



# Healthy People, Healthy Smiles

## Assuring an Agenda for Action

June 2012



# Acknowledgements

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In May of 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 convened an Illinois Oral Health Summit on September 11, 2001. At this summit, the first draft of an Illinois oral health plan was unveiled. In April of 2002, IDPH published the summit proceedings including the first Illinois Oral Health Plan. A similar process led to the development of the 2007 second state oral health plan: *Oral Health Care in Illinois, A Roadmap to the Future*. 2012 marked the collective development of the Illinois third oral health plan: *Healthy People, Healthy Smiles*.

We believe that improving oral health transcends across the various aspects of our daily lives – not just within the oral health family. The initial development of this plan aimed to ensure that nontraditional cross sectors were invited to collaborate on this plan. These categories included:

- Government
- Education
- Providers/Provider Organizations
- Health/Special Populations Coalitions
- Philanthropy
- Labor
- Faith Community
- Health Policy/Research Organizations
- Consumers of Oral Health Care Services

The overarching goal of this plan is to create an action plan for each of these sectors to become a part of improving oral health. Unlike previous Illinois oral health plans, this edition’s framework, while rooted by the Surgeon General’s 2000 Call to Action, is a product of stakeholder input and is modeled after Healthy People 2020 national oral health objectives. These objectives will help enable how to measure progress, evaluate success and how to design and implement reporting and feedback mechanisms.

Our goal is to create a “breathing document” - not one that sits on the shelf and to be revisited every five years, but one that provides an opportunity for continuous evaluation and input. There are many groups and organization with varying degrees of knowledge of oral health. This document is created to provide a place for them to “jump in” regardless of their knowledge of oral health, their capacity or targeted population.

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The Illinois Department of Public Health and the IFLOSS Coalition would like to thank the Statewide Steering and Advisory 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

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- Introduction** ..... 1
- Background** ..... 2
  - ILLINOIS ORAL HEALTH PLAN II IN REVIEW ..... 3
  - THE *HEALTHY PEOPLE* INITIATIVE ..... 4
  - HISTORICAL VIEW OF ORAL CARE IN ILLINOIS SINCE 2000 ..... 5
  - FOUNDATIONAL ELEMENTS ..... 7
  - RECENT INSTITUTE OF MEDICINE (IOM) REPORTS ..... 8
  - STATE HEALTH IMPROVEMENT PLAN (SHIP) ..... 9
  - STAKEHOLDER ISSUES ..... 10
  - STATEWIDE EFFORTS: THE ILLINOIS ORAL HEALTH SYSTEM ..... 11
    - ENTITIES AND INSTITUTIONS ..... 11
      - ILLINOIS DEPARTMENT OF PUBLIC HEALTH, DIVISION OF ORAL HEALTH ..... 11
      - ORAL HEALTH COALITIONS ..... 11
      - KEY STATE PARTNERS ..... 12
      - DENTAL TEACHING INSTITUTIONS IN ILLINOIS ..... 12
      - OTHER STATE AGENCY PARTNERS ..... 12
    - ORAL HEALTH PROGRAMS IN ILLINOIS ..... 13
      - SURVEILLANCE PROGRAM ..... 13
      - ORAL HEALTH NEEDS ASSESSMENT AND PLANNING PROGRAM (OHNAP) ..... 14
      - COMMUNITY WATER FLUORIDATION ..... 14
      - DENTAL SEALANT GRANT PROGRAM ..... 16
      - ORAL CANCER PREVENTION AND CONTROL PROGRAM ..... 17
      - DENTAL ROLE IN PREPAREDNESS AND RESPONSE ..... 17
- The Process and Approach** ..... 18
  - ADVISORY COMMITTEE ..... 19
  - STEERING COMMITTEE ..... 19
  - LISTENING TOUR ..... 20
  - FRAMEWORK ..... 20
  - ORAL HEALTH SUMMIT ..... 21
- Action Planning For Oral Health Improvement** ..... 22
  - ORAL HEALTH PROMOTION – ORAL HEALTH LITERACY ..... 22
  - ACCESS TO DENTAL CARE – COVERAGE AND FINANCING ..... 24
  - ACCESS TO DENTAL CARE – WORKFORCE AND TRAINING ..... 26
  - ACCESS TO DENTAL CARE – DELIVERY SYSTEM IMPROVEMENTS ..... 28
  - PARTNERSHIP AND COLLABORATION – PUBLIC/PRIVATE COALITIONS/JOINT VENTURES ..... 31
- Beginning Steps** ..... 33
  - IMPROVING ACCESSIBILITY OF ORAL HEALTH DATA ..... 33
- Next Steps** ..... 35

**Appendices**.....**37**

APPENDIX A: ILLINOIS ORAL HEALTH PLAN STEERING COMMITTEE INVITEES .....38

APPENDIX B: HEALTHY PEOPLE 2020 SUMMARY OF ORAL HEALTH OBJECTIVES/DATA.....39

APPENDIX C: ILLINOIS ORAL HEALTH PLAN LISTENING TOUR ANNOUNCEMENT .....42

APPENDIX D: THEMES AND ISSUES PRESENTED AT THE ILLINOIS ORAL HEALTH PLAN LISTENING TOUR .....43

APPENDIX E: ILLINOIS ORAL HEALTH PLAN SUMMIT AGENDA.....51

APPENDIX F: ILLINOIS ORAL HEALTH PLAN SUMMIT PARTICIPANTS .....52

APPENDIX G: ILLINOIS ORAL HEALTH PLAN SUMMIT FACILITATORS .....54

APPENDIX H: ACTION PLAN TEMPLATE .....55

APPENDIX I: ILLINOIS ORAL HEALTH PLAN SUMMIT EVALUATION TOOL .....56

APPENDIX J: ILLINOIS ORAL HEALTH PLAN SUMMIT EVALUATION RESULTS .....57

APPENDIX K: ENHANCED ORAL HEALTH REFERRAL PROJECT .....58

APPENDIX L: BIBLIOGRAPHY .....60

# Introduction

Oral health is an integral part of overall health. Oral health professionals know it, and oral health advocates promote it, but parents, their children, other adults, and even the medical professionals who treat them may not understand the critical relationship between oral and physical health. As a result, too often in Illinois and across the nation, good oral health habits are forgotten, preventive oral health care is lacking, and resulting oral health problems go untreated.

This “burden of disease” was well documented in the U.S. Surgeon General’s landmark report, *Oral Health in America*, published in May 2000. This report presented evidence of a “silent epidemic” of dental and oral diseases and referenced reported associations between chronic oral infections and diabetes, osteoporosis, heart and lung conditions, and certain adverse pregnancy outcomes.

The report’s central message was that oral health is essential to general health and well-being and can be improved despite a number of barriers. The report concluded with a framework for action, calling for a national oral health plan to improve quality of life and eliminate oral health disparities.

Illinois, like many states, used the Surgeon General’s report as a springboard to engage partners interested in improving oral health and was among the first of the states to develop a state oral health plan. *Roadmap to the Future: Oral Health in Illinois* (2002), Illinois’ first oral health plan, used the five action steps from the framework established in *Oral Health in America* as policy goals and included scores of priorities and recommendations for strategic interventions from a series of town hall meetings and a statewide summit. With the intent to build a culture of good oral health across the state and guide actions aimed at improving oral health status, this initial effort was used as a model for other state oral health plans throughout the nation.

“ . . . there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a “silent epidemic” of dental and oral diseases is affecting some population groups. This burden of disease restricts activities in school, work, and home, and often significantly diminishes the quality of life. “

--Oral Health in America  
A Report of the Surgeon General,  
2000



## Goals of Previous Illinois Oral Health Plans

*The Surgeon General’s Call for Action formed the basis for the first two Illinois Oral Health Plans:*

- Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health
- Build an effective infrastructure that meets the oral health needs of all Illinoisans and integrates oral health effectively into overall health
- Remove known barriers between people and oral health services
- Continue to build the science and research needed to improve oral health

*Illinois Oral Health Plan II (IOHP II 2007)* also followed the framework of the Surgeon General's report, reviewing the state's progress in addressing the original five-year plan and making recommendations for the future. Again, a series of town hall meetings and a statewide summit informed the process.

Notably, neither of these plans was designed to direct any one group or entity, but instead was intended to be broadly inclusive, offering guidance for those interested in improving the oral health of Illinoisans to plan and to evaluate oral health activities. With this comprehensive approach, it was expected that every stakeholder organization would be able to see opportunities to align its actions with the state plan.

*Healthy People, Healthy Smiles* is the third iteration of state-level oral health planning in Illinois. Unlike previous Illinois oral health plans, this edition's framework, while informed by the Surgeon General's 2000 Call to Action, is a product of stakeholder input and is modeled after *Healthy People 2020* national oral health objectives.

Further, *Healthy People, Healthy Smiles* is designed to assure an *action* agenda for improving oral health in Illinois. Rather than simply offering guidance to the many individuals and organizations with a stake in the oral health of Illinois residents, the intent of this effort is to catalyze an ongoing process of leadership and collaboration to plan, to implement, to monitor and to evaluate the impacts of oral health interventions. Accountability and measurement are the hallmarks of such a process, and as such, this document should be considered the first step in the next cycle of continuous oral health improvement actions in Illinois.

## Background

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In the summer of 2011, the Illinois Department of Public Health (Department) received a grant from the Healthy People 2020 Action Project to support the development of an Illinois oral health plan aligned with *Healthy People 2020* national health objectives. The Department sought the funding in response to lessons learned in attempting to document progress in implementing the previous Illinois oral health plans.

To assure broad support and engagement, previous plans had been purposefully comprehensive, but in practice, implementation had proven challenging to manage, to track or to report. With few easily measurable objectives and little focus on how successes would be defined, progress was sporadically and often only anecdotally captured, and accountabilities were not often clearly defined.

At the outset of the *Healthy People, Healthy Smiles* initiative, stakeholders requested a "report card" on the progress of implementing the IOHP II. The format below provides a "snapshot" of progress and is intended to provide a quick reference.

# Illinois Oral Health Plan II in Review

## Recommendations Met

- Expand the early childhood oral health programs.
- Promote regular dental exams for children.
- Provide medical professionals information on oral disease prevention and treatment.
- Improve coordination of oral health programs among local and state agencies.
- Expand efforts to provide financial incentives for dentists to practice in underserved areas.
- Develop oral health educational materials and training for medical professionals.
- Develop a case management approach for parents to access oral health services.
- Promote enrollment in the Healthcare and Family Services (HFS) dental program among private dental professionals.
- Maintain the statewide fluoridation program in Illinois.
- Increase the available start-up resources and add maintenance funding for safety net dental clinics.
- Expand loan repayment program for dentists and dental hygienists.

## Progress Made

- Develop a comprehensive statewide oral health education and awareness program.
- Provide prenatal education and assure preventive oral health care for all pregnant women.
- Maximize community capacity to provide oral health awareness and education.
- Implement and maintain a partnership focusing on the prevention and control of oral cancer.
- Expand community-based experiences for students of dentistry and dental hygiene.
- Involve dentists and dental hygienists in private practice in community-based access to care.
- Promote the dental role in preparedness and response.
- Develop a strategy for enhancing funding through the HFS dental program.
- Increase oral health services for low-income children and pregnant women.
- Increase access to care for persons with developmental disabilities.
- Expand the IDPH school-based oral health program throughout Illinois.
- Identify funding for oral health education and awareness programs.
- Encourage safety net dental clinics to offer a full array of oral health care.
- Develop an ongoing system to collect workforce capacity data.
- Implement an oral health needs assessment and planning process in all counties and Chicago sub-regions.
- Educate local health professionals to collect and utilize data.
- Develop common measures for monitoring and tracking oral health outcomes.
- Maximize the Illinois Oral Health Surveillance System.
- Monitor the implementation and continued development of the Illinois Oral Health Plan.
- Support the IFLOSS Coalition as the voice of oral health in Illinois.
- Assure the active participation of the oral health community in health improvement organizations.
- Assure the long-term development and institutionalization of the IFLOSS Coalition.
- Include representatives from populations disproportionately affected by oral health problems.

## Recommendations That Remain to be Addressed\*

- Partner with the Illinois State Board of Education (ISBE) to implement oral health education curriculum.
- Increase representation of diverse populations in Illinois dental and dental hygiene schools.
- 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.
- Explore incentive programs to expand the oral health workforce for all populations, especially oral surgeons and specialists.
- Advocate for an expansion of oral health services provided through the HFS dental program to include preventive services for adults.
- Increase the number of people in Illinois who are insured for oral health care.
- 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.

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\*These recommendations may have localized activities that are not part of a statewide program or effort; e.g., one or more of the dental and dental hygiene schools may have retention and recruitment plans, but there has not been a statewide initiative.

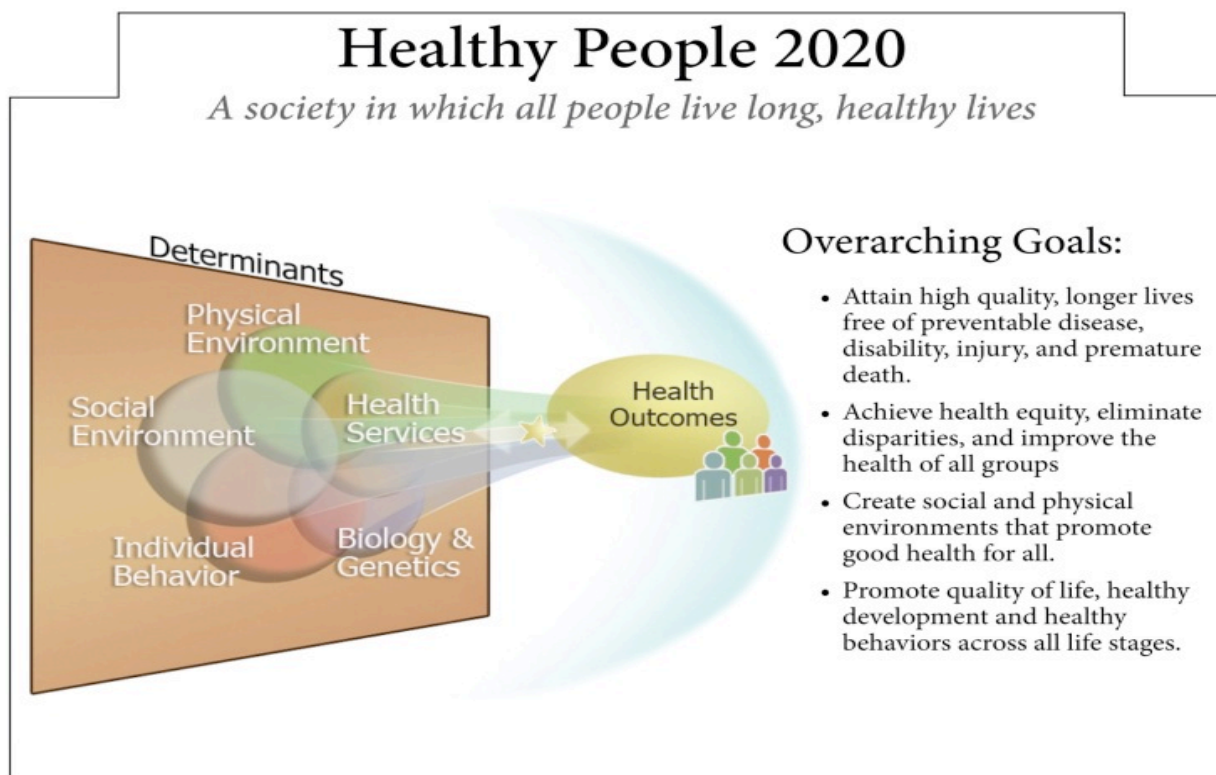


To assist in facilitating the new plan, the Department contracted with the IFLOSS Coalition, with the goal of posting a draft on the IFLOSS website in 2012 for review and comment by the Illinois Oral Health Plan Steering Committee. This diverse partnership of stakeholders (Appendix A) was convened to advise the Department and the IFLOSS Coalition on the development of the plan by providing expertise from members' respective sectors and by guiding the planning process. A critical focus of the plan was the expected alignment with *Healthy People 2020* objectives in order to improve measurability and monitoring of progress and to facilitate comparison with other states and the nation as a whole.

### **The Healthy People Initiative**

Often called a “roadmap” for nationwide health promotion and disease prevention efforts, *Healthy People* is a national agenda with a vision for improving health and achieving health equity for all Americans. *Healthy People* provides science-based, 10-year national health objectives and for more than three decades has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors;
- Guide individuals toward making informed health decisions; and
- Measure the impact of prevention activities.



Source: Healthy People Consortium Toolkit, downloaded from <http://www.healthypeople.gov/2020/consortium/hpConsortium.aspx#toolkit>

Important to achieving the vision for Healthy People 2020, “A society in which all people live long, healthy lives,” is an understanding of the determinants of health, including how our

## Healthy People 2020

### Categories of Oral Health Objectives

- Oral Health of Children and Adolescents
- Oral Health of Adults
- Access to Preventive Services
- Oral Health Interventions
- Monitoring, Surveillance Systems
- Public Health Infrastructure

### Leading Oral Health Indicator

OH-7 - *Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months.*

### Healthy People 2020 Objectives have a—

- Reliable data source
- Baseline measure
- Target for specific improvements to be

physical and social environments, our access to health services, our genetics and our behaviors impact on health outcomes.

