

ROADMAP TO THE FUTURE OF ORAL HEALTH IN ILLINOIS

ORAL HEALTH IN ILLINOIS



The Illinois Oral Health Plan and The Community Oral Health Infrastructure Development Project

A report of the Illinois Oral Health Infrastructure Development Project



Spring 2012

Foreword

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 Oral Health Plan.

The IFLOSS Coalition, a statewide advocacy group for oral health, has taken a lead role in disseminating these findings statewide. We would like to acknowledge the many participants who are continuously working toward making this plan a reality in Illinois. Though they are too numerous to name here, all are listed in the Appendix section.

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

This publication is also intended as a guidepost for improving the oral health of all Illinoisans, and as a model for other states as they work to improve the oral health of their citizens. The success of the plan contained in this publication is simple. It requires that each reader take ownership of a strategic goal, specific action or identified strategy within the plan.

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

Sincerely,
Ray Cooke, BBA, MPH, President, IFLOSS Coalition

Executive Summary

The State of Oral Health in Illinois

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

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

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

Five Policy Goals and Illinois-Specific Priorities

Listed below are the five policy goals and the Illinois-specific priorities that have been developed through the Oral Health Plan and Summit:

Policy Goal I

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

Illinois Priorities for Policy Goal I

Educate the public, health professionals and decision makers about the relationship between oral health and systemic health with an emphasis on –

- Prevention of early childhood caries
- Prenatal oral healthcare for women
- Behaviors that assure good oral health such as daily oral hygiene, routine dental checkups, the proper uses of fluoride, proper nutrition, injury prevention and being tobacco free
- Removal of fear and misunderstandings about going to the dentist
- Early detection and prevention of oral and pharyngeal cancer

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

Policy Goal II

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

Illinois Priorities for Policy Goal II

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

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

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

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

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

Policy Goal III

Remove known barriers between people and oral health services.

Illinois Priorities for Policy Goal III

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

Expand the scope of Medicaid-covered oral health services to include preventive services for adults.

Increase the start-up and maintenance funding resources available for public dental clinics to address the unmet oral health needs of the Medicaid population, the uninsured and the underinsured.

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

Identify funding streams for a statewide community-based education and awareness program, pilot projects in care coordination to improve access to services, and early childhood caries prevention programs.

Develop an Illinois loan repayment program for dentists and hygienists who agree to practice in dental underserved areas and to treat underserved populations.

Expand the dental workforce in rural areas.

Policy Goal IV

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

Illinois Priorities for Policy Goal IV

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

Maximize the contribution and use of existing public health data (e.g., IPLAN, local oral health needs assessments) to inform the science base necessary to improve oral health in Illinois.

Policy Goal V

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

Illinois Priorities for Policy Goal V

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

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

Support the IFLOSS Coalition as a working public/private partnership focused on oral health improvement for all residents of Illinois.

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

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

Section 1

Introduction: Building the
Illinois Oral Health Plan

Framework for Illinois' Oral Health Plan

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

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

The major findings and suggested framework for action put forth by the Surgeon General form the basis for Illinois' Oral Health Plan. (See Appendix)

