment Program
FPL	Federal Poverty Level
HFS	Illinois Department of Healthcare and Family Services
HRSA	Health Resources and Services Administration
HPRC	Health Policy and Research Center
IAHEC	Illinois Area Health Education Center
ICAAP	Illinois Chapter of the American Academy of Pediatricians
IDPFR	Illinois Department of Financial and Professional Regulation
IDHA	Illinois Dental Hygienists' Association
IDPH	Illinois Department of Public Health
IEPA	Illinois Environmental Protection Agency
IFLOSS	This is not an acronym; IFLOSS is a statewide oral health coalition
IOHP	Illinois Oral Health Plan (2002)
IOHSS	Illinois Oral Health Surveillance System
IPHCA	Illinois Primary Health Care Association
IPLAN	Illinois Project for Local Assessment of Needs
IRHA	Illinois Rural Health Association
ISBE	Illinois State Board of Higher Education
ISDS	Illinois State Dental Society
ISMS	Illinois State Medical Society
PHFI	Public Health Futures Illinois
SIU	Southern Illinois University
SIUC	Southern Illinois University at Carbondale
SIUE	Southern Illinois University at Edwardsville
UIC	University of Illinois at Chicago
UIC COD	University of Illinois at Chicago College of Dentistry
USDA	United States Dietary Authority, Department of Agriculture
WIC	Women, Infants and Children's Program

Definitions

Public Health
The art and science of preventing epidemics and the spread of disease, protecting against environmental hazards, preventing injuries, promoting and encouraging healthy behaviors, responding to disasters and assisting communities in recover and assuring the quality and accessibility of health services (CDC/PHPPO, 1990)

Dental Public Health
"..the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis." (American Board of Dental Public Health, 1997)

Oral Health
Being free of chronic oral-facial pain conditions, oral and pharyngeal (throat) cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and scores of other diseases and disorders that affect the oral, dental and craniofacioal tissues, collectively known as the craniofacial complex. (*Surgeon General's Report on Oral Health in America, 2000.*)

Community Oral Health
Programming that utilized health promotion and disease prevention activities to address oral health problems in populations. Such programs often provide a level of organization and resources beyond those available to an individual and complement personal care and professional services. Many programs target populations with limited access to professional services or limited resources to pay for services. Government agencies, religious organizations, charities, schools, and foundations and other private and public groups may spearhead such programs, tapping into the expertise, enthusiasm and knowledge of community values of staff and volunteers. Some programs are sponsored by national, state and local dental societies and their members. (*Surgeon General's Report on Oral Health in America, 2000.*)

Public Health Workforce
The current public health workforce includes local health department staff; health educators based at hospitals, health departments or other agencies; personnel from the state department of health; as well as faculty and students at the University of Illinois School of Public Health and UIS MPH programs.

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