Within the context of determinants of health, draft national health objectives were prepared by experts from multiple federal agencies, and the proposed objectives were then made available for public comment. A federal interagency workgroup used selection criteria to choose the final *Healthy People 2020* objectives, which cover 42 topic areas.

The number of *Healthy People* objectives has increased with each decade, growing from 226 objectives set in *Healthy People 1990* to nearly 600 objectives with 1,200 measures in *Healthy People 2020*. Oral Health is among the 42 topic areas (Appendix B); in addition, *Healthy People 2020* objectives in other topic areas, such as Access to Care and Tobacco Use, are related to oral health.

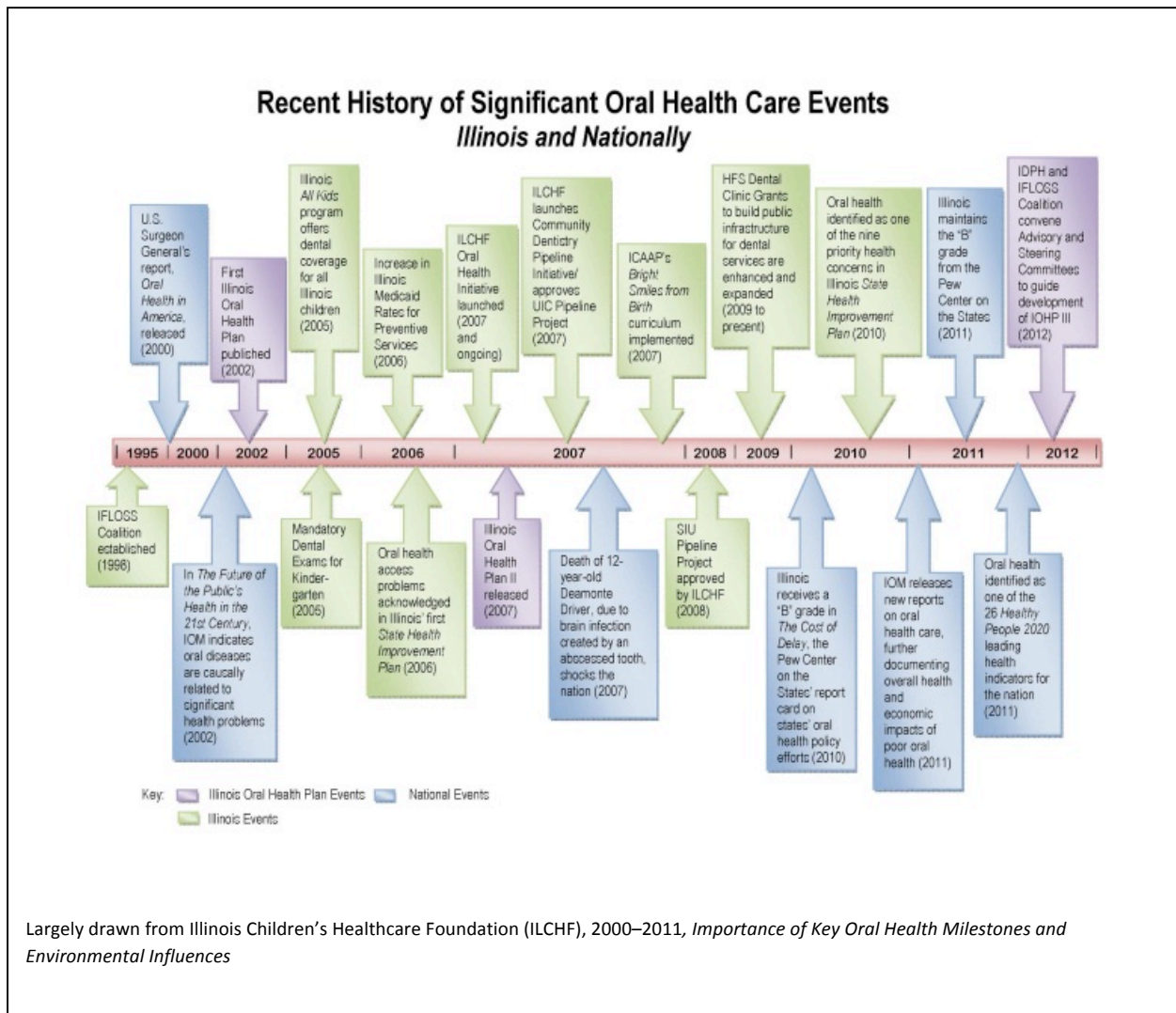
A smaller set of 26 *Healthy People 2020* objectives, called the Leading Health Indicators, has been selected to communicate high-priority health issues. Notably, an indicator related to oral health care system access is among the 26 Leading Health Indicators for 2020.

Over the last two decades, local health departments in Illinois have been facilitating local *Healthy People* plans as part of their certification requirements through the Illinois Project for Local Assessment of Needs, or IPLAN. Several of these plans have identified oral health objectives as priorities. Therefore, Illinois has community-level stakeholders with considerable experience in developing *Healthy People* plans based on the national objectives for local oral health priorities. While the previous state-level oral health plans have acknowledged *Healthy People* objectives, *Healthy People, Healthy Smiles* is the first statewide oral health plan to use these objectives within an action framework.

### Historical View of Oral Care in Illinois Since 2000

As noted previously, subsequent to the May 2000 release of *Oral Health in America*, the U.S. Surgeon General's Report, the Department's Division of Oral Health, the IFLOSS Coalition, and other oral health leaders developed two corresponding plans.

The following chart depicts significant oral health care events since 2000. Understanding the recent context within which the state’s third oral health plan is developed is key to selecting realistic objectives and defining measures of progress and success.



As the health arm of the National Academy of Sciences, the Institute of Medicine (IOM) was established in 1970 as an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public. The aim of the IOM is to help those in government and the private sector make informed health decisions by providing evidence upon which they can rely ([www.iom.edu](http://www.iom.edu)).

Since the initial Illinois oral health plan (2002), the Institute of Medicine (IOM) has underscored the relationship between oral health, general health and overall well-being:

- In its landmark 2002 report, *The Future of the Public’s Health in the 21st Century*, the IOM indicated oral diseases are causally related to significant health problems, such as low birth weight, oral cancer, diabetes, and cardiovascular disease, and oral diseases influence fundamental aspects of life, including learning, eating, speaking, and social

acceptability.

- In 2011, the IOM issued reports that further documented the impacts of poor oral health nationally, including 164 million lost work hours and 51 million hours of lost school time annually.

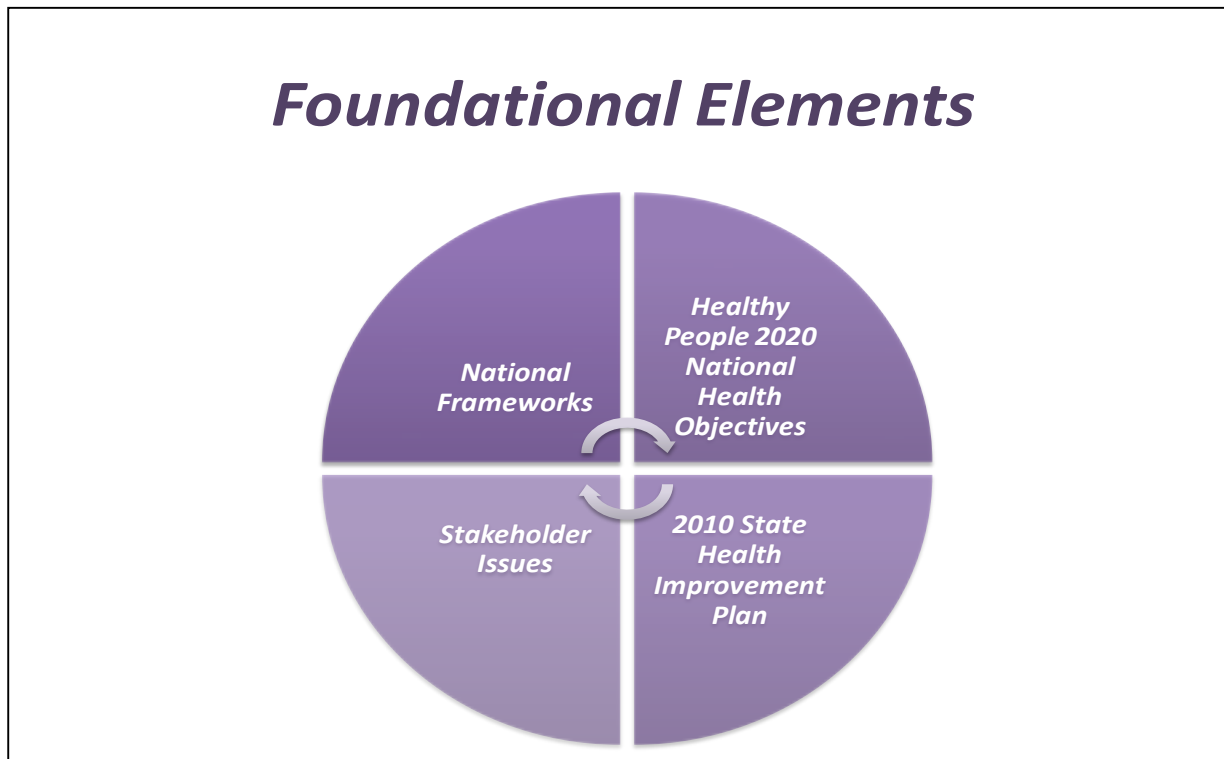
In recognition of the critical interrelationship between oral health, general health and overall well-being, oral health is emerging as a key health indicator:

- In 2010, the Illinois State Health Improvement Plan (SHIP) identified oral health as one of the nine priority health concerns in Illinois.
- As noted earlier, in 2011, oral health was identified as one of the 26 leading health indicators for the nation in the U.S. Department of Health and Human Services' (HHS) *Healthy People* initiative.

While these developments are enlightening, no story is more compelling than the 2007 death of 12-year-old Deamonte Driver of Maryland. Deamonte died from a brain infection created by an abscessed tooth because his mother was unable to get adequate dental care for him. This tragic consequence of the failings of our oral health system highlights the need to assure action and accountability.

## Foundational Elements

In addition to the focus on *Healthy People 2020* objectives, state and national frameworks, such as the Surgeon General's Report; recent IOM reports; and the State Health Improvement Plan form important foundations of the third Illinois oral health plan. The interplay of these



influences with the most critical element, stakeholder input, is depicted in the following chart.

## Recent Institute of Medicine (IOM) Reports

*Advancing Oral Health in America.* In 2009, the Health Resources and Services Administration (HRSA) asked the IOM to assess the current oral health care system and recommend strategic actions for the U.S. Department of Health and Human Services (HHS) agencies. The IOM convened a committee to explore how HHS could enhance its leadership in improving the oral health and oral health care of the nation.

In 2010, HHS launched an Oral Health Initiative—a cross-agency effort to improve oral health care nationwide. To augment that effort, the IOM committee recommended several approaches that HHS could take to help improve the oral health of the nation. To distinguish it from and build upon the Oral Health Initiative, the IOM committee called its recommendations the New Oral Health Initiative.

The committee developed a set of organizing principles for a New Oral Health Initiative, based on the areas in greatest need of attention, as well as approaches that have the most potential for creating improvements. In particular, the IOM committee suggested that HHS use the goals of Healthy People 2020—an existing set of benchmarks for achieving better health for the country—rather than creating new goals that would be redundant.

The committee also stressed three key areas needed for successfully maintaining oral health as a priority issue:

- strong leadership,
- sustained interest, and
- involvement of multiple stakeholders.

*Improving Access to Oral Health Care for Vulnerable and Underserved Populations.* Also in 2009, HRSA and the California HealthCare Foundation asked the IOM and the National Research Council to convene a committee of experts to address access to oral health care in America for vulnerable and underserved populations. The committee was charged to assess the current

## Organizing Principles for a New Oral Health Initiative

1. Establish high-level accountability.
2. Emphasize disease prevention and oral health promotion.
3. Improve oral health literacy and cultural competence.
4. Reduce oral health disparities.
5. Explore new models for payment and delivery of care.
6. Enhance the role of nondental health care professionals.
7. Expand oral health research and improve data collection.
8. Promote collaboration among private and public stakeholders.
9. Measure progress toward short-term and long-term goals and objectives.
10. Advance the goals and objectives of Healthy People 2020.

Source: *Advancing Oral Health in America*, IOM, 2011





oral health care system, to develop a vision to improve oral health care for vulnerable and underserved populations, and to recommend strategies to achieve the vision. The chart on the following page, drawn from the IOM's publication focusing on access to care, shows the national vision for oral health care developed by the committee, as well as guiding principles and suggested strategies for achieving its vision for oral health care. Finally, the committee identified success factors to assist in assessing progress.

## National Vision for Oral Health Care:

*Access to quality oral health care across the life cycle.*

### Success Factors:

- Eliminate barriers that contribute to oral health disparities;
- Prioritize disease prevention and health promotion;
- Provide oral health services in a variety of settings;
- Rely on a diverse and expanded array of providers who are competent, compensated, and authorized to provide evidence-based care;
- Include collaborative and multidisciplinary teams working across the health care system; and
- Foster continuous improvement and innovation.



Source: *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, IOM, 2011

### Guiding principles:

- Oral health is an integral part of overall health, and therefore, oral health care is an essential component of comprehensive health care.
- Oral health promotion and disease prevention are essential to any strategies aimed at improving access to care.

### Strategies:

- Integrating Oral Health Care into Overall Health Care
- Creating Optimal Laws and Regulations
- Improving Dental Education and Training
- Reducing Financial and Administrative Barriers
- Promoting Research
- Expanding Capacity

## State Health Improvement Plan (SHIP)

The State Health Improvement Plan, or SHIP, is a mandated product developed every four years. The SHIP must focus on prevention and include priorities and strategies for improving health status and strengthening the public health system in Illinois. Health disparities also must be a focus of the plan, whether connected to race, ethnicity, geography, age or socioeconomic characteristics. The plan is produced under the leadership of the Illinois State Board of Health by a team of public, private and voluntary sector stakeholders appointed by the Department's director.

In 2006, the first Illinois SHIP was developed and public hearings were held to garner community input on its contents and recommendations. Oral health was acknowledged specifically in the plan's focus on improving access to care, but only after processing the input from those community forums.

By 2010, oral health became a priority health concern in its own right—not only in the larger discussion of access to care as a public health system issue. In this most recent SHIP, two specific concerns emerge—access to preventive oral health services, and screening and treatment for oral health conditions. The more specific long-term and intermediate outcomes that are specified in the SHIP are depicted below. A SHIP implementation committee has been seated and is working on assuring the SHIP is implemented. For the oral health priority, that Committee is looking to the oral health plan for specific guidance.

## 2010 Illinois State Health Improvement Plan

### Public Health System Priorities

- *Improve Access to Health Services*
- *Enhance Data and Health Information Technology*
- *Address Social Determinants of Health and Health Disparities*
- *Measure, Manage, Improve and Sustain the Public Health System*
- *Assure a Sufficient Workforce and Human Resources*

### Priority Health Concerns – Oral Health

- **Access to preventive** oral health services
- **Screening and treatment** for oral cancers and other oral health related conditions

Long-term Outcome 1: Increase the proportion of adults and children dental preventive and treatment services each year, particularly among low-income and minority communities.

Intermediate Outcomes:

- Identify and address oral health needs of communities and gaps in sources of care, through federally qualified health centers and other community resources.
- Provide adequate reimbursement for oral health services in publicly funded programs.
- Leverage workforce initiatives and workforce policy issues to improve access to oral health care services in underserved communities.

Long-term Outcome 2: Reduce the incidence of oral health related conditions in the Illinois population.

Intermediate Outcomes:

- Increase the detection of oral and pharyngeal cancers at the earliest stage and assure improved quality/standardization of these examinations administered by oral health care providers and promote screenings by other health care providers.
- Increase the proportion of children, adolescents, and adults who receive treatment for dental caries and periodontal disease.

## Stakeholder Issues

Stakeholders are the key foundational element of an action-oriented oral health plan. Without the investment of time, knowledge, funding and talent by a broad constituency of both public and private individuals and organizations, implementation of even the best of plans will be hindered. This level of commitment comes from listening to perspectives that may not be widely shared, using research and science, focusing on areas of agreement, identifying and prioritizing early “wins,” negotiating differences in philosophy and approach, collaboratively acting to achieve goals and objectives, and celebrating successes.

Stakeholder input has been actively sought in each of Illinois’ previous oral health planning processes through town hall meetings and statewide summits. Oral health partners have recognized a need to reach out to and invest non-traditional participants in the oral health planning effort. In addition, partners have requested more opportunity to shape the plan, more emphasis on measurement, some simplification so that the plan is more user-friendly, and an approach that better assures action to implement.

## Statewide Efforts: The Illinois Oral Health System

Illinois is a diverse state, often described as a microcosm of the nation. With a population of more than 12.8 million that roughly mirrored the United States in racial and ethnic composition in 2010 (U.S. Census Bureau), the state is comprised of 102 counties, 83 of which are considered rural, without a large city (Illinois Behavioral Risk Factor Surveillance System). The U.S. Census Bureau indicates that from 2006-2010, Illinois had a slightly higher median household income than the nation (\$55,735 vs. \$51,914), and a slightly lower poverty rate (12.6% vs. 13.8%). In 2011, 2.7 million Illinois residents were enrolled in the Medicaid program, including nearly 1.7 million children (about 61%). Less than one-third (32.5%) of Medicaid-enrolled children covered by the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandate received any dental or oral health service in federal fiscal year 2010 (Illinois Department of Healthcare and Family Services). In June 2012, Gov. Pat Quinn signed the Save Medicaid Access and Resources Together (SMART) Act (Public Act 97-0689) into law, further restricting access to oral health care for Illinois adults after July 1, 2012, by limiting adult dental services to emergencies. It is within this context that Illinois oral health partners must collaborate to improve oral health outcomes.