Statewide Efforts to Improve Oral Health in Illinois

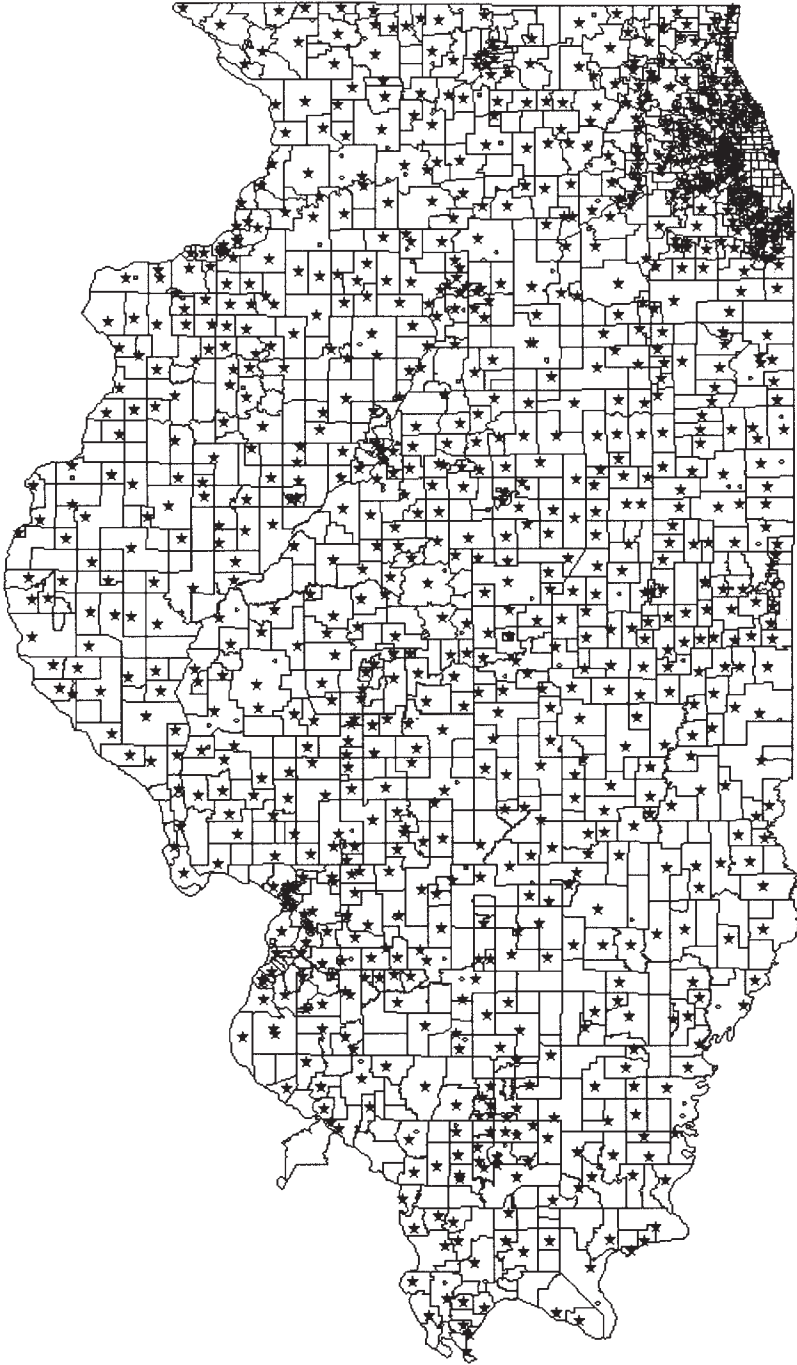
Community Water Fluoridation

Community water fluoridation is the most effective public health measure available to prevent and control dental caries. Illinois is one of only twelve states in the US with mandatory fluoridation laws. This statute requires all community water systems to adjust fluoride to optimal levels (0.90 - 1.20 milligrams per liter). (See Map1, page 8) The Illinois Department of Public Health works closely with the Illinois Environmental Protection Agency to monitor community water supplies and provides education and technical expertise to the water system operators in order to keep fluoride levels optimal for the prevention of oral disease. Because of community water fluoridation residents of Illinois experience significantly less dental decay. In 1997, more than 85% of the Illinois population received benefits of fluoridated water, a level that surpasses the 75% percent goal recommended by Healthy People 2010 objective for the nation. However, approximately 700,000 Illinois residents served by community water systems do *not* receive optimal levels of fluoride. Another 1 million Illinois residents are not served by community water systems.

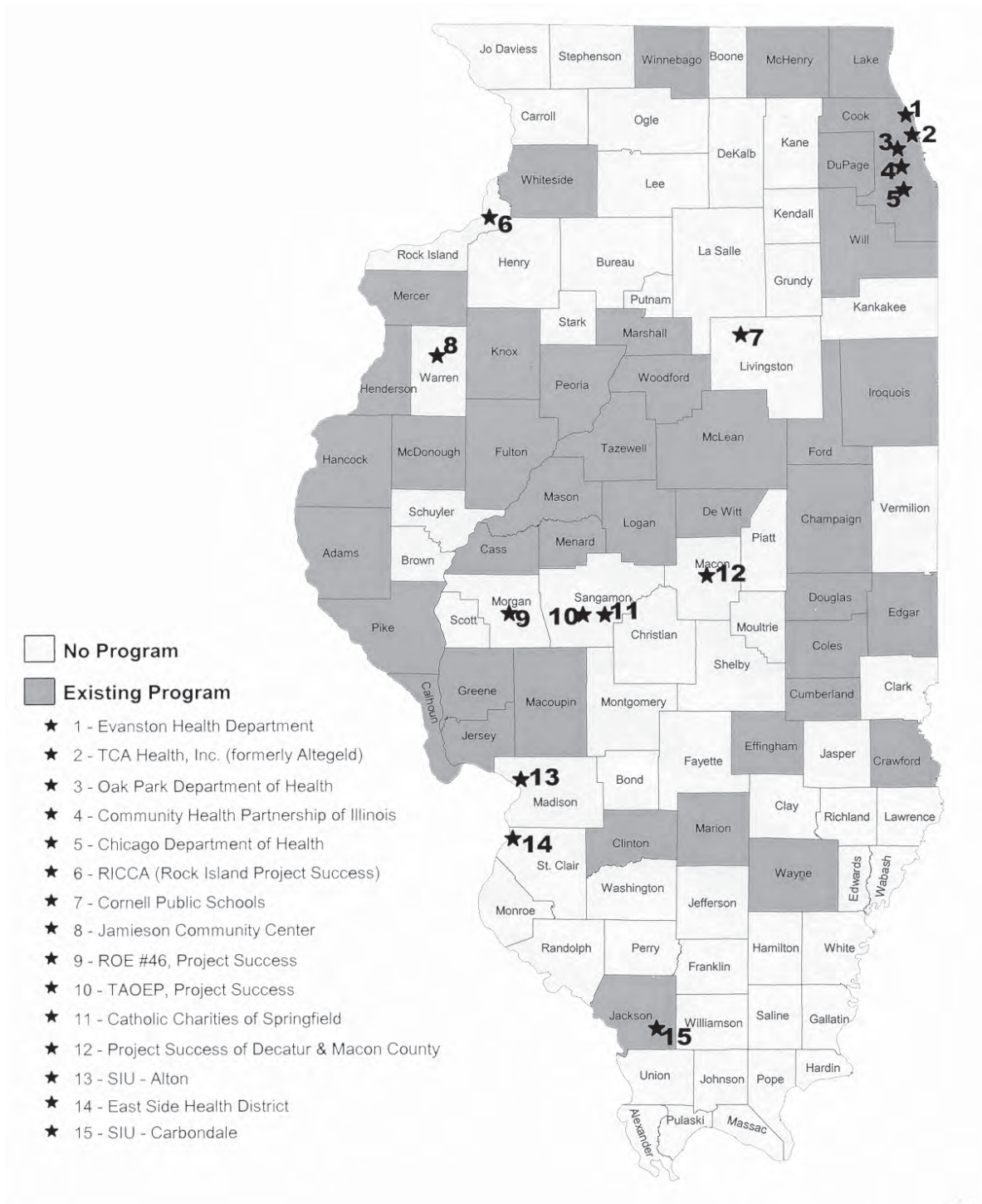
Oral Health Status of Illinois Children

Project Smile, a statewide oral health survey conducted between 1993-1994, gathered the most reliable estimates to date of dental disease in Illinois children. This "snap-shot" survey was funded through a grant by the Centers for Disease Control and Prevention along with Title V of the Maternal and Child Health Block grant funds provided to Illinois, and was conducted by the Illinois Department of Public Health in collaboration with the University of Illinois at Chicago College of Dentistry. The survey results demonstrated that a very large number of Illinois school children still suffer from preventable oral health problems, lack basic preventive care (as determined by sealant prevalence), and that significant oral health disparities exist. (See map 2, page 9) As

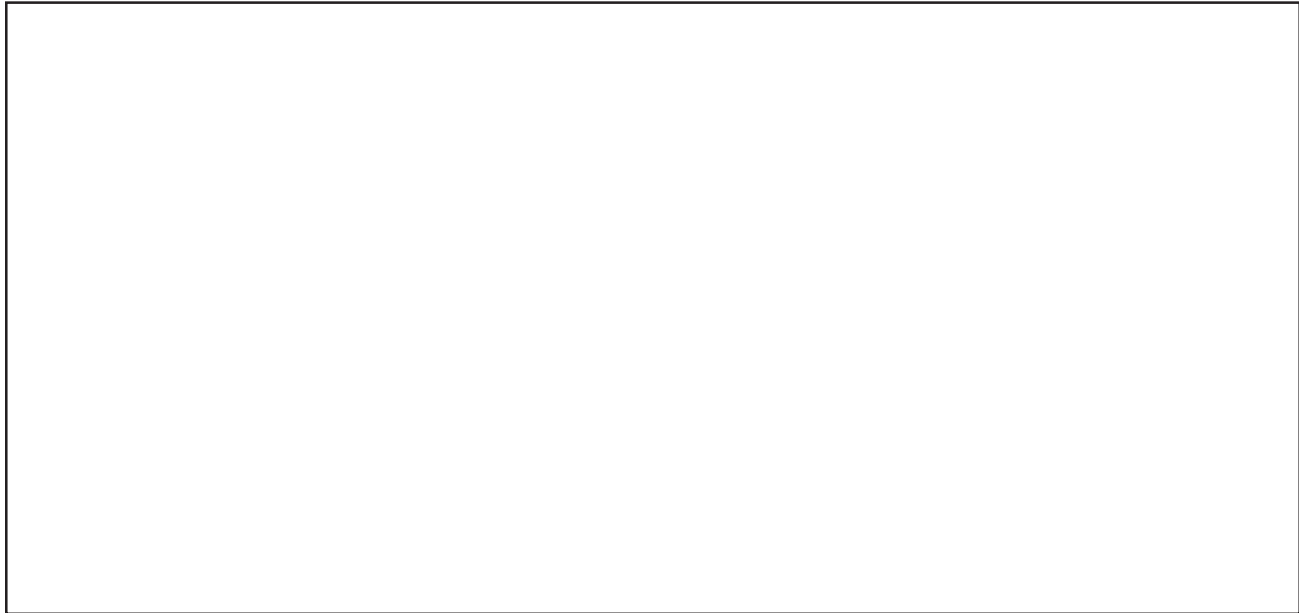
Illinois Community Water Systems (Map 1)



FY02 Dental Sealant Grant Program (Map 2)



a result of the information gathered through this survey, the Illinois Department of Public Health intensified efforts to expand its school based sealant program. More than 500,000 dental sealants have been applied to over 139,000 children since 1995.