## Entities and Institutions

Illinois' oral health system is comprised of a number of entities and institutions with a common interest in improving the oral health status of Illinoisans and with a key role in oral health interventions.

### *Illinois Department of Public Health, Division of Oral Health*

The **Department's Division of Oral Health** (Division) establishes programs designed to assure that the people of Illinois have access to population-based interventions that prevent and reduce oral disease by promoting oral health as integral to health through organized community efforts. These oral health programs focus on community water fluoridation, dental sealants, early childhood caries, community needs assessment, school-based fluoride mouthrinse, craniofacial anomalies, orofacial injuries, oral cancer prevention, oral health surveillance, and a variety of educational programs designed to meet the oral health needs of specific population groups. Surveillance, policy development, coalition building, oral health infrastructure, education/awareness and access to oral health care are strong components in the division programs. The goal of the division is optimal oral health for all Illinois residents.

### *Oral Health Coalitions*

The **IFLOSS Coalition** is a statewide public-private partnership with a mission to improve the oral health of all Illinois residents through advocacy and education. The coalition offers continuing education opportunities and resources developed for providers of oral health care and education. The coalition conducts quarterly regional meetings where oral health stakeholders can consult and share best practices.

The **Chicago Community Oral Health Forum (CCOHF)** is a not-for-profit coalition committed to



improving oral health programs and services for all Chicago residents through education, assessment, policy/program development, and collaboration. CCOHF promotes cooperation, communication and concerted action among organizations dedicated to eliminating oral health disparities. CCOHF works collaboratively with the Department's Division of Oral Health on assessment and planning activities to assure coordination.

### **Key State Partners**

The **Illinois State Dental Society (ISDS)** represents more than 6,500 dentists, 1,100-plus dental hygienists, dental lab technicians and dental students through communication, education and legislation. ISDS founded the *Bridge to Healthy Smiles* campaign, which is led by a diverse coalition of oral health care advocates and community groups committed to bridging the gap in access to care for dental services in Illinois through a three-pronged legislative agenda to –

- Increase reimbursement rates
- Develop dental homes for Illinois' children
- Open dental clinics in underserved areas.

The **Illinois Chapter American Academy of Pediatrics (ICAAP)** provides access to and training for medical providers. Its program, *Bright Smiles from Birth*, teaches physicians and their staff to provide preventive oral health care – screening, anticipatory guidance and fluoride varnish application – for children ages 0 to 3 and their families.

The **Illinois Children's Healthcare Foundation (ICHCF)** has supported children's oral health programs since 2004 and formally launched the Children's Oral Health Initiative in 2007. Its strategies include building and strengthening the safety net system capacity, increasing the number of oral health professionals to care for all children, and creating greater awareness of the role that oral health plays on a child's overall health.

### **Dental Teaching Institutions in Illinois**

There are three dental schools and 14 dental hygiene schools in Illinois that provide education, training, and clinical experience to the dental workforce. The dental schools are the **University of Illinois at Chicago College of Dentistry, Southern Illinois University School of Dental Medicine, and Midwestern University College of Dental Medicine**. The dental hygiene programs are located at **Carl Sandburg College, College of DuPage, College of Lake County, Illinois Central College, John A. Logan College, Kennedy King College, Lake Land College, Lewis and Clark Community College, Parkland College, Prairie State College, Rock Valley College, Sanford-Brown College-Skokie, Southern Illinois University, and William Rainey Harper College**.

### **Other State Agency Partners**

The **Illinois Department of Healthcare and Family Services (HFS)** operates the dental program for Medical Assistance and All Kids participants. All Kids offers many Illinois children comprehensive health care that includes dental care. The HFS dental program covers comprehensive dental services for these children and has provided limited dental benefits for

adult (21 years of age and older) men, non-pregnant women and women eligible for pregnancy-related services. **DentaQuest** is the state of Illinois' contracted administrator for the fee-for-service dental program. In conjunction with HFS, DentaQuest recruits and enrolls providers, assists beneficiaries in locating participating dental providers, and processes payments to providers. HFS also administers the dental clinic grant program to develop dental services infrastructure in the public sector and within federally qualified health centers and community health clinics.

The **Illinois Environmental Protection Agency** (IEPA) regulates water systems and partners with the Department on all aspects of the community water fluoridation program.

The **Illinois Department of Human Services** (DHS) provides funding from the Maternal and Child Health Block Grant to support school-based prevention and oral health needs assessment and planning grant programs. In addition, in consultation with the Department's Division of Oral Health, it integrates oral health as a component of its School Health, WIC, and Head Start programs.

The **Illinois Department of Financial and Professional Regulation** (IDFPR) is the state agency that regulates and disciplines licensed professionals. Dentists' and dental hygienists' licenses are currently renewed every three years (next renewal period will occur in fall 2012). IDFPR works in conjunction with the Department's Division of Oral Health to provide information regarding the dental workforce census during the dental and dental hygiene re-licensure process.

## **Oral Health Programs in Illinois**

### ***Surveillance Program***

Data to describe the oral health status of the Illinois population and its access to care are limited. Since 2000, the Department's Division of Oral Health has been developing the Illinois Oral Health Surveillance System (IOHSS) in collaboration with the Association of State and Territorial Dental Directors, the University of Illinois at Chicago, the U.S. Centers for Disease Control and Prevention (CDC) and an oral health epidemiologist. The goal of the surveillance is to monitor state specific, population-based oral disease burden and trends, measure changes in program capacity and monitor and report community water fluoridation quality. This information is vital to assist organizations throughout the state to plan, to implement and to evaluate appropriate interventions that will truly improve the oral health of Illinoisans.

Surveillance projects have included an open mouth survey of third-grade children, dental workforce census, fluoride/fluoridation surveys, and local health department and safety net dental clinic surveys. The system also reports data from the Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), Illinois State Cancer Registry (ISCR), school dental examinations, Head Start dental examinations and a host of other sources. While some of the IOHSS indicators are updated annually, a number are updated less

*Surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality, and to improve health. Surveillance is a process that provides information for action. Three key aspects of a surveillance system highlight its importance: data collection, timely dissemination of findings, and putting data to action. Data disseminated by a public health surveillance system can be used for immediate public health action, program planning and evaluation, and formulating research hypotheses. Surveillance data can be a valuable tool to help target scarce resources.*



*"The mouth is our primary connection to the world: it is how we take in water and nutrients to sustain life, our primary means of communication, the most visible sign of our mood, and a major part of how we appear to others. Oral health is an essential and integral component of people's overall health throughout life, and is much more than just healthy teeth. Oral refers to the whole mouth. . . . Good oral health also includes the ability to carry on the most basic human functions, such as chewing, swallowing, speaking, smiling, kissing, and singing."*

*--The Illinois Oral Health Surveillance System (IOHSS) Burden Document, 2004-2006*

frequently. The most comprehensive recent publication of IOHSS data is *The Illinois Oral Health Surveillance System (IOHSS) Burden Document, 2004-2006*, which compiles information from the Department, HFS and IDFPR programs, among other sources.

### ***Oral Health Needs Assessment and Planning Program (OHNAP)***

The Department's Division of Oral Health leads state planning efforts through developing a statewide oral health plan. The division also provides training, technical assistance, and quality assurance to local health departments to assist their communities in determining oral health needs and planning comprehensive oral health programs. The Association of State and Territorial Dental Directors Seven-Step Planning Model and the division's Supplemental Guidance are 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. The OHNAP program has been completed in 84 of the state's 102 counties and has been essential in helping communities come together in an organized process to improve oral health. The OHNAP program guides communities to build oral health programs that meet their needs.

### ***Community Water Fluoridation***

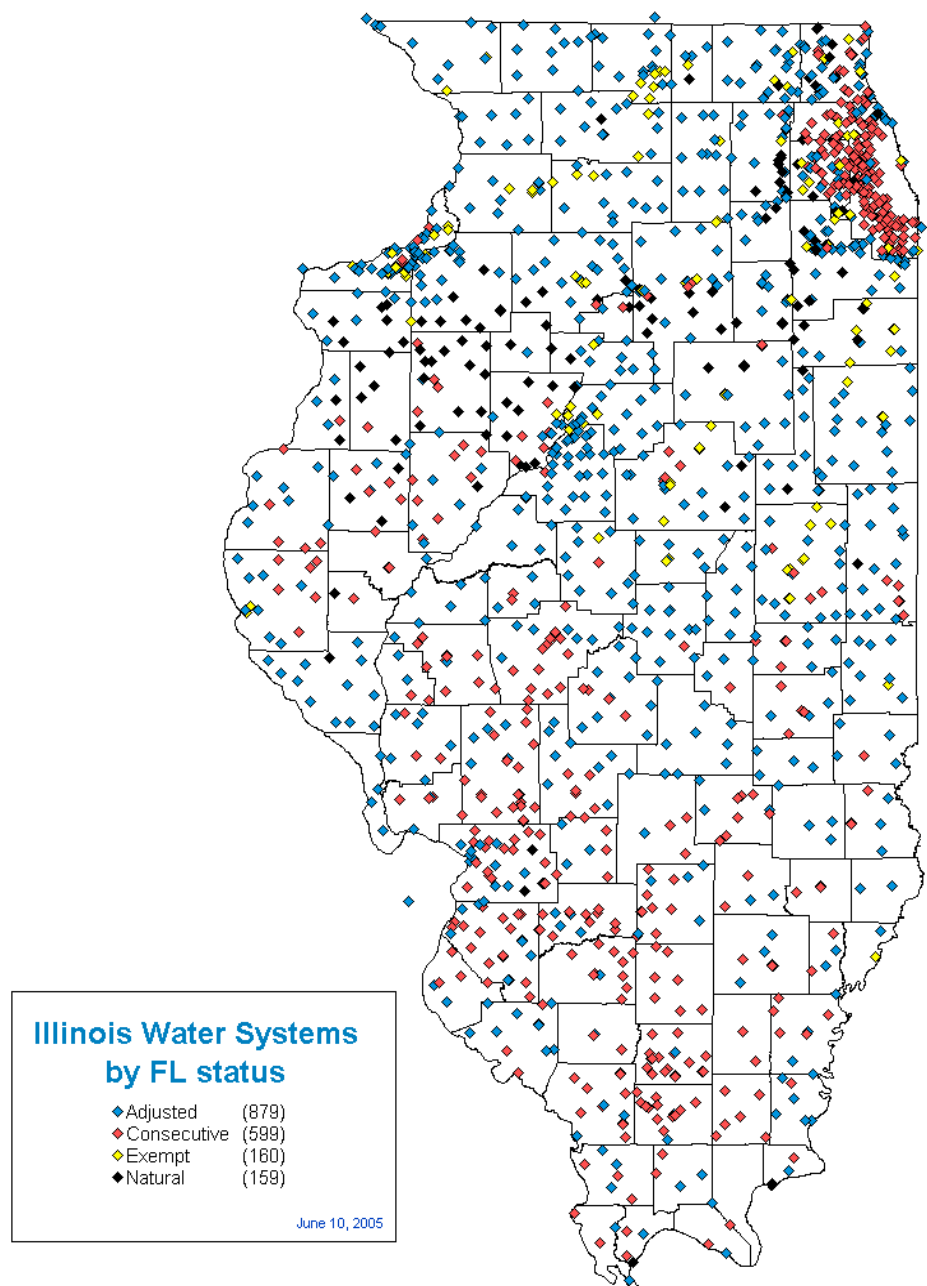
Dental decay is one of the most prevalent diseases, and fluoridation of a community water supply is the most effective public health measure available to

prevent and control dental caries. The CDC has indicated that water fluoridation is one of the 10 greatest public health achievements. 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.

In 1946, Evanston, Illinois, was one of the first cities in the nation to fluoridate its water supply. Currently, more than 90 percent of Illinois' 12.8 million residents receives fluoridated drinking water and enjoys the oral health benefits of fluoridation.

These health impacts are most beneficial when the fluoride level is maintained within the optimal range. Illinois is one of only 13 states that have mandatory fluoridation laws. The Illinois Fluoridation Statute, enacted in 1967, requires the state's nearly 1,800 community water systems to adjust

fluoride to optimal levels. In June 2011, Gov. Quinn signed Public Act 97-0043 into law, requiring the adjustment of fluoride levels in water systems from a range of 0.90 - 1.20 milligrams per liter to specific recommendations proposed by the U.S. Department of Health and Human Services. The Department's Division of Oral Health works closely with the Illinois Environmental Protection Agency to monitor community water supplies and provide education and technical expertise to water supply operators in order to keep fluoride levels optimal.

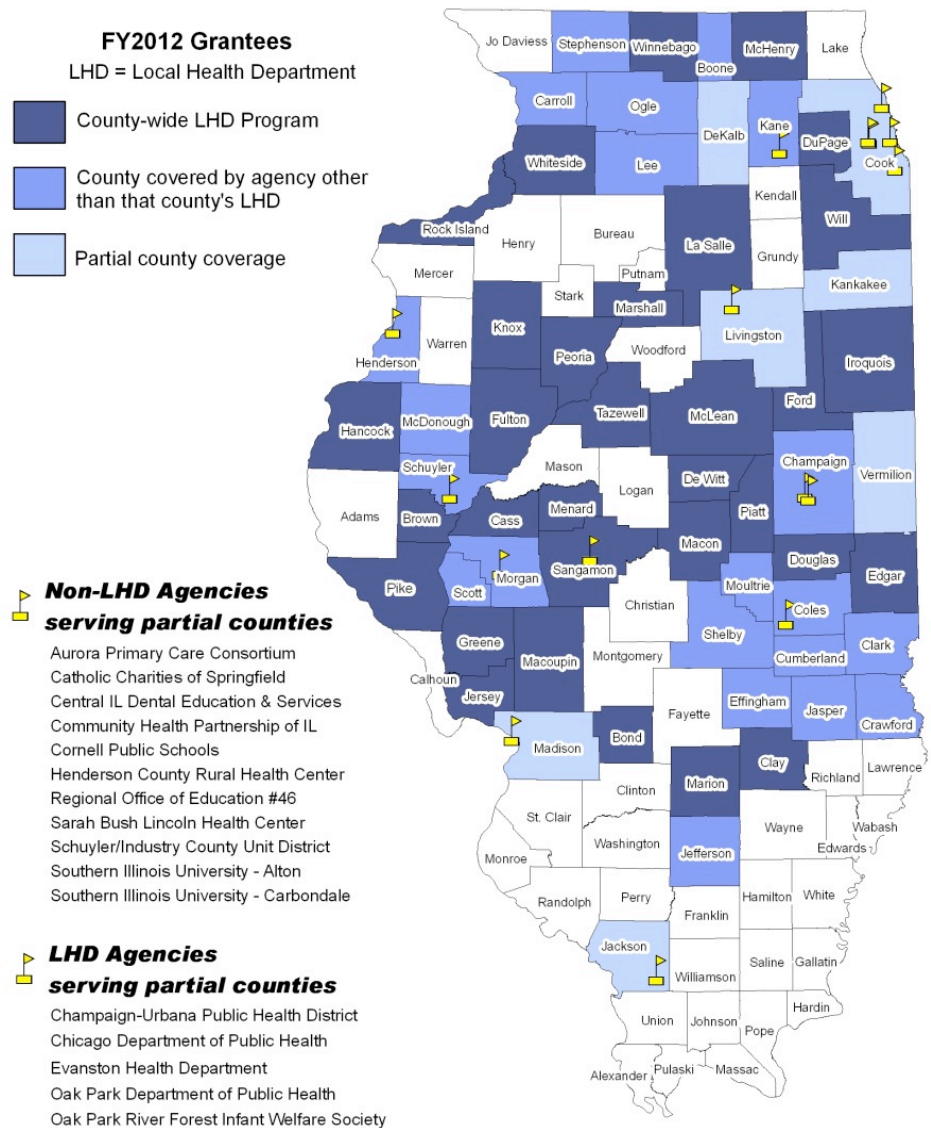


## Dental Sealant Grant Program

Dental decay is preventable. Dental sealants are a plastic coating applied to the pit and fissure (groove) surfaces of molars and premolars that "seal" out dental decay. When combined with appropriate use of fluorides, dental sealants can virtually eradicate dental decay, the most prevalent dental disease.

The Dental Sealant Grant Program (DSGP) assists high-risk Illinois schoolchildren by granting funds and giving technical assistance to public health departments and others service providers to develop and to implement community-based dental sealant programs. This school-based/-linked program assures a 90 percent sealant retention rate. It is an essential component of a continuum of oral health care focusing on children and their families who are at the most risk for dental disease. The DSGP currently exists in 60 of the 102 counties in the state and serves approximately 157,000 children placing more than 236,000 sealants annually. Since its inception in 1986, there have been more than 1 million children seen and nearly 2 million sealants placed.