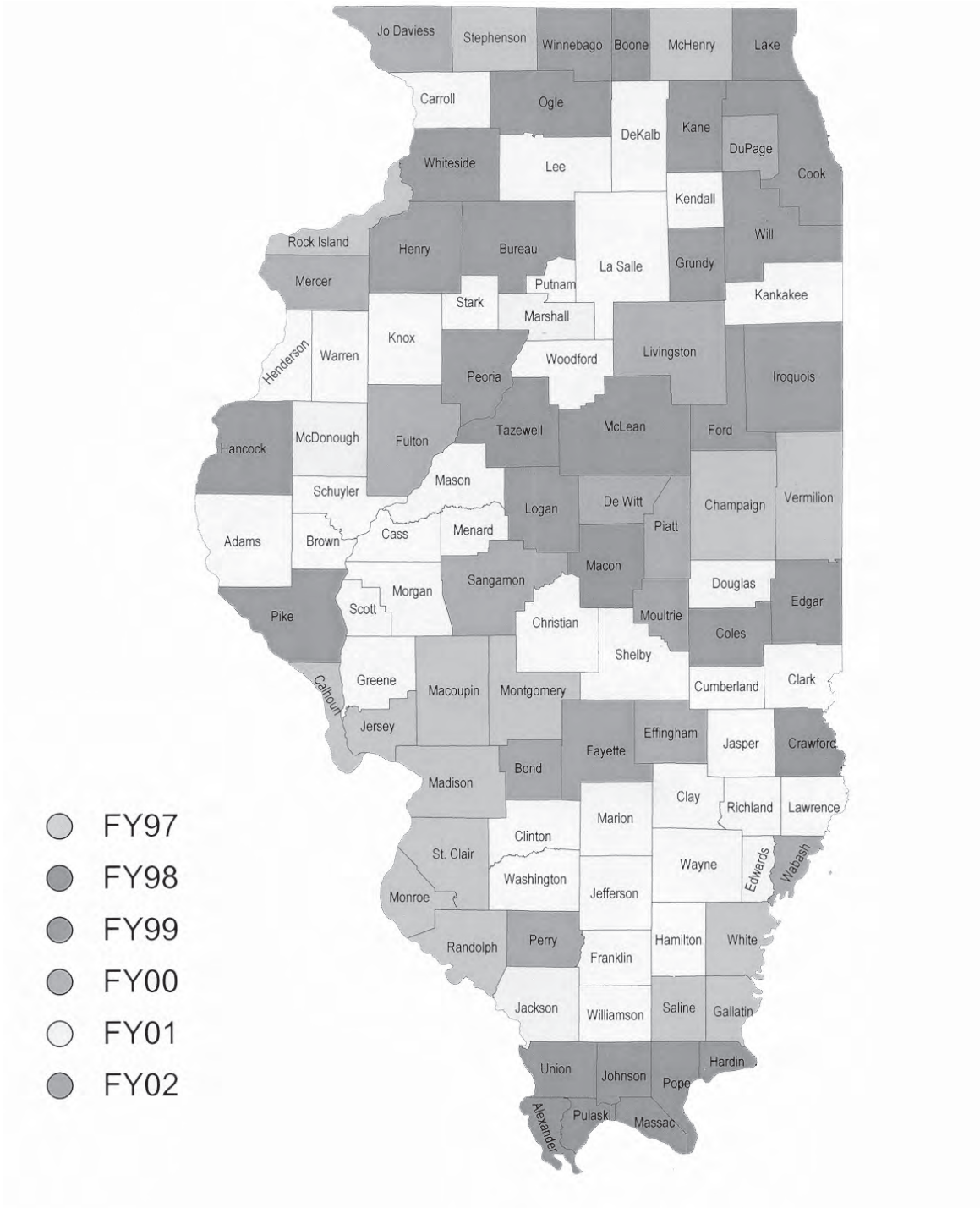
Oral Health Needs Assessment & Planning

Illinois does not have a state oral health surveillance system in place that produces uniform agreed-upon data, collected routinely, and that can be utilized to assess oral health status and oral health service delivery trends. Communities throughout Illinois in part filled this void, and established systematic oral health status assessment. Since 1996, more than 50 grantees, representing 61 local health departments have participated in the Oral Health Needs Assessment and Planning Program developed by the Illinois Department of Public Health. (See map 3, page 11) A key element of the planning process is the development of a broad based community workgroup that includes oral health professionals, public health professionals, health care providers and other community partners with an interest in oral health. The planning program helps communities to develop local partnerships for collecting data, identify oral health needs, and build oral health improvement plans. These community assessment results represent a growing database of information that suggests both access challenges and disparities in oral health exist in Illinois, particularly for low-income persons of all ages.

Data from the oral health needs assessment completed in fiscal years 1997 and 1998 in 38 counties across Illinois tell that the following issues are top and common priorities in these counties:

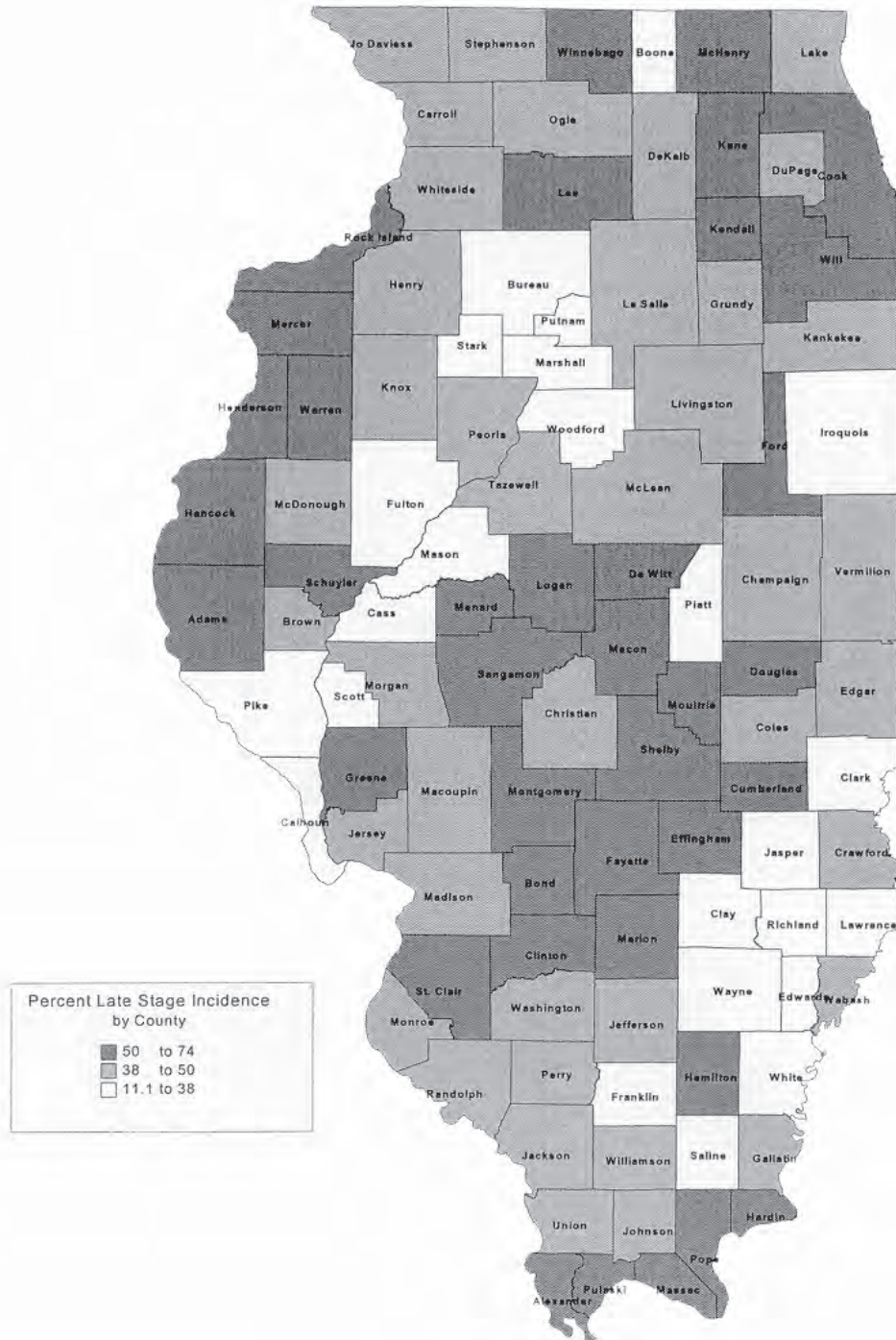
- Access to oral health care for specific populations
- Development of dental sealant programs
- Oral health education programs
- Early childhood caries intervention programs
- Fluoride status improvement
- Oral cancer prevention (See map 4, page 12)

Oral Health Needs Assessment and Planning Grantees (Map 3)



Oral Cancer Incidence Illinois 1986-1998

(Map 4)



A survey sent to 29 grantees completing oral health needs assessments and community plans during these years indicated that a vast majority of grantees, 80%, *felt that the oral health assessment process was instrumental* in addressing oral health issues at the community level. Seventy percent felt that local resources and barriers had been determined and 66% percent had already implemented intervention strategies based on their local plans.

Formation of the IFLOSS Coalition

In 1998 a private-public partnership called the IFLOSS Coalition made up of local health agency administrators and public health dental clinic directors was formed by communities working together to improve oral health. (See map 5, page 14) The Coalition is led by local health department administrators and has more than 50 active participants. The mailing list of interested organizations has grown to number over 300. The Coalition was developed to help expand safety net clinics and outreach programs for uninsured and under-insured individuals. Partners in the statewide IFLOSS Coalition include local health departments, dentists and dental hygienists, community health centers, maternal and child health workers, schools, state agencies, advocacy groups, dental and dental hygiene associations, and other community members. In its short history, the IFLOSS Coalition has established a statewide presence, and also developed materials and information to assist communities with the start up and maintenance of dental clinics for the underserved. The group has developed interventions that address access to oral health care. They include a legislative agenda promoting increased funding for Medicaid and public health oral health programs, an oral health marketing plan, a public dental clinic development manual, and quarterly meetings allowing partners to network and build capacity.