## FY2012 Dental Sealant Grant Program



Last Revised 9.21.2011



### *Oral Cancer Prevention and Control Program*

The Oral Cancer Prevention and Control program assists local health departments in implementing community-specific plans to assure early detection (through oral screenings) and increased public education/awareness regarding the risk factors for and prevention of oral cancer. Project areas are targeted by the Department's Division of Oral Health based on higher rates of oral cancer deaths and late stage detection. The projects cover counties in northern, central, west-central Illinois and the East St. Louis area. The 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 and tobacco control programs based on recommendations in the Illinois Comprehensive Cancer Control Plan. Communities train providers to include oral cancer screening and tobacco cessation counseling as routine components of health care. The program works with oral cancer treatment centers to assure access to biopsy and cancer treatment services. An intensive evaluation component of this project is expected to make the grantee communities models for the nation.

### *Dental Role in Preparedness and Response*

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 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. 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 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 Department's 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 the Department the credentialing authority for the DER. The amendment was adopted in August of 2005 and took effect January 1, 2006. This legislation was the first of its kind in the nation.

The DEMRT Center is a unique resource in Illinois. Oral health care professionals play a critical role in meeting federal and state disaster response frameworks, improving the nation's first-response infrastructure by deploying dentists, hygienists, and support personnel during a

## Charges to the Advisory and Steering Committees

*... the advisory committee will:*

- Identify and engage new and traditional partners for the steering committee
- Contribute creative ideas to make a better plan
- Develop the draft framework and approach for the Illinois Oral Health Plan - III for consideration by the steering committee
- Serve on the steering committee
- Encourage participation in regional meetings to solicit community input

*... the Steering Committee will:*

- Participate in strategic planning activities to refine and adopt a framework for the Illinois Oral Health Plan - III
- Encourage participation in regional meetings to solicit community input
- Provide advice on--
  - appropriate objectives and strategies, responsible parties, reasonable due dates, expected barriers, potential solutions, and required funding

natural or man-made disaster. The oral health care community assists the state with providing dental personnel for disaster, pandemic, forensic, and other response needs as determined by appropriate authorities. The DEMRT Center assists various state agencies by developing policy and administrating, managing, and providing deployment assistance when needed to support pandemic, forensic and other response needs.

The DEMRT Center is a Department- and American Medical Association (AMA) recognized National Disaster Life Support (NDLS) disaster response and research office. Potential training available through the DEMRT Center includes vaccination and inoculation skills training, AMA NDLS credentialed Core Disaster Life Support (CDLS™) and Basic Disaster Life Support (BDLS™). Training is open to: physicians, dentists, registered nurses, physician assistants, respiratory therapists or technicians, registered dental hygienists, emergency medical technicians, and first responders. The DEMRT Center operates in collaboration with the Department and federal disaster response agencies. The center provides targeted Disaster Emergency Medicine Readiness Training.

## The Process and Approach

The process of developing Illinois' third oral health plan has included several key sequential action steps:

1. Convening an advisory committee of traditional oral health partners to advise IDPH and the IFLOSS Coalition in preparation for the development of the plan.
2. Convening a steering committee to facilitate community participation and guide the planning process;
3. Conducting a "listening tour" across Illinois to garner community-level input and identify priority stakeholder issues.
4. Developing a framework for action planning consistent with *Healthy People 2020* national health objectives.
5. Conducting an oral health summit to plan actions for selected key oral health issues.
6. Drafting a plan for steering committee consideration.

Yet to be accomplished is initial plan modification and adoption by the steering committee and plan implementation, including further action planning, development of reporting mechanisms, monitoring of progress, evaluation of outcomes and impacts, and ongoing adaptation as evaluation results indicate and as new issues emerge.

With support from the advisory committee, the approach that was developed to guide these steps included the following elements:

- Respecting history
- Looking to national models
- Embracing *Healthy People 2020*
- Integrating with other health planning efforts
- Consulting experts
- Scanning the environment
- Listening to community-level partners
- Planning action.

### Advisory Committee

In December 2011, representatives from 14 organizations with a stake in oral health improvement were invited to join the Illinois Oral Health Plan Advisory Committee and begin work to advise the Department and the IFLOSS Coalition on the development of the state's third oral health plan. The advisory committee convened four times over two months to assist with identifying and engaging non-traditional partners; to examine lessons from previous planning efforts; to consider national models and new and emerging trends, issues, challenges, and opportunities; and to provide guidance on the next steps in the process.

### Steering Committee

In February 2012, representatives of more than 80 organizations were invited to join the Illinois Oral Health Plan Steering Committee. Many of these organizations had participated in previous iterations of oral health planning, but a significant number were new to the effort. To familiarize these new partners with the history and issues, the Department and the IFLOSS Coalition conducted an oral health orientation webinar prior to the first meeting of the steering committee. The agenda included an overview of previous Illinois oral health plans and general information on the impact of oral health on general health.

In early March, the steering committee was convened to begin a statewide oral health discussion. Members were invited to provide thoughts on oral health as it relates to their organization and mission and to offer suggestions on how the state oral health plan could play a role in helping address their concerns. Members also were asked for their assistance in encouraging community partners to participate in the regional listening tour. Finally, members discussed plans for the oral health summit, provided their endorsement for the planned approach, and made plans to participate in this capstone event.



## Listening Tour

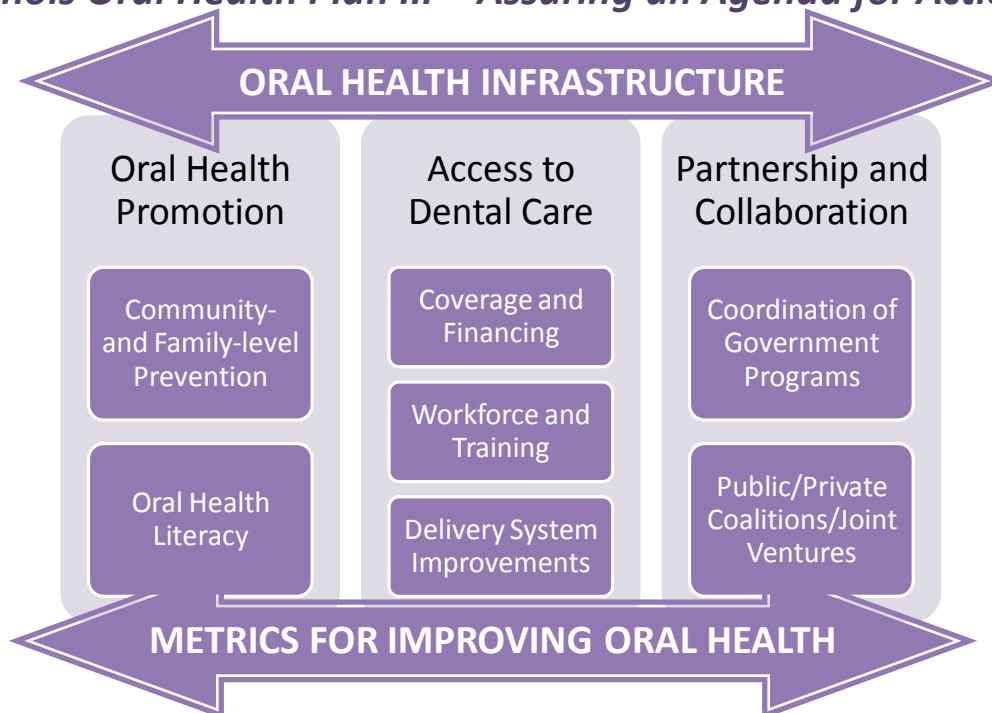
Shortly after the steering committee met, and throughout the month of March 2012, the Department and the IFLOSS Coalition conducted a listening tour in conjunction with regularly scheduled regional coalition meetings in Bloomington, Chicago, Glen Carbon and Murphysboro. Approximately 150 community partners participated in these sessions with more than 40 people providing oral or written comments. The discussion was initiated with central questions (Appendix C), and participants were encouraged to “tell their stories.”

Community participants provided both oral and written testimony on a range of issues. While topics of discussion varied somewhat from site to site, several themes emerged in the course of the tour. These themes became the foundation of the framework for action at the oral health summit.

## Framework

The listening tour yielded a wealth of perspective to form the basis of action planning to improve oral health. From the stories and testimony offered, comments were reviewed and organized within three major themes: Oral Health Promotion, Access to Dental Care and Partnership and Collaboration. Many comments also addressed the overarching infrastructure and information needs to implement and effectively evaluate oral health interventions. The framework for action planning that emerged from the listening tour comments is presented below.

### *Healthy People, Healthy Smiles* *Illinois Oral Health Plan III – Assuring an Agenda for Action*



For each subtheme, issues addressed in listening tour “testimony” were captured in graphic presentations (Appendix D). These graphics were developed to provide visual snapshots of community perspectives on the oral health issues that should receive priority in ongoing action planning and implementation. The graphics also were used to convey the breadth and depth of community concerns to the steering committee, which was reconvened at an oral health summit to initiate action planning to improve oral health.

## Oral Health Summit

Thirty-five steering committee members and nine staff gathered at the Abraham Lincoln Presidential Library on April 20, 2012, for *Healthy People, Healthy Smiles*, the Illinois Oral Health Plan Summit. The theme of the summit was *Assuring an Agenda for Action* (Appendix E). The summit was the culmination of a number of planning activities previously described, including convening advisory and steering committees, conducting a listening tour in conjunction with regional IFLOSS Coalition meetings, and developing a framework based on the input received during the listening tour. From the framework, five themes were selected for discussion and action planning at the summit:

- **Oral Health Promotion** – Oral Health Literacy. *Oral-Systemic Connections and Health Behaviors*
- **Access to Dental Care**
  - Coverage and Financing. *Potential Cuts to Adult Treatment Services and Other Coverage*
  - Workforce and Training. *Provider Shortages and Training to Support Integration of Medical and Dental Services*
  - Delivery System Improvements. *Dental Home*
- **Partnership and Collaboration** – Public/Private Coalitions/Joint Ventures. *Infrastructure and Metrics for Improving Oral Health*

These themes were selected based on the following criteria:

- Repeated in listening tour comments around the state
- Timeliness
- Listening Tour participants shared experience with strategies
- Infrastructure to address the issue is not already evident

In keeping with the summit theme and the steering committee’s charge, summit participants (Appendix F) were asked to work in small groups (roundtables) to provide advice on appropriate objectives and strategies, responsible parties, reasonable due dates, expected barriers, potential solutions, and required funding to address the theme areas, although discussion was not limited to the specific themes if participants wanted to refocus the conversation. Facilitators for the roundtable sessions (Appendix G) led participants in completing an action plan template for each theme (Appendix H). Facilitators shared highlights from the roundtable discussions in a plenary session at the conclusion of the summit.

The tools and results of the action planning conducted at the summit are provided in the next section and the summit evaluation tool and results are found in appendices I and J, respectively. Continuous efforts by stakeholders will be needed to further refine and implement these preliminary action plans, including designing and implementing reporting and feedback mechanisms, measuring progress and evaluating success.

## Action Planning for Oral Health Improvement

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The overall oral health themes from the stakeholder feedback during the listening tour resulted in a framework of focus for the oral health summit in three areas: Oral Health Promotion, Access to Dental Care, and Partnership and Collaboration. To improve measurability and impact assessment, the five issue areas within these three themes that were targeted for action planning at the summit were aligned with *Healthy People 2020* objectives.

This section connects the oral health issues addressed during the summit to their related *Healthy People 2020* objectives, where applicable, and presents a brief assessment of the current situation, potential strategies, and possible solutions identified by summit participants. Lastly, areas where leadership is identified or needed are indicated. This information is portrayed in the chart format of the action plan template (Appendix H). Where participants did not arrive at consensus or conclusions, the cell indicates a response was “not yet identified.” These “blank” cells offer opportunity for continued planning to complete the template and assure action and accountability.

### Oral Health Promotion – Oral Health Literacy

#### Related Healthy People 2020 Objectives

- **Topic Area: Educational and Community-based Programs**
  - **ECBP–1: (Developmental)** Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use; unhealthy dietary patterns; and inadequate physical activity, dental health, and safety.
    - **ECBP–1.8** Dental and oral health
  - **ECBP–2:** Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity.

- **ECBP–2.5** Tobacco use and addiction
- **ECBP–2.8** Unhealthy dietary patterns
- **ECBP–4:** Increase the proportion of elementary, middle and senior high schools that provide school health education to promote personal health and wellness in the following areas: hand washing or hand hygiene, oral health, growth and development, sun safety and skin cancer prevention, benefits of rest and sleep, ways to prevent vision and hearing loss, and the importance of health screenings and checkups.
  - **ECBP–4.2** Dental and oral health
- **Topic Area: Nutrition and Weight Status - Healthier Food Access**
  - **NWS–1:** Increase the number of states with nutrition standards for foods and beverages provided to preschool-aged children in child care.
  - **NWS–2:** Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.
    - **NWS–2.1** Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students.
    - **NWS–2.2** Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold.
- **Topic Area: Health Communication and Health Information Technology**
  - **HC/HITHC/HIT-13: (Developmental)** Increase social marketing in health promotion and disease prevention.
    - **HC/HIT–13.1** Increase the proportion of state health departments that report using social marketing in health promotion and disease prevention programs.

**Goal: *Improve oral health literacy in Illinois***

**Situation assessment:**

- Oral health is not considered important for overall health, especially in rural Illinois.
- Pregnant women are not educated regarding transference of cariogenic bacteria from mother to child and about best practices for feeding and taking care of the baby’s mouth.
- Health care professionals, other than dental professionals, are not trained in providing oral health assessments and appropriate referrals.
- Nurses, especially school nurses, need better training in oral health assessment and triaging of conditions in to non-urgent, emergent and urgent issues.

**Strategies:**

- Interprofessional education
- Media campaign

## Preliminary Action Plan:

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
1. Train students in all health care professional schools— medical students, nursing and nurse practitioner students, physical and occupational therapy students—in providing basic oral health screenings and anticipatory guidance on diet, oral-systemic connections and oral hygiene to adult patients as well as caregivers of children.	IDPH, ICAAP and academia	Not yet identified	Time and commitment	Turf battles*, lack of persistence	Not yet identified
2. Include a competency in oral health assessment and promotion for health care professional schools.	IDPH, ICAAP and academia	Not yet identified	Time and commitment	Turf battles, lack of persistence	Not yet identified
3. Lobby the respective accrediting bodies in order to get this competency on their documents.	IDPH and academia	Not yet identified	Time and commitment	Turf battles, lack of persistence	Not yet identified
4. Develop and execute a media campaign with simple, common risk factor approach messaging to promote awareness regarding oral-systemic connections, role of diet in oral health and oral hygiene. The messages should be culturally sensitive. Simple messaging with relevant pictures will spread the message widely.	IDPH, ICAAP and IFLOSS	Not yet identified	Funding, time and commitment	Funding	Not yet identified

\*Medical, dental and other health professions often welcome the increase knowledge of other related professions in how it can enhance their comprehension of overall health. As knowledge is increased among professionals, an undefined working relationship can cause a lack of mutual respect and understanding – therefore potentially creating a “turf battle”.

## Access to Dental Care – Coverage and Financing

### Related Healthy People 2020 Objectives:

- **Topic Area: Access to Health Services**
  - **AHS-1:** Increase the proportion of persons with health insurance.
    - **AHS-1.2 (Developmental)** Dental insurance
  - **AHS-6:** Reduce the proportion of individuals unable to obtain or to delay in obtaining necessary medical care, dental care or prescription medicines.
    - **AHS-6.3** Individuals: dental care
- **Topic Area: Oral Health**

*Access to Preventive Services*

  - **OH-7:** Increase the proportion of children, adolescents and adults who used the oral health care system in the past 12 months.
  - **OH-8:** Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.
  - **OH-10:** Increase the proportion of local health departments and federally qualified health centers (FQHCs) that have an oral health component.

- **OH-10.2** Increase the proportion of local health departments that have oral health prevention or care programs.
- **OH-11:** Increase the proportion of patients who receive oral health services at federally qualified health centers each year.

*Oral Health Interventions*

- **OH-14: (Developmental)** Increase the proportion of adults who receive preventive interventions in dental offices.
  - **OH- 14.1 (Developmental)** Increase the proportion of adults who received information in the past year from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation.
  - **OH- 14.2 (Developmental)** Increase the proportion of adults who received an in the past year oral and pharyngeal cancer screening from a dentist or dental hygienist.
  - **OH-14.3 (Developmental)** Increase the proportion of adults who are tested or referred in the past year for glycemic control from a dentist or dental hygienist.

**Goal 1: *Eliminate waste in the Medicaid budget***

**Situation assessment:**

- Increase in the provider rates for children’s preventive services implemented in 2006 due to the 2004 Memisovski consent decree. This action resulted in an increased utilization of preventive services therefore causing a dramatic increase to the Medicaid budget.

**Strategies:**

- Policy changes in the school-based program:
  - Regarding sealants and retention
  - Regarding failure to provide a dental home or proper dental referral

**Preliminary Action Plan:**

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
1. Develop administrative rules to establish the policy and provide enforcement authority.	HFS	2 years	Time and commitment	Turf battles, lack of persistence	Rule Enforcement
2. Communicate to providers to continue to bill for a replacing sealant that was previously placed so HFS has sufficient data to identify potential quality issues with providers responsible for sealants that are failing.	HFS	Not yet identified	Funding, time and commitment	Funding	Not yet identified

**Goal 2: *Increase access and reimbursement rates***

**Situation assessment:**

- Although reimbursements for preventive services have increased, the rates for restorative

services have lagged behind. This has been cited as one of the reasons in the difficulty finding providers that will treat Medicaid eligible patients – both adults and children.

- Absent adequate data to portray the need for policy changes to increase access and reimbursement, advocates are challenged to “make the case.”

**Strategies:**

- Establish specific data from hospitals to determine emergency department visits or admissions due to dentally-related illness.
- Use data to support policy changes to increase access and reimbursement.

**Preliminary Action Plan:**

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
1. Obtain data from hospital emergency departments on adult visits for oral health reasons.	HFS, Illinois Hospital Association	3 years	Adult benefits; consistent reporting to the state; implementation and connectivity of electronic health records	Low restorative reimbursement for children and adults— potential solution is reporting data that needs to be viewed by policymakers	Not yet identified
2. Rebalance children’s preventive services reimbursement and increase adult services— especially restorative.	HFS	Not yet identified	More available providers with sedation permits for special needs populations; recording of transportation costs to specialists	Not yet identified	Not yet identified

**Access to Dental Care – Workforce and Training**

**Goal: *Improve dental workforce and training***

**Situation assessment:**

- The state has underserved citizens due to lack of Medicare providers, dental insurance and regional distribution of dental professionals.

**Strategies:**

- Promote the expanded use of all dental personnel.
- Promote tuition reimbursement programs and identify a funding source.
- Assist dentists with acquiring permit A, as needed.
- Promote greater collaboration on dental health education and public health dentistry.

## Preliminary Action Plan:

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
<p>1. Assist more dentists in qualifying for the Permit A certification.</p> <ul style="list-style-type: none"> <li>a. Promote incentives for FQHCs.</li> <li>b. Study the need for regional centers for Permit A offices to serve as a way to refer patients from clinics that do not hold the permit.</li> </ul>	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
<p>2. Work with HFS to restart the work they have done on dental home issues, such as training pediatric providers to refer children to general dentists.</p>	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
<p>3. Encourage dental schools to require more classes/outreach work with public health issues and the underserved community.</p> <ul style="list-style-type: none"> <li>a. Provide exposure to public health and Medicaid patients. <ul style="list-style-type: none"> <li>i. Educate on availability of up to four hours of continuing education.</li> <li>ii. Provide student loan repayment assistance for those working with special needs populations.</li> </ul> </li> <li>b. Enhance provider networks—explore creating more regional networks.</li> <li>c. Match dentists with opportunities (Illinois affiliates of the National Children’s Oral Health Foundation).</li> <li>d. Maintain/expand community-based program at UIC and SIU.</li> </ul>	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
<p>4. Enhance capacity within clinics.</p> <ul style="list-style-type: none"> <li>a. Educate on roles of hygienists and assistants in clinics and the types of duties they can perform.</li> <li>b. Enhance operational management skills.</li> <li>c. Provide training on coding and billing.</li> </ul>	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
<p>5. Increase access points for dental care.</p> <ul style="list-style-type: none"> <li>a. Train primary care physicians, nurses and school personnel in oral health assessments and referral.</li> <li>b. Promote home visiting by community health workers.</li> <li>c. Create an access list for school nurses so they can better refer students to the right type of medical (dental) professionals.</li> <li>d. Educate day care workers (prekindergarten and Head Start), who then educate parents and assist with access.</li> <li>e. Work on ways to get dental personnel to underserved communities.</li> </ul>	ICAAP	Not yet identified	Not yet identified	Not yet identified	Not yet identified
<p>6. Increase dental health education at the primary school level.</p>	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified



## Access to Dental Care – Delivery System Improvements

### Related Healthy People 2020 Objectives:

- **Topic Area: Oral Health**

- *Oral Health of Children and Adolescents*

- **OH–1:** Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth.
  - **OH–1.1** Reduce the proportion of young children aged 3 to 5 years with dental caries experience in their primary teeth.
  - **OH–1.2** Reduce the proportion of children aged 6 to 9 years with dental caries experience in their primary and permanent teeth.
  - **OH–1.3** Reduce the proportion of adolescents aged 13 to 15 years with dental caries experience in their permanent teeth.
- **OH–2:** Reduce the proportion of children and adolescents with untreated dental decay.
  - **OH–2.1** Reduce the proportion of young children aged 3 to 5 years with untreated dental decay in their primary teeth.
  - **OH–2.2** Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary and permanent teeth.
  - **OH–2.3** Reduce the proportion of adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth.

- *Oral Health of Adults*

- **OH–3:** Reduce the proportion of adults with untreated dental decay.
  - **OH–3.1** Reduce the proportion of adults aged 35 to 44 years with untreated dental decay.
  - **OH–3.2** Reduce the proportion of older adults aged 65 to 74 years with untreated coronal caries.
  - **OH–3.3** Reduce the proportion of older adults aged 75 years and older with untreated root surface caries.
- **OH–4:** Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease.
  - **OH–4.1** Reduce the proportion of adults aged 45 to 64 years who have ever had a permanent tooth extracted because of dental caries or periodontitis.
  - **OH–4.2** Reduce the proportion of older adults aged 65 to 74 years who have lost all of their natural teeth.
- **OH–5:** Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis.
- **OH–6:** Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.

**Goal: *Promote the Dental Home (permanent primary dental care)***

- *Focus on incorporating family (beginning with pregnant women and young children), but promote overall public health in terms of preventative and restorative oral/dental.*
- *Increase the access to restorative services for both children and adults.*
- *Increase access for all special needs and demographics with delivery systems improvements.*
- *Promote importance of dental/oral health on equal ground with medical (not merely as secondary/supplemental).*

**Situation assessment:**

- Reimbursement issues exist due to budgetary pressures. Funding needs to be sustained.
- There are not enough dentists available for special needs.
- Broken appointments; trust issues. For example, the “Dental Home Pilot Project” suffered poor implementation of communication/transportation between providers and geographic populations.

**Strategies:**

- Reduce unnecessary emergency department visits to hospitals.
- Assign dental home by coordinating between hospitals and clinics. Establishing a dental home by age 3 (and ideally by age 1) will increase checkups for children and prove instrumental in improving prevention and overall dental health.
- Collaborate to promote the dental home and provide education to administrators, dental and medical personnel.
- Separately track the children and adults restorative services that are Medicaid eligible and establish goals for each of these groups.
- Integrate medical and dental services. Breaking bad habits must be done with education, and done early by breaking the barrier between dentists and special pediatric needs.

## Preliminary Action Plan:

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
<p>1. Facilitate coordination between local hospitals and clinics (Medicaid) to reduce emergency department visits for oral/dental health issues. Encourage hospitals to permanently place referrals at clinics to clear their emergency departments of repeat visitors for dental health problems.</p>	<p>Illinois Primary Healthcare Association, Illinois Hospital Association, IFLOSS Coalition, Southern Illinois Healthcare Foundation, and IDPH</p>	<p>Not yet identified</p>	<ul style="list-style-type: none"> <li>•Published data is essential in enticing a statewide adoption of this model.</li> <li>•Enhanced communication between hospitals and clinics regarding referrals is needed.</li> </ul>	<p>Geographic barriers and broken appointment issues, which can be overcome with strict rules regarding transportation and notification (24 hours) if a scheduled appointment must be cancelled or moved. Voicemail and texting capabilities will keep the clinic and client tethered so that schedules will remain full and fluid.</p>	<p>Increased hospital interest, which will be facilitated by reduced emergency room visits for dental health. Publishing data from a successful model (e.g., see Enhanced Oral Health Referral Project description in Appendix K) is essential. This can and will lead to increased use of Dental Homes state-wide.</p>
<p>2. Promote oral/dental health in coordination with overall medical health. Social media (Facebook, Twitter, YouTube), fundraising and videos can all be used to cross-promote and coordinate existing systems to maximize established resources.</p> <p>Educating children regarding over-saturation of sugar-sweetened beverages like energy drinks will help to improve dental health and cavities prevention.</p>	<p>Various cross sector organizations can assist The Illinois State Dental Society, the Illinois Department of Public Health, IFLOSS, and local oral health personnel are all responsible for helping on a campaign, which in conjunction with the National Alliance to promote and increase the profile of oral health on a federal level, can make a massive difference in prevention. <a href="http://www.niioh.org">www.niioh.org</a> "Oral Health 2014."</p>	<p>Not yet identified</p>	<p>Grants and volunteers are needed to engage providers and populations to spread education. Branding of messages must be clear and easily communicated.</p>	<p>Funding</p>	<p>Increased coverage of Dental Homes for families.</p>

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
3. Create the “Dentist By One” campaign, which will promote children having a dental exam (and road to provider) by their first birthday.	The Illinois State Dental Society and Head Start will be vital in ensuring children have a dentist by the age of 3.	Not yet identified	If pregnant mothers can be educated about the importance of early oral hygiene and health for their babies, data can be collected and used to distribute “birthday invitations” to children before their first birthday to attend their first dental checkup, which can lead to a client for life!	Not yet identified	Establishment of a Dental Home by age 1

## Partnership and Collaboration – Public/Private Coalitions/Joint Ventures

### Related Healthy People 2020 Objectives:

- **Topic Area: Public Health Infrastructure**

*Data and Information Systems*

- **PHI-7: (Developmental)** Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups.
- **PHI-8:** Increase the proportion of Healthy People 2020 objectives tracked regularly at the national level.
  - **PHI-8.1 (Developmental)** Increase the proportion of objectives that originally did not have baseline data but now have at least baseline data.
  - **PHI-8.2 (Developmental)** Increase the proportion of objectives that have at least a baseline and one additional data point.
- **PHI-9: (Developmental)** Increase the proportion of Healthy People 2020 objectives for which national data are released within one year of the end of data collection.

**Goal: Systematically address infrastructure and data needs for improving oral health**

### Situation assessment:

- Leadership and coordination is needed to assure the Illinois Oral Health Plan becomes the state’s agenda for action.

## Strategies:

- Ensure all are working together toward the same goal. Goals are in alignment with priorities at the local level, with ongoing communication to the local communities.
- Ensure other state agencies are aware of oral health presence and goals and that oral health is connected to other topics (e.g., education, economics, social and overall health).
- Assure data to support oral health improvement are meaningful, accessible and coordinated.
- Set priorities for investment of resources.
- Assure accountability for current oral health status, targets, accomplishments, and remaining tasks and interventions.

## Preliminary Action Plan:

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
1. Establish Healthy People 2020 objectives as “outcomes” for success with input from communities.	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
2. Create an advisory board/task force to help establish attainable goals.	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
3. Conduct an assessment of the current situation. What priorities can be established and focused on that will achieve the earliest successes and be measured and reported to everyone?	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
4. Communicate the goals to IFLOSS Coalition members for feedback and produce a report.	IDPH and IFLOSS	Not yet identified	Not yet identified	Not yet identified	Not yet identified
5. Structure strategies and activities so they are measured and there is an overall accountability of where we are at, where we are moving, what has been accomplished, and what still needs to be done.	Not yet identified		Not yet identified	Not yet identified	Not yet identified
6. Establish an Internet-based report or dashboard so objectives are visible and can be easily accessed and updated for all.	Not yet identified	Not yet identified	Manpower to produce the report; feedback from others in a timely manner; information technology support; financial support to create this website and coordinate data development and maintenance.	Not yet identified	Not yet identified
7. Make available oral health data so it can be readily accessed. Information from any city or county should be available to show overall oral health needs, including children needing urgent care.	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
8. Identify data gaps so the data collected are flowing into a user-friendly system. Include medical data to assist our partners with grant writing and to help merge the medical and dental philosophy into one.	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
9. Establish goals or top priorities for the highest need and most easily achievable goals so all efforts are coordinated and investors know how to best support the Division of Oral Health.	IDPH Division of Oral Health	Not yet identified	Oral Health is promoted throughout the state.	Not yet identified	Not yet identified
10. Ensure Health Information technology includes oral health	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified
11. Develop an evaluation component. How are we doing? What are we achieving? What is different today than last month, last year?	Not yet identified	Not yet identified	Not yet identified	Not yet identified	Not yet identified

## Beginning Steps

There are many sectors with a stake in addressing the state’s oral health needs. As a beginning step to garner broad-based support, it is important to focus on oral health initiatives seen as mutually beneficial to these stakeholders and can be aligned with *Healthy People 2020* objectives.

Throughout the oral health planning process, the need for a centralized data set became evident. This data set could be used to increase oral health awareness, to demonstrate trends in Illinois, and to help identify areas of need, as well as to monitor progress and evaluate impacts. The need for data transcended across oral health topics identified during the listening tour, ranging from the prevalence of childhood caries to workforce development. Many different sectors (e.g., private, public, not-for-profit, academic) can play a role in developing, enhancing, and maintaining a centralized data set **and** can benefit from its availability. An overarching goal to make oral health data sets more accessible to the public is a priority. The following action plan will guide these efforts.

### Improve Accessibility of Oral Health Data

#### Related Healthy People 2020 Objectives:

- **Topic Area: Public Health Infrastructure**  
*Data and Information Systems*
  - **PHI-7: (Developmental)** Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups.
  - **PHI-8:** Increase the proportion of Healthy People 2020 objectives tracked regularly at the national level.
    - **PHI-8.1 (Developmental)** Increase the proportion of objectives that originally did not have baseline data but now have at least baseline data.

- **PHI-8.2 (Developmental)** Increase the proportion of objectives that have at least a baseline and one additional data point.
- **PHI-9: (Developmental)** Increase the proportion of Healthy People 2020 objectives for which national data are released within one year of the end of data collection.

**Goal: Provide oral health stakeholders with access to accurate and timely health datasets**

**Situation assessment:**

- Oral health data are needed for assessment, monitoring and measuring progress, and evaluating intervention impacts and outcomes.
- Data to monitor and measure progress towards meeting oral health goals and objectives are incomplete, but those data that are available are often not easily accessed by other state entities, local partners or the general public.
- Illinois has launched IQuery (<http://iquery.illinois.gov>), a new online system to release and present public health data.

**Strategies:**

- Utilize IQuery to deliver current oral health data sets to the public.
- Promote the availability of oral health data through IQuery, provide training and technical assistance, and evaluate use.
- Based on customer feedback, make improvements to data sets, training, or features of IQuery to improve utility for oral health data users.

**Preliminary Action Plan:**

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
1. Explore the functionality of the IQuery system to present oral health data by geographic area, time period and population demographics.	IDPH Divisions of Oral Health, Health Policy	Summer 2012	Staff time	Competing work priorities	Preliminary plan to incorporate oral health data into IQuery
2. Examine currently collected data for feasibility to be loaded and presented through the IQuery system, particularly with regard to protected health information.	IDPH Divisions of Oral Health, Health Policy	Summer 2012	Staff time	Competing work priorities	Feasibility report
3. Load and test data, including IQuery features, such as data sorts and output options.	IDPH Divisions of Oral Health, Health Policy	Fall 2012	Staff time	Competing work priorities	Data loaded and tested
4. Once testing phase is complete, promote the availability of oral health data sets in IQuery to the public.	IDPH Divisions of Oral Health, Health Policy	Winter 2012	Staff time	Competing work priorities	Promotional materials, usage statistics
5. Provide training and technical assistance to users specific to oral health data sets, including webinars, conference sessions, and online resources.	IDPH Divisions of Oral Health, Health Policy	Winter 2012	Staff time, promotion budget	Competing work priorities	Training materials and related evaluations

Action Steps	Responsibilities	Timeline	Available and Needed Resources	Barriers	Success Indicators
6. Evaluate oral health users' experience with accessing data through IQuery and utilize feedback to develop data and system enhancements	IDPH Divisions of Oral Health, Health Policy	Spring 2013	Staff time, data development and programming	Competing work priorities	Usage statistics and evaluation analysis
7. Make enhancements to oral health data inputs and IQuery functions, as indicated.	IDPH Divisions of Oral Health, Health Policy	Summer 2013 and ongoing	Staff time	Competing work priorities	Enhancements completed (successive phases)

## Recent Developments

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The mission of IDPH has been to assure that the people of Illinois have access to population-based interventions that prevents and reduces oral disease and promote oral health as integral to health. Although not federally mandated, Illinois historically has provided limited restorative dental coverage for adults.

In May 2012, as part of the state's budget negotiations, the Illinois General Assembly cut \$1.6 billion from the Medicaid program to help meet the state's revenue shortfall. These cuts included the optional adult dental services covered by Medicaid. Eligibility for low-income individuals was also lowered to 133% from 185% of the federal poverty. This change resulted in an increase of adults who are not eligible for Medicaid. As part of further negotiations, limited emergency only services were restored.

Also in 2012, a [Pew report](#) was released on Emergency Room (ER) costs for dental services and the increase in overall costs due to ER visits. In this report, 77,000 Chicago ER visits were contributed to dental related problems that could have been treated in a primary care setting. ER dental care generally costs about 10 times as much as care in a dentist's office and it often doesn't solve the cause of tooth decay and pain.

In 2013, discussions have begun with decision makers in restoring dental care for developmentally disabled and pregnant women.

## Next Steps

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While the oral health summit provided opportunity to begin the conversation on action planning to address Illinois oral health priorities, it was a first step. The goal is not only to identify areas of need, but also to assure an *action* agenda—to transform an ongoing process of leadership, collaboration, implementation, monitoring and evaluation of the impacts of oral health interventions.



This is a formidable set of tasks to assure action on issues of agreement. Naturally, there are diverse perspectives on solving some of the state's broad oral health concerns. Thoughtful discussions will be needed to reach common ground on these issues.

One purpose of the *Healthy People, Health Smiles* planning process is to shed light on these diverse perspectives, realizing there is no single solution to complex problems. Progress will be made when an environment is created by parties that fosters dialog among the different views. This will require leadership and a sense of responsibility from all sectors.