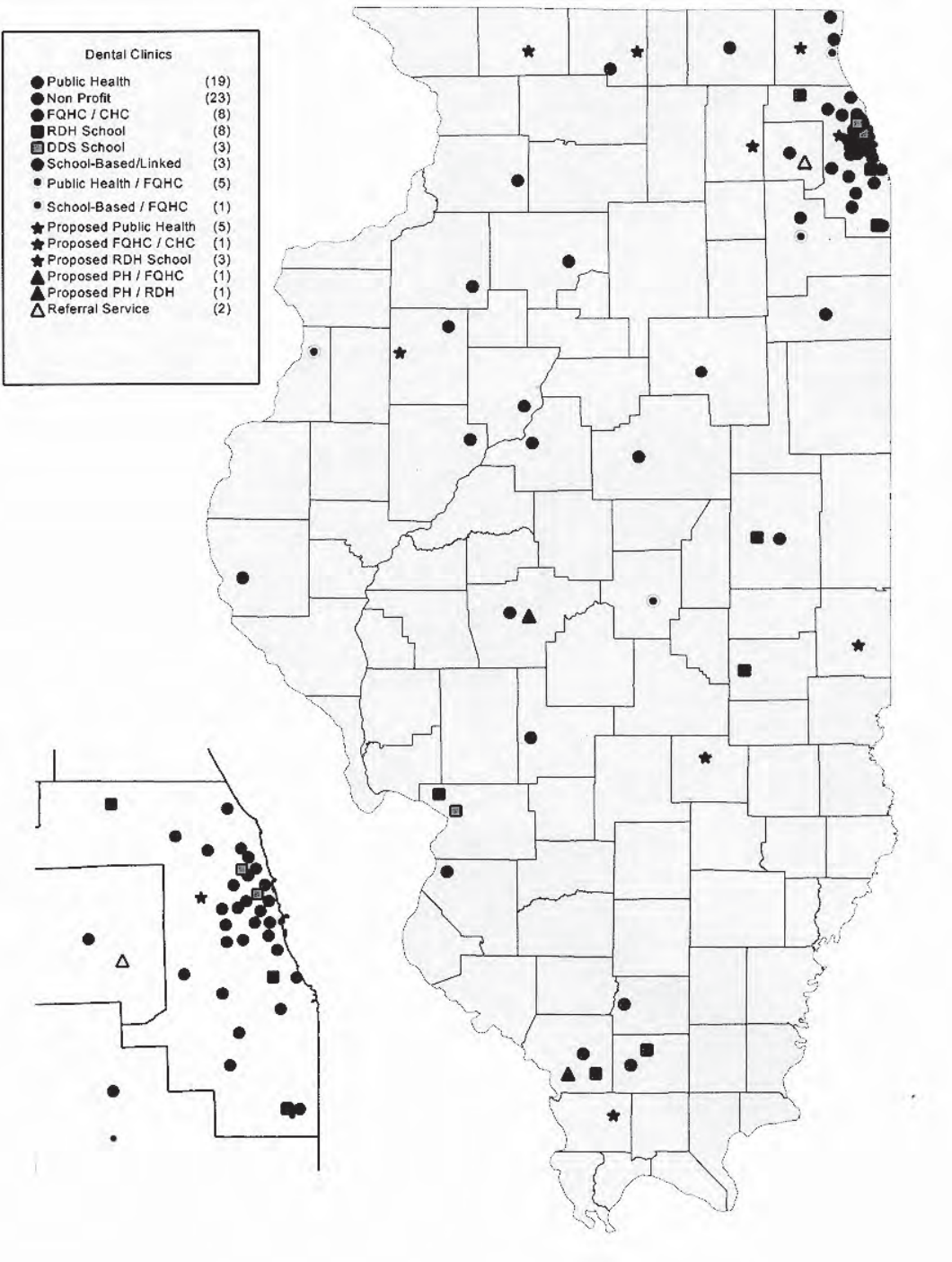
Funding for Oral Health Through The Illinois Department of Public Aid

The Illinois Department of Public Aid (IDPA) administers the Medicaid budget designated for oral health care by the Illinois General Assembly. The Department of Public Aid has made recent and numerous changes in the Medicaid program to increase the number of dentists serving Medicaid clients, increase the reimbursement rates for most needed services, streamline paperwork and improve timeliness of payments to participating providers. IDPA has also implemented the state's Children's Health Insurance Program, called KidCare. Dental coverage has been extended to an additional 117,000 children and pregnant women since the implementation of the program in 1999. The IDPA has re-activated Dental Policy Advisory Council of oral health professionals to assist the department in planning and decision-making for dental Medicaid programs.

Private Partners and Illinois Oral Health

The Illinois State Dental Society remains pro-active in its efforts to reduce oral health disparities. The Donated Dental Service (DDS) Program operated by the Illinois Foundation of Dentistry for the Handicapped provides donated dental care to homeless, mentally compromised or disabled persons. Over 600 ISDS member dentists participate in this program, the Take Two Program. The Take Two Program asks member dentists to provide dental care to at least two foster children. In collaboration with the Illinois Dental Hygienists' Association a Long Term Care in-service training program is currently being developed to provide long term care facility staff with training in the management of the oral health of residents. On behalf of their constituents, the Illinois Rural Health Association, the Chicago Partnership for Health, the Campaign for Better Health Care and many others in Illinois have worked to identify barriers to accessing oral health services in recent years, and they include transportation, language and insurance coverage. A few examples follow:

Public Health Dental Clinics in Illinois (Map 5)



- The Illinois Rural Health Association sponsored a Policy Forum on Access to Oral Health Care in Rural Illinois in February 2001 with specific recommendations to address oral health disparities among rural populations.
- The Campaign for Better Health Care is implementing a statewide access to health care program with oral health as a component.
- The Chicago Partnership for Health has developed a series of recommendations for addressing oral health disparities in the City of Chicago.
- The University of Illinois at Chicago, Center for Workforce Studies released its study on *Access to Dental Services for Low-Income Children* in 2000. Another study on the uncompensated care provided by health care providers and dentists in Illinois contained recommendations to expand access and services to low income and vulnerable populations.