To achieve meaningful and measurable results and have a coordinated impact on oral health, several steps are necessary:

- Initiate discussion to achieve agreement on specific action steps, timelines, and accountabilities, and conduct resource planning to assure implementation.
- Create monitoring and feedback systems to assure documentation of progress.
- Identify metrics, or indicators of success, to evaluate impact.
- Obtain data to support evaluation, compare with national targets, and assure resources are most efficiently deployed. A strong data system will also identify best practices for identifying best practices for improving oral health care and access.

These steps can be applied to any sector tackling any of the issues facing oral health.

Typically, oral health needs are addressed by the group(s) most affected, and sometimes these groups work independently. While *Healthy People, Healthy Smiles* is not intended to dictate one particular course of direction or action, it encourages multi-sector planning and cross-collaboration to achieve results. As the preliminary action plans included in this document demonstrate, opportunities for continued planning to assure action, measurement, and accountability abound. As such, *Healthy People, Healthy Smiles* is the first step in the next cycle of continuous oral health improvement actions in Illinois.

# Appendices

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- A.** Illinois Oral Health Plan Steering Committee Invitees
- B.** Healthy People 2020 Summary of Oral Health Objectives/Data
- C.** Illinois Oral Health Plan Listening Tour Announcement
- D.** Themes and Issues Presented at the Illinois Oral Health Plan Listening Tour
- E.** Illinois Oral Health Plan Summit Agenda
- F.** Illinois Oral Health Plan Summit Participants
- G.** Illinois Oral Health Plan Summit Facilitators
- H.** Action Plan Template
- I.** Illinois Oral Health Plan Summit Evaluation Tool
- J.** Illinois Oral Health Plan Summit Evaluation Results
- K.** Enhanced Oral Health Referral Project
- L.** Bibliography/References

# Appendix A: Illinois Oral Health Plan Steering Committee Invitees

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## **Government Sector**

- Office of Gov. Pat Quinn
- Office of Lt. Gov. Sheila Simon
- Illinois House
- Illinois Senate
- Illinois Department of Public Health
- Illinois Department of Healthcare and Family Services
- Division of Specialized Care for Children, University of Illinois at Chicago
- Illinois Department of Children and Family Services
- Illinois Department on Aging
- Illinois Department of Human Services
- Governor's Office of Health Information Technology
- Illinois Department of Insurance
- Illinois Department of Veterans' Affairs
- Illinois State Board of Education
- State Board of Health (SHIP)
- Illinois Association of County Board Members and Commissioners
- Illinois Democratic County Chairmen's Association
- Illinois Republican County Chairmen's Association

## **Education Sector**

- University of Illinois at Chicago College of Dentistry
- Southern Illinois University at Edwardsville School of Dental Medicine
- Southern Illinois University at Carbondale
- Midwestern University
- University of Illinois at Chicago School of Public Health
- Illinois Community College Board
- Pediatric Residency Program Directors

## **Providers/Provider Organizations Sector**

- Illinois State Dental Society
- American Dental Association
- Lincoln Dental Society
- Greater Chicago Hispanic Dental Association
- Illinois Dental Hygienists' Association
- Illinois Chapter, American Academy of Pediatrics
- Illinois Association of Family Practice Physicians
- Illinois Primary Health Care Association
- Illinois Hospital Association
- Illinois Association of Public Health Administrators
- Northern Illinois Public Health Consortium
- Illinois Public Health Association
- Illinois Association Boards of Health
- Illinois Rural Health Association
- Local Health Department Provider of Dental Services
- Hope Institute
- American Association of Public Health Dentistry

## **Business Sector**

- Midwest Business Group on Health
- Illinois State Chamber of Commerce, Health Council
- Illinois Black Chamber of Commerce
- Latin American Chamber of Commerce
- Illinois Hispanic Chamber of Commerce
- DentaQuest

## **Oral Health Coalitions Sector**

- IFLOSS Coalition
- Chicago Community Oral Health Forum/Heartland Health Outreach
- Campaign for Better Healthcare
- Illinois Maternal and Child Health Coalition
- Voices for Illinois Children
- Ounce of Prevention Fund
- Illinois African-American Coalition for Prevention
- Illinois Association of Area Agencies on Aging
- AARP – Illinois Chapter
- Illinois Farm Bureau
- Illinois Action for Children
- Illinois Disability and Health Partnership (IDPH and UIC)

## **Foundations/Philanthropy Sector**

- Illinois Children's Healthcare Foundation
- The Otho S. A. Sprague Memorial Institute
- Michael Reese Health Trust
- Health and Wellness Foundation of Pike County (formerly the Illini Health Care Foundation)
- The Retirement Research Foundation
- VNA Foundation
- Chicago Community Trust
- Community Memorial Foundation
- Illinois State Dental Society Foundation
- Delta Dental Foundation
- DentaQuest Foundation
- Wrigley Foundation
- Fry Foundation
- John D. Butler Family Foundation
- Field Foundation of Illinois
- Polk Bros Foundation Inc

## **Labor**

- American Federation of State, County and Municipal Employees Council 31
- Service Employees International Union
- United Auto Workers Local 974

## **Faith Community**

- Lutheran Social Services

## **Health Policy/Research Organizations Sector**

- The Paul Simon Public Policy Institute, Southern Illinois University at Carbondale
- Health and Medicine Policy Research Group
- Illinois Public Health Institute

## **Volunteer Associations**

- American Cancer Society, Illinois Division
- Illinois Lung Association

## **Other Professional Associations**

- Midwest Dairy Association

# Appendix B: Healthy People 2020 Summary of Oral Health Objectives/Data

## Oral Health of Children and Adolescents

Objective	Healthy People 2020 Target		Illinois	
	Age Group	Percent	Age or Population Group	Percent
<b>OH-1.1</b> Reduce the proportion of young children with dental caries experience in their primary teeth.	3 to 5 years	Baseline 33% Target 30%	Young children 0 to 5 in Illinois Head Start	Baseline 26.8% (IDPH, 2009)
			Young children in Illinois kindergarten	Baseline 21.8% (ISBE, 2010)
<b>OH-1.2</b> Reduce the proportion of children with dental caries experience in their primary and permanent teeth.	6 to 9 years	Baseline 54.4% Target 49%	Children in Illinois third grade	Baseline 53.2% (IDPH, 2009)
			Children in Illinois' second grade	Baseline 35% (ISBE, 2010)
			Children in Illinois' sixth grade	Baseline 38.74% (ISBE, 2010)
<b>OH-1.3</b> Reduce the proportion of children with dental caries experience on their primary and permanent teeth.	13 to 15 years	Baseline 53.7% Target 48.3%		No data
<b>OH-2.1</b> Reduce the proportion of young children with untreated dental decay in their primary and permanent teeth.	3 to 5 years	Baseline 23.8% Target 21.4%	Young children 0 to 5 in Illinois Head Start	Baseline 18.6% (IDPH, 2009)
			Young children in Illinois kindergarten	Baseline 19.53% (ISBE, 2010)
<b>OH-2.2</b> Reduce the proportion of children with untreated dental decay in their primary and permanent teeth.	6 to 9 years	Baseline 28.8% Target 25.9%	Children in Illinois third grade	Baseline 29.1% (IDPH, 2009)
			Children in Illinois' second grade	Baseline 21.5% (ISBE, 2010)
			Children in Illinois' sixth grade	Baseline 16.4% (ISBE, 2010)
<b>OH-2.3</b> Reduce the proportion of children with untreated dental decay in their primary and permanent teeth.	13 to 15 years	Baseline 17% Target 15.3%		No data

## Oral Health of Adults

Objective	Healthy People 2020 Target		Illinois	
	Age Group	Percent	Age or Population Group	Percent
<b>OH-3.1</b> Reduce the proportion of adults with untreated dental decay.	35 to 44 years	Baseline 27.8% Target 25%		No data
<b>OH-3.2</b> Reduce the proportion of older adults with untreated coronal caries.	65 to 74 years	Baseline 17.1% Target 15.4%	60 years and older with untreated dental decay	Baseline 32.2% (IDPH, 2010)
<b>OH-3.3</b> Reduce the proportion of older adults with untreated root surface caries.	75 years and older	Baseline 37.9% Target 34.1%		
<b>OH-4.1</b> Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontitis.	45 to 64 years	Baseline 76.4% Target 68.8%.	45 to 64 years	Baseline 52% (BRFSS, 2010)
<b>OH-4.2</b> Reduce the proportion of older adults who have lost all of their natural teeth.	65 to 74 years	Baseline 24% Target 21.6%	65 to 74 years	Baseline 12.4% (BRFSS, 2010)
<b>OH-5</b> Reduce the proportion of adults with moderate or severe periodontitis.	45 to 74 years	Baseline 24% Target 11.4%		No data

## Early Detection of Oral and Pharyngeal Cancers

Objective	Healthy People 2020 Target		Illinois	
	Age Group	Percent	Age or Population Group	Percent
<b>OH-6</b> Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.		Baseline 32.5% Target 35.8%		Baseline 33% (IDPH, 2010)

## Access to Preventive Services

Objective	Healthy People 2020 Target		Illinois	
	Age Group	Percent	Age or Population Group	Percent
<b>OH-7</b> Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months. <b>(LEADING HEALTH INDICATOR)</b>		Baseline 44.5% Target 49%	Children and adolescents enrolled in Medicaid who used the oral health care system in the past 12 months	Baseline 45.37% (CMS, 2010)
<b>OH-8</b> Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.		Baseline 26.7% Target 29.4%	Children and adolescents enrolled in Medicaid who received any preventive dental service during the past year	Baseline 42.68% (CMS, 2010)
<b>OH-9.1</b> Increase the proportion of school-based health centers with an oral health component that includes dental sealants.		Baseline 24.1% Target 6.5%		Baseline 14.8% (IDHS, 2012)
<b>OH-9.2</b> Increase the proportion of school-based health centers with an oral health component that includes dental care.		Baseline 10.1% Target 11.1%		Baseline 11.1% (IDHS, 2012)
<b>OH-9.3</b> Increase the proportion of school-based health centers with an oral health component that includes topical fluoride.		Baseline 29.2% Target 32.1%		Baseline 13.0% (IDHS, 2012)
<b>OH-10.1</b> Increase the proportion of federally qualified health centers that have an oral health care program.		Baseline 75% Target 83%		Baseline 83.3% (HRSA, 2007)
<b>OH-10.2</b> Increase the proportion of local health departments that have oral health prevention or care programs.		Baseline 25.8% Target 28.4%		Baseline 45.83% (IDPH, 2012)
<b>OH-11</b> Increase the proportion of patients who receive oral health services at federally qualified health centers each year.		Baseline 17.5% Target 33.3%		Baseline 11.8% (HRSA, 2007)

## Oral Health Interventions

Objective	Healthy People 2020 Target		Illinois	
	Age Group	Percent	Age or Population Group	Percent
<b>OH-12.1</b> Increase the proportion of children who have received dental sealants on one or more of their primary molar teeth.	3 to 5 years	Baseline 1.4% Target 1.5%	3 to 5 years	Baseline 8.38% (ISBE, 2010)
<b>OH-12.2</b> Increase the proportion of children who have received dental sealants on one or more of their permanent first molar teeth.	6 to 9 years	Baseline 25.5% Target 28.1%	Children in Illinois third grade	Baseline 41.5% (IDPH, 2009)
			Children in Illinois' second grade	Baseline 37.26% (ISBE, 2010)
			Children in Illinois' sixth grade	Baseline 55.51% (ISBE, 2010)
<b>OH-12.3</b> Increase the proportion of adolescents who have received dental sealants on one or more of their permanent molar teeth.	13 to 15 years	Baseline 19.9% Target 21.9%		No Data
<b>OH-13</b> Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.		Baseline 72.4% Target 79.6%		Baseline 98% (IDPH, 2011)

Objective	Healthy People 2020 Target		Illinois	
	Age Group	Percent	Age or Population Group	Percent
<b>OH- 14.1</b> (Developmental) Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation in the past year.		Baseline 29.2%. Target 32.1%		No Data
<b>OH- 14.2</b> (Developmental) Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year.				No Data
<b>OH-14.3</b> (Developmental) Increase the proportion of adults who are tested or referred for glycemic control from a dentist or dental hygienist in the past year.				No Data

### Monitoring, Surveillance Systems

Objective	Healthy People 2020 Target		Illinois	
	Age Group	Percent	Age or Population Group	Percent
<b>OH- 15.1</b> (Developmental) Increase the number of states and the District of Columbia that have a system for recording cleft lips and cleft palates.				The Illinois Department of Public Health has a system for recording cleft lips and cleft palates.
<b>OH- 15.2</b> (Developmental) Increase the number of states and the District of Columbia that have a system for referral for cleft lips and cleft palates to rehabilitative teams.				The Illinois Department of Public Health has a system for referral for cleft lips and cleft palates to rehabilitative teams.
<b>OH-16</b> (Developmental) Increase the number of states and the District of Columbia that have an oral and craniofacial health surveillance system. Baseline 32 states. Target 51 (50 states and the District of Columbia)				The Illinois Department of Public Health has an oral and craniofacial health surveillance system.

### Public Health Infrastructure

Objective	Healthy People 2020 Target		Illinois	
	Age Group	Percent	Age or Population Group	Percent
<b>OH- 17.1:</b> Increase the proportion of states and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training.		Baseline 23.4% Target 25.7%	Illinois state and local health agencies that serve jurisdictions of 250,000 or more persons	Baseline 30% (IDPH, 2011)
<b>OH-17.2:</b> Increase the number of Indian health service Areas and tribal health programs that serve jurisdictions of 30,000 or more persons with a dental public health program directed by a dental professional with public health training.				Not Applicable

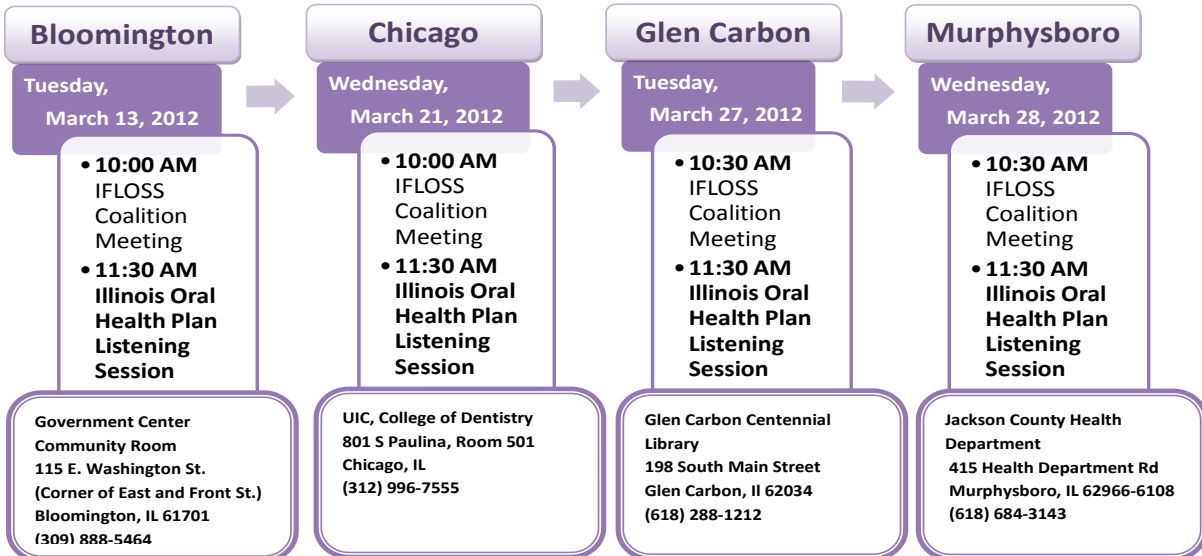
# Appendix C: Illinois Oral Health Plan Listening Tour Announcement

## Illinois Oral Health Plan III



Share your thoughts on the state of oral health in Illinois with the statewide Steering Committee. Join the statewide Oral Health Discussion. Be a part of the next state oral health plan.

Listening Sessions follow meetings of the IFLOSS Coalition in four locations.



\* Open to the public, for oral or written comments

\* Written testimony may be submitted to Dr. David Miller, Chief, IDPH Division of Oral Health, at [david.miller@illinois.gov](mailto:david.miller@illinois.gov)

\* For more information, or to RSVP,

please call Lisa Bilbrey at 217-321-2616, or e-mail at [lisa@ifloss.org](mailto:lisa@ifloss.org)

\* Please note that teleconferencing is NOT available

## Central Questions

- *What are your thoughts on oral health as it relates to your organization and its mission?*
- *How can the State plan play a role in helping address your concerns?*
  - ❖ What specific problems are you having in accessing oral health services in your community? Please be specific about service and access issues.
  - ❖ 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.
  - ❖ What innovative oral health projects have been developed in the last five years in your community?
  - ❖ Do you have access to educational and public awareness materials for oral health services in your community?
  - ❖ What suggestions do you have to improve oral health care in your community?
  - ❖ Who are the oral health champions in your community? Why?
  - ❖ Tell us ***your*** story.

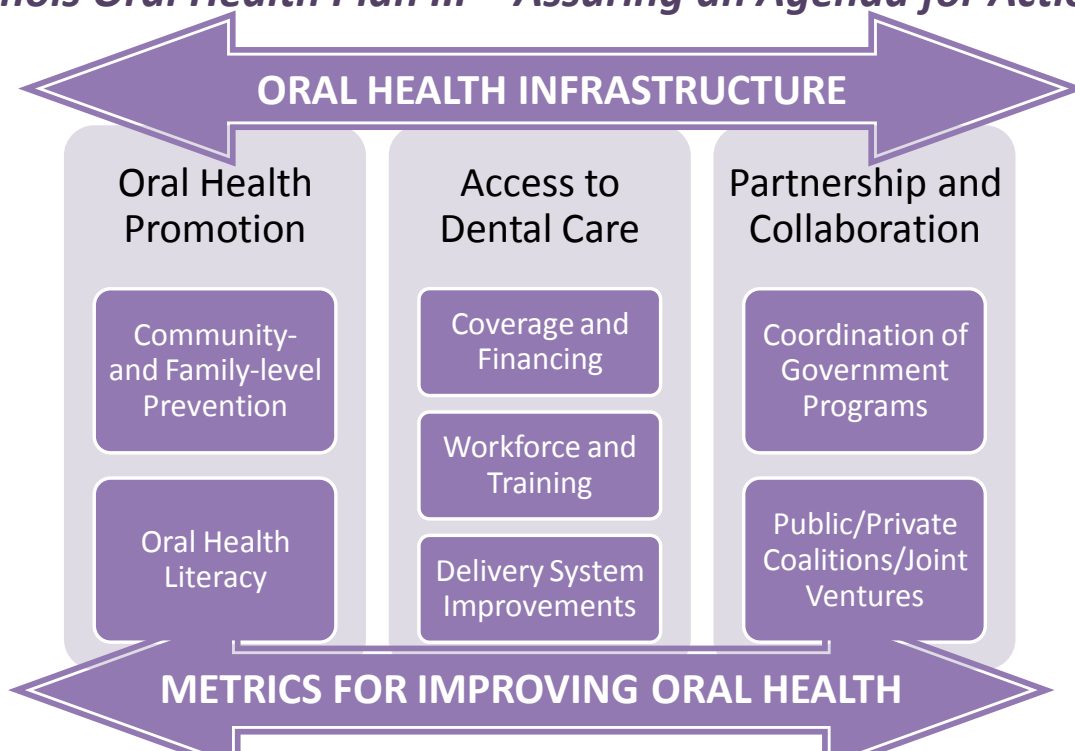
# Appendix D: Themes and Issues Presented at the Illinois Oral Health Plan Listening Tour

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- I. Oral Health Promotion
  - a. Community- and Family-level Prevention
  - b. Oral Health Literacy
  
- II. Access to Dental Care
  - a. Coverage and Financing
  - b. Workforce and Training
  - c. Delivery System Improvements
  
- III. Partnership and Collaboration
  - a. Coordination of Government Programs
  - b. Public/Private Coalitions/Joint Ventures