On a broader scale, Public Health Futures developed a preventive health framework for Illinois including actions necessary to improve the oral health status of Illinoisans.

Federally Designated Dental Health Professional Shortage Areas in Illinois (Map 6)



Dental HPSA Designation by County

- Entire County Designated
- Partial County Designated
- Population Group Designated
- POPULATION GROUP DESIGNATION PENDING

Illinois Department of Public Health
Center for Rural Health
Source: Federal Register
January 03, 2001

*Notice: Information shown on this document is correct as of date of publication. This information changes often. Before making any decisions based on this data, please call the Center for Rural Health, Illinois Department of Public Health, 217-782-1624.

Section 2

Building the Illinois
Oral Health Plan

Building the Illinois Oral Health Plan

This first Oral Health Plan was developed with the input of citizens, stakeholders and policy makers in Illinois and reflects the collaborative and collective wisdom of many. The plan represents a comprehensive vision and has been embraced by stakeholders involved in the process, particularly because it incorporates the results of already existing local and statewide efforts to improve oral health that has already been described. In addition, guidance, lessons and results from the following initiatives have been incorporated in the Illinois Oral Health Plan.

Statewide Steering Committee

In August 2000, the National Governor's Association (NGA) announced that it would convene a policy academy on oral health. The academy would provide technical assistants to states in developing strategies in order to eliminate oral health disparities. Interested states were asked to submit an application that included a description of a state team that would participate in the academy. It was to include representatives from the Governor's office, the state health agency, the state Medicaid agency, the state dental association, the legislature, the primary care association, the business community and the not-for-profit sector.

Despite the fact that Illinois was not selected by the Governor's association to participate in the Academy, the Illinois Department of Public Health, Division of Oral Health assumed a leadership role and convened this same group of individuals to serve as the nucleus for a steering committee. The committee was charged with the responsibility of developing an oral health plan for Illinois and convening an Oral Health Summit in order to garner support and assess public reaction to the plan.

The committee structured the Summit as an Illinois response to the U.S. Surgeon General's call to action. The summit would provide information to policy makers and resource holders on existing efforts in Illinois to improve oral health. It would also provide an opportunity to share the draft oral health plan as yet another element of Illinois' response to the national call to action. To meet this charge, the Steering Committee developed the Summit agenda, recommended speakers and coordinated the invitation process for the Summit.

The Steering Committee reviewed the strategy suggestions and findings from efforts and research on oral health conducted in Illinois. Based on this information, it proposed a draft list of oral health priorities for the state, to be further developed by the Division of Oral Health. The group worked collaboratively and intensively to gather input, organize the Illinois Oral Health Summit and follow up from this event with all attendees. The steering committee has continued to function as a group of interested and partnering organizations to finalize the development of the Illinois Oral Health Plan, and to begin planning for implementation of strategies to meet its goals and recommendations.

Community Meetings

The IFLOSS Coalition recommended to IDPH and the Steering committee that input to the oral health plan is gathered through a series of community meetings. (See map 7, on page 20) These meetings have several objectives:

- Listen to community perspectives on local oral health issues and priorities.
- React to the draft proposed set of oral health priorities identified by the Summit Steering Committee.
- Ask for community input and advice as to how to address oral health priorities in Illinois.

Town Hall Meetings (Map 7)



Town hall forums were held across Illinois in June and July 2001 for this purpose. More than 300 residents from across the state participated in meetings held in Mt. Vernon, Chicago, Bloomington, Aurora, Rock Island, Champaign, and Alton.

Conveners of the community meetings included the IFLOSS Coalition in collaboration with local county and city health departments, the Campaign for Better Health Care, the Ounce of Prevention Fund, the Maternal and Child Health Coalition, the University of Illinois, Chicago School of Public Health, and Southern Illinois University. Conveners were charged to work with colleagues and inform communities about the town hall sessions, to alert the local media and recruit participants. Each Steering Committee member also worked with networks of their members and colleagues state wide to inform and invite members to the town hall meetings. In follow up to the community sessions conveners have worked to distribute the comments and suggestions from their community back to individuals and groups that attended the town hall sessions.

The themes and advice offered throughout this process have been incorporated into the Illinois Oral Health Plan. A summary of findings from the community meetings and a statewide summary were included in the materials distributed at the Illinois Oral Health Summit. The summary is available from the Department of Health, Division of Oral Health.

Community Oral Health Infrastructure Development Project

The Illinois Community Oral Health Infrastructure Development Plan specifies the educational programs, community practice experience and data, surveillance and research required in Illinois to assure adequate dental public health infrastructure and capacity for the elimination of oral health disparities. A comprehensive set of objectives, strategies/action steps and the identification of implementation elements including due date, resources needed and responsible party, support each of the identified priorities.