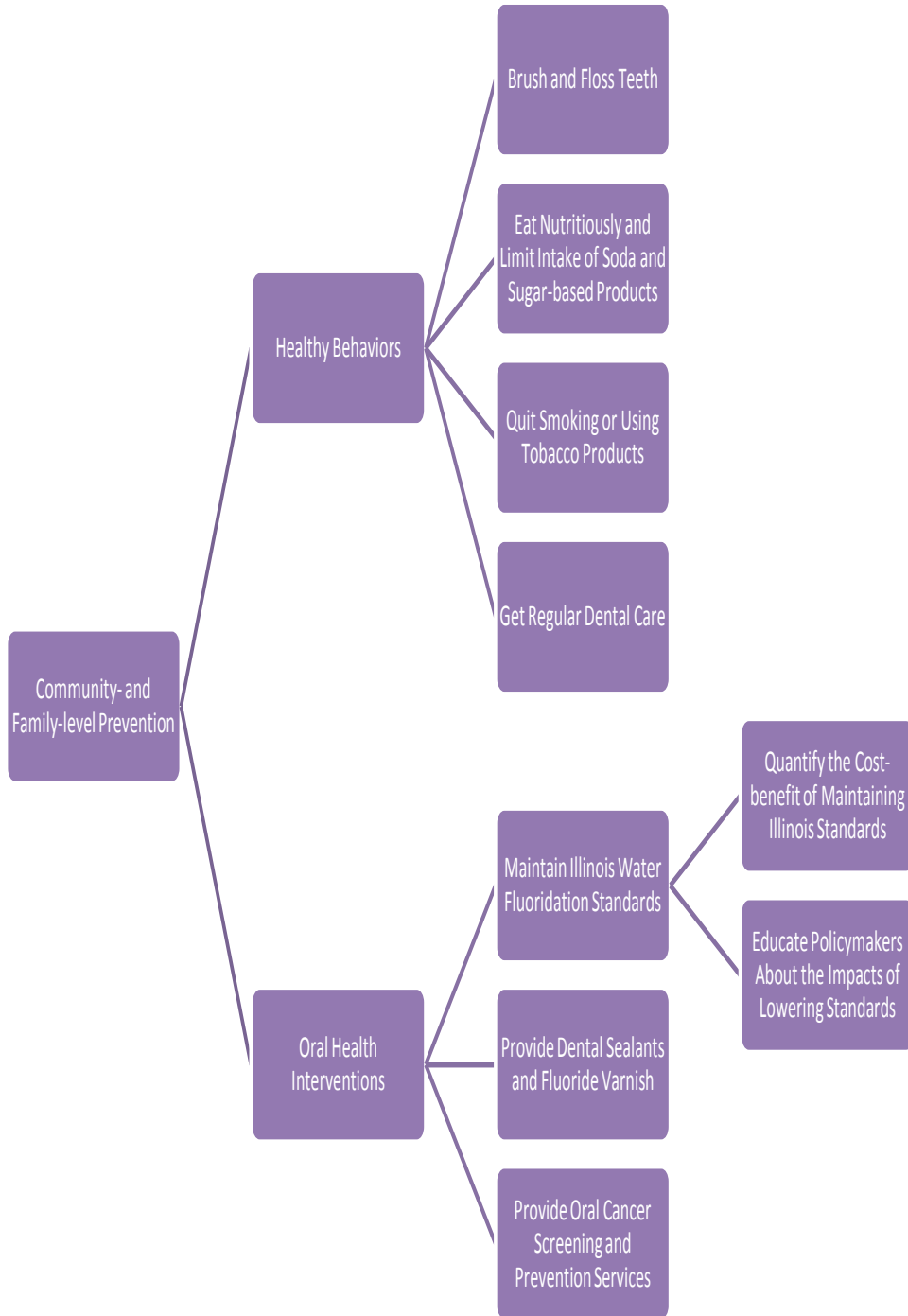
## ***Healthy People, Healthy Smiles***

### ***Illinois Oral Health Plan III – Assuring an Agenda for Action***

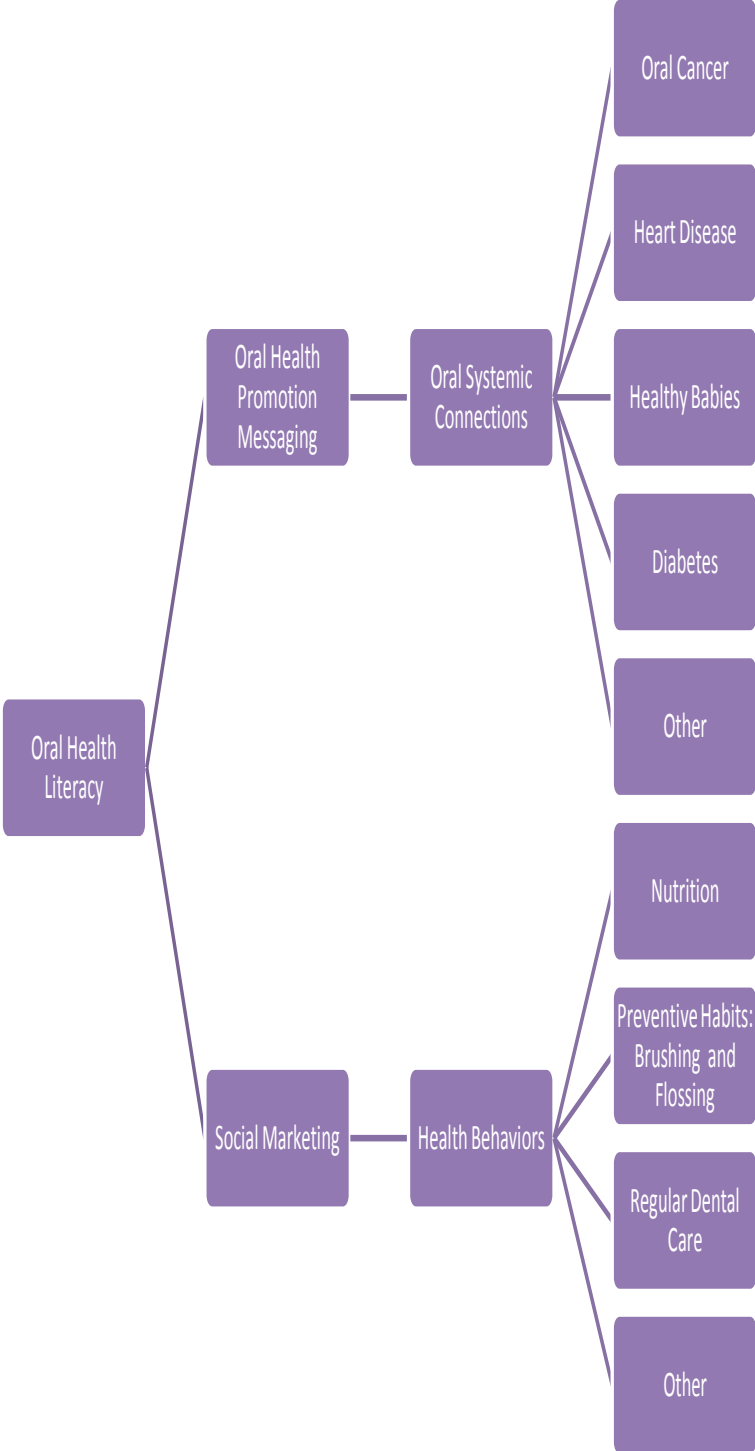




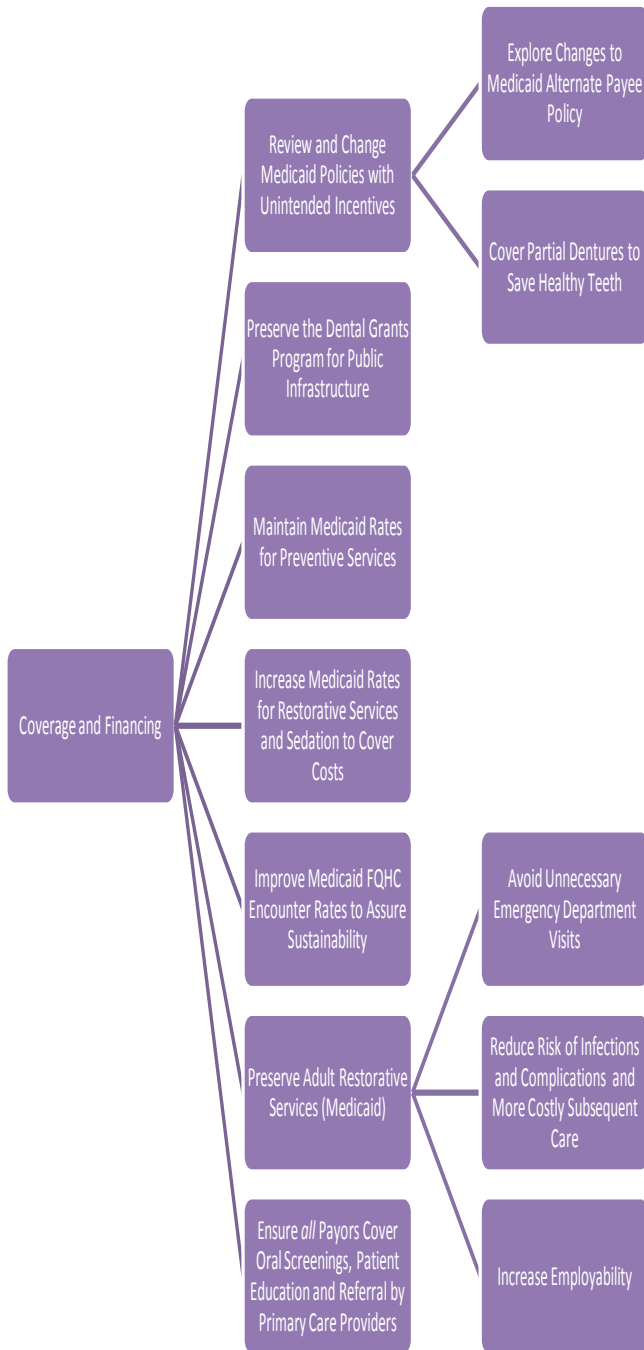
# ORAL HEALTH PROMOTION



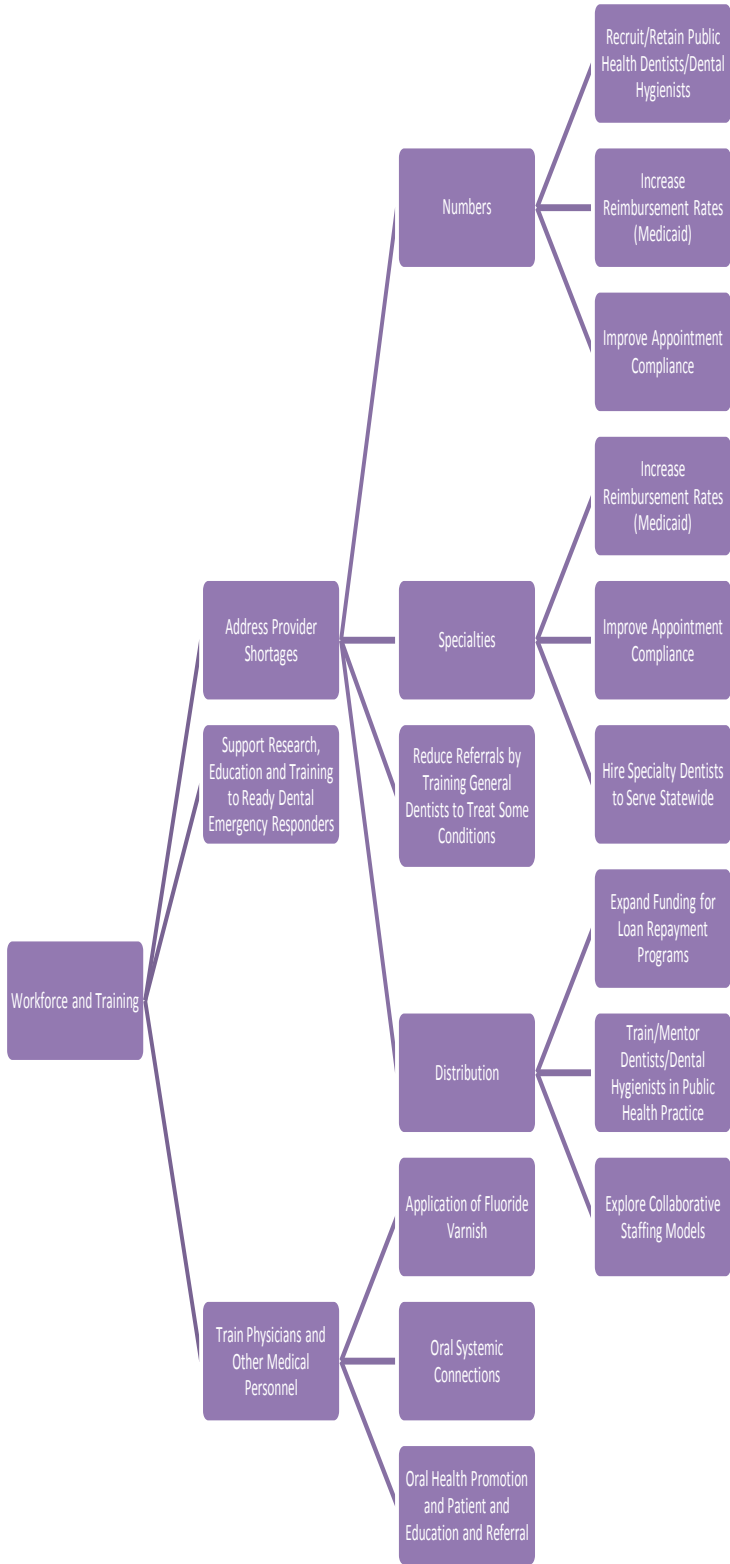
# ORAL HEALTH PROMOTION



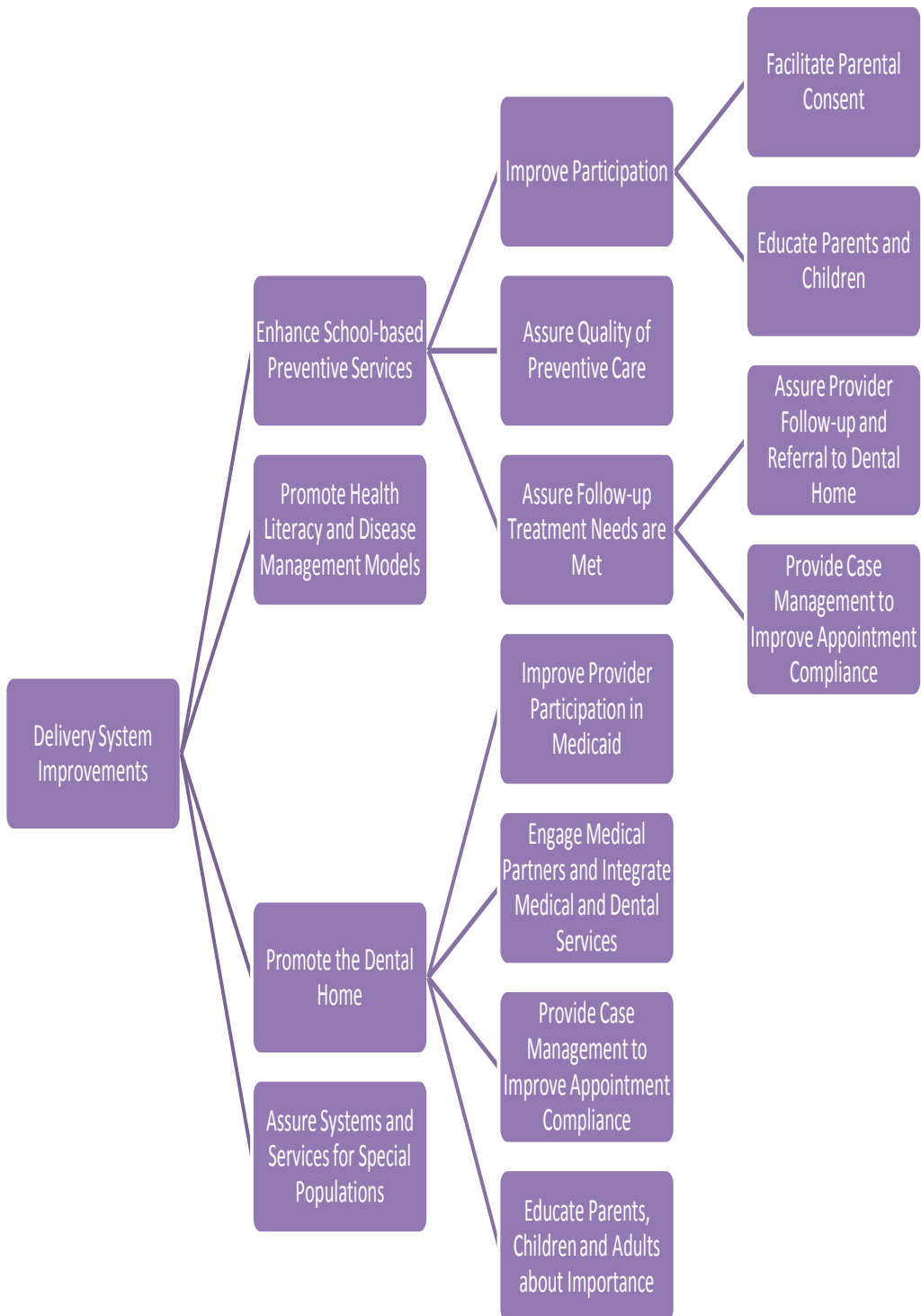
# ACCESS TO DENTAL CARE



# ACCESS TO DENTAL CARE



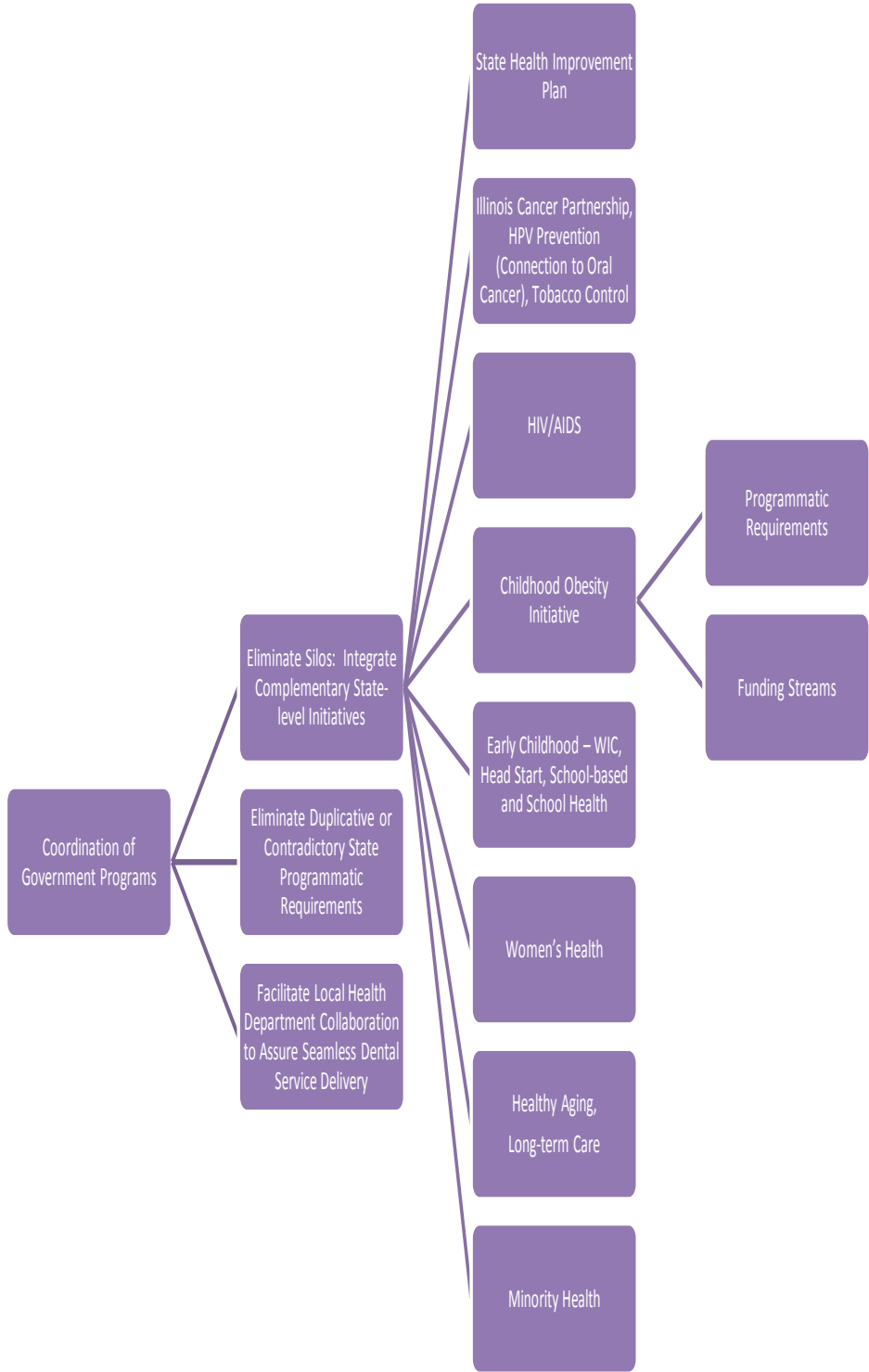
# ACCESS TO DENTAL CARE



# PARTNERSHIP AND COLLABORATION



# PARTNERSHIP AND COLLABORATION



# Appendix E: Summit Agenda

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## ***Healthy People, Healthy Smiles***

### **Illinois Oral Health Plan III Summit**

#### ***Assuring an Agenda for Action***

**Abraham Lincoln Presidential Library  
Multipurpose Room, Second Floor  
112 N. Sixth St., Springfield, IL 62701  
Friday, April 20, 2012**

#### **Agenda**

- 10 a.m.           **Registration**
- 10:30 a.m.       **Welcome and Introductions**
- David E. Miller, DDS, IOHP III Chair  
Chief, IDPH Division of Oral Health
- 11 a.m.           **Illinois Oral Health Plan III – Developing an *Action Agenda***
- Dr. Miller
  - Patti Kimmel, IFLOSS Consultant
- 11:15 a.m.       **Action Planning Roundtable Session 1**
- Oral Health Literacy
  - Coverage and Financing of Dental Care
  - Workforce and Training
  - Delivery System Improvements
  - Infrastructure and Metrics for Improving Oral Health
- Noon              **Box Lunch**  
(Participants pick up box lunch and move to second Roundtable)
- 12:15 p.m.       **Action Planning Roundtable Session 2 (repeat sessions)**
- 1 p.m.            **Action Planning Roundtable Session 3 (repeat sessions)**
- 1:45 p.m.        **Break**
- 2 p.m.            **Plenary Session – Putting the Pieces Together: Reflections and Discussion (Roundtable Themes and Reports)**
- Dr. Miller
- 2:45 p.m.        **Next Steps for Illinois: A Call for Action**
- Dr. Miller
- 3 p.m.            **Adjourn**





# Appendix F: Summit Participants

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# Appendix G: Summit Roundtable Facilitators

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<b>Oral Health Literacy:</b>	<b>Poonam Jain, B.D.S., M.S.</b> Director of Community and Preventive Dentistry Southern Illinois University School of Dental Medicine Member, Board of Directors, IFLOSS Coalition
<b>Coverage &amp; Financing:</b>	<b>Dionne Haney</b> Director of Professional Services Illinois State Dental Society
<b>Workforce and Training:</b>	<b>Jennie Pinkwater</b> Senior Director, Prevention Programs and Advocacy Illinois Chapter, American Academy of Pediatrics Member, Board of Directors, IFLOSS Coalition
<b>Delivery System Improvements:</b>	<b>Kathy Chan</b> Associate Director/Policy Director Illinois Maternal and Child Health Coalition Chair, Board of Directors, IFLOSS Coalition
<b>Infrastructure and Data:</b>	<b>Tom Szpyrka</b> IPLAN Administrator/Healthy People 2020 Coordinator Illinois Department of Public Health

# Appendix H: Action Plan Template

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**Healthy People, Healthy Smiles: Illinois Oral Health Plan III**

**ACTION PLAN TEMPLATE**

<b>Goal:</b>					
<b>Situation Assessment:</b>					
<b>Strategies:</b>					
<b>Action Steps</b> <i>What Will Be Done?</i>	<b>Responsibilities</b> <i>Who Will Do It?</i>	<b>Timeline</b> <i>By When?</i> <i>(Day/Month)</i>	<b>Available and Needed Resources</b> <i>(financial, human, political &amp; other)</i>	<b>Potential Barriers/Solutions</b>	<b>Success Indicators</b> <i>Benchmarks</i>

# Appendix I: Summit Evaluation Tool

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## Evaluation

A summary of course evaluations aid in future planning. Thank you for completing this form.

Title: **Oral Health Summit**

Course Date: **April 20, 2012**

(Circle one response per question)

	Excellent	Good	Average	Fair	Poor
<b>Program Content</b>					
Did the summit enhance your understanding of the issues?	5	4	3	2	1
Was the introductory information helpful?	5	4	3	2	1
Was the summit worth your time?	5	4	3	2	1
<b>Discussion Techniques &amp; Presentation Style</b>					
Was the summit the appropriate length?	5	4	3	2	1
Were the presentation techniques effective?	5	4	3	2	1
Were the roundtable discussions effective?	5	4	3	2	1
Was the group involvement adequate?	5	4	3	2	1
Were the speakers acclimated to the audience?	5	4	3	2	1
Were the AV aids helpful?	5	4	3	2	1
Were the handouts helpful?	5	4	3	2	1
<b>Overall Rating</b>					
What is your overall rating of the summit?	5	4	3	2	1
Rate the facility.	5	4	3	2	1

### Suggestions and Comments:

Please share what worked and what we could have done better in this planning process:

# Appendix J: Summit Evaluation Results

<b>Summit Feature</b>	<b>Score</b> <i>(Scale of 1-5, with 5 = Excellent)</i>
<b>Program Content</b>	
Did the summit enhance your understanding of the issues?	<b>4.61</b>
Was the introductory information helpful?	<b>4.39</b>
Was the summit worth your time?	<b>4.61</b>
<b>Discussion Techniques &amp; Presentation Style</b>	
Was the summit the appropriate length?	<b>4.48</b>
Were the presentation techniques effective?	<b>4.39</b>
Were the roundtable discussions effective?	<b>4.78</b>
Was the group involvement adequate?	<b>4.65</b>
Were the speakers acclimated to the audience?	<b>4.57</b>
Were the AV aids helpful?	<b>4.33</b>
Were the handouts helpful?	<b>4.43</b>
<b>Overall Rating</b>	
What is your overall rating of the summit?	<b>4.7</b>
Rate the facility.	<b>4.82</b>

## Suggestions and Comments:

- More orientation for facilitators.
- Summit could have been longer.
- In the future for the next five year plan - I would like to see a timeline outlined for meetings so people could plan farther ahead and be able to attend.
- Great table facilitators.
- Very productive -- should do it again soon!
- Thanks for lunch and the snacks -- very convenient location.
- Overall, excellent.
- Good timing of the activities.
- Loved it.
- Liked roundtables and discussions. Working lunch is a great use of time.
- Have agencies tell what they did in last five years. And what could have been done better?
- Separate rooms for group.
- Could use more handouts.
- Grateful for access to information and people in the process.

# Appendix K: Enhanced Oral Health Referral Project

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May 9, 2012

**Demographic:** Jackson, Franklin and Williamson counties comprise a major part of the service area for the three hospitals operated by Southern Illinois Healthcare (SIH), St. Joseph's in Murphysboro, Memorial Hospital of Carbondale, and Herrin Hospital. These counties have a joint population of 166,136 with a significantly larger low-income population than the state as a whole. In 2008, about 20 percent of the population of these three counties was enrolled in Medicaid compared to 14 percent statewide. The median income in 2009 for each of these counties was significantly lower than the state level of \$53,974, with Franklin County's at \$32,417, Williamson County's at \$39,386, and Jackson County's at \$30,899.

**Needs Assessment:** In 2009, the Access to Care Action Team of the Jackson County Healthy Community Coalition identified access to care as a priority health issue as a part of their community planning process. To further define the issue, emergency department utilization was reviewed for a 10 month period of time in 2009 for the SIH facilities of St. Joseph's Memorial Hospital, Memorial Hospital of Carbondale, and Herrin Hospital. The review focused on utilization data documented as the primary and reported by diagnostic code. The review examined the subset of those accessing an SIH facility, five times or more for an emergency department visit during that time frame. The most frequent chief complaint was dental disorders.

**Problem Statement:** At the time this data was collected, most dentists in this three county region did not accept Medicaid as a form of payment for services and the few who did, had long waiting lists. As a result, patients within this region often utilized a hospital emergency department to address their oral health problems with the goal of easing their pain and suffering. The services delivered by the emergency departments included an overall assessment of the patient's needs, diagnosis and treatment which often included the prescribing of antibiotics and pain medicine. This often did little to treat the underlying dental decay. Symptoms frequently reoccurred which often resulted in subsequent utilization of the hospital's emergency department.

**Solution:** Those seeking dental services from the emergency department needed a more appropriate treatment that truly addressed the reason the individual accessed the health system. Timely and more appropriate care, followed by access to routine and preventative care would prevent these costly interventions which also result in the loss of capacity for treating truly emergent health care needs. A system was developed and implemented that would ensure a dental appointment within a day of the emergency department visit.



**Process:** By leveraging partnerships that existed from previous collaborative work and are sustained through the Health Community Coalition, SIH convened a meeting of community partners with the potential resources to serve the oral health needs of the region. Shawnee Health Services (SHS, which is a local Federally Qualified Health Center) and Southern Illinois University's Community Dental Center (SIU-CDC) both provided dental treatment to those whose payer source is Medicaid or who have a need to access a sliding fee scale. A planning group, consisting of representatives from Shawnee Health Services, the SIU Community Dental Clinic and SIH's Community Benefits, emergency departments, and case management departments. The focus was to develop a referral process where patients could be seen in a timely manner in order to address their immediate oral health crisis and establish a dental home.

Shawnee Health Services and the SIU Community Dental Center both agreed to save two appointments per dentist, per day, for emergency referrals from the SIH ED staff. Because of the project's mission to help those most at risk and unable to access a dentist, it was agreed these referrals would initially only be offered to patients with either Medicaid or self pay as their payer source. The final details of the referral process, communication, and reporting forms were finalized. St. Joseph's Hospital ED began making referrals in August of 2010 with the two additional hospitals added by the end of the year.

**Results:** During calendar year 2011, the three SIH hospitals referred 131 patients for emergency dental appointments. Almost 50 percent of those referred (63) kept their appointment and received a resolution for their oral health concern. A sliding fee scale is offered and Medicaid is accepted at both referral agencies. This decreased the significant financial barrier that often served as the primary obstacle to the patient not accessing care in a timely manner. Many of the clients referred have now established dental homes with these agencies.

To assess the success of the referral program, emergency department utilization data from 2009 was compared with the same for 2011. From 2009 to 2011, dental disorders went from being the number one cause for individuals seeking care at SIH emergency departments, five or more times to the diagnosis documented as being the tenth leading cause for individuals to seek care in EDs five times or more. In 2009 dental and oral disorders accounted for 10 percent of Emergency Department encounters and by 2011 dental disorders accounted for only 2 percent of encounters within this population. Referrals are continuing. SIH staff and the Access to Care Action Team of the Healthy Community Coalition continue to monitor data on a quarterly basis. Improvements will be made in the referral program as the need arises. All parties concerned including patients, community partners, the Healthy Community Coalition and SIH are appreciative of the support and commitment of those involved. In fostering and sustaining collaboration, patients are best served through improved care coordination and transitions, agencies are not duplicating efforts, and important capacity for emergent care is being expanded.

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