Planning for the development of a community oral health infrastructure began early in 1999. In August of 1999 under the direction of the Illinois Department of Public Health, Division of Oral Health a diverse group of key stakeholders were invited to discuss the need for development of an infrastructure to assure an adequate supply of community oral health professionals in Illinois. Those in attendance included Deans and faculty of Dentistry and Public Health schools, the President of the Illinois State Dental Society, representative of the U.S. Department of Health and Human Services Health Resources and Services Administration (Administrator, Bureau of Health Professions; Midwest Field Office Director, Regional Dental Consultant), and other key stakeholders in the dental public.

Each participant agreed that their individual organization held a vital piece of a puzzle that, when put together in a systematic fashion, could lead to a sustainable and integrated system for the prevention and control of oral disease in Illinois. In both the private and public sectors, stakeholders perceived that partnering across local, state, and federal agencies with non-governmental groups a difference could be made in assuring adequate access to dental services and oral health programs, increasing the number of community oral health oriented oral health personnel and reducing the disparities and services and disease across population groups. (See map 8, page 22) A project was proposed to HRSA and in September 2000 the University of Illinois at Chicago, School of Public Health, Health Research and Policy Centers was awarded a contract, "Illinois Initiative for Dental Public/Community Oral Health Infrastructure Development Project." The purpose of the project was to develop a blueprint for establishing a sustainable community oral infrastructure in Illinois.

Counties With At Least One Pediatric Dentist (Map 8)



- No Pediatric Dentist
- At Least 1 Pediatric Dentist

There were a number of major activities in this one-year intensive effort. They included a statewide consensus conference, sustained work group efforts in education, research and surveillance and community-based practice and the development of priorities and actions for community oral health infrastructure development.

Specifically, a plan to meet the needs of the dental and dental hygiene educational institutions as well as those of communities was drafted and submitted to HRSA in 2001. Major priority areas addressed in that project include community oral health professional education, training and practice opportunities, the development of an oral health surveillance system for the state of Illinois, and community-based practice, prevention and control programs for the reduction of oral health disparities. Over 50 individual and organizations attended meetings to develop a specific set of plans with action steps and timelines over the course of the grant. The final product of this collective effort is included in the Appendix to this publication. The infrastructure plan serves as the foundation upon which the Illinois Oral Health Plan has been built.

Illinois Oral Health Summit and Post-Summit Activities

The Illinois Oral Health summit was held on September 11, 2001, in an effort to present the Illinois Oral Health Plan to key policymakers in Illinois. The purpose of the Summit was to provide a forum for policymakers and key stakeholders in Illinois to learn about key issues in oral health from a variety of perspectives and, in light of that knowledge, to react to a draft of the Illinois Oral Health Plan. One hundred individuals representing the Governor's office, the legislature, the philanthropic community, the business community, the health care community, state agency directors and oral health leaders came together to react to the plan. Welcoming comments and several key presentations on the Summit agenda were completed before an unanticipated adjournment at 10:15 AM CST due to the tragic national events of that now-historic date.

In light of those events, the strategic approach to developing the plan was modified. Participants were asked to review the materials that were to have been presented at the Summit. Written comments were received from 25 individuals and organizations. These were compiled and organized by the Division of Oral Health and reviewed by the Steering Committee. The plan was modified and on January 22, 2002, was adopted by the Committee. The final State Oral Health Plan is on file with the Division of Oral Health, Illinois Department of Public Health.

Illinois Oral Health Plan Components

The following components comprise the Illinois Oral Health Plan:

- Five policy goals that reflect the framework for action suggested by the Surgeon General's *Report on Oral Health in America*
- Illinois-specific priorities for each goal area, identified through the multiple processes and input across the state of Illinois
- Recommendations and suggested strategies to meet the priorities identified. These ideas were also drawn from the many new efforts in Illinois to assess and improve oral health.

Dental and Dental Hygiene Schools in Illinois (Map 9)



An Appendix to the Plan includes:

- The Community Oral Health Infrastructure Development Plan
- Healthy People 2010 Objectives for the National Oral Health Plan for each Illinois-specific policy goal
- A list of Steering Committee, Summit, infrastructure development, Town Hall Meeting and oral health needs assessment participants

Section 3

The Illinois Oral Health Plan:
Policy Goals, Illinois Priorities and
Recommendations and Strategies

The Illinois Oral Health Plan

Policy Goal I

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

Illinois Priorities for Policy Goal I

- Educate the public, health professionals and decision makers about the relationship between oral health and systemic health with an emphasis on:
 - Prevention of early childhood caries
 - Prenatal oral healthcare for women
 - Behaviors that assure good oral health, for example, daily oral hygiene, routine dental checkups, the proper uses of fluoride, proper nutrition, injury prevention and being tobacco free
 - Removal of fear and misunderstandings about going to the dentist
 - Early detection and prevention of oral and pharyngeal cancer
- Maximize use of the entire health care and dental health workforce – particularly public program staff (e.g., WIC, family case management, maternal and child health, mental health and long-term care) – to educate the public on the value and importance of oral health.

RECOMMENDATIONS AND STRATEGIES

Recommendation 1.

Develop a comprehensive statewide oral health education and awareness program that should include, at a minimum, the following elements:

- A statewide media campaign with messages about the value and importance of oral health and the impact of poor oral health on systemic health
- Specific messages for populations identified as most at risk for poor oral health (e.g., low-income populations, populations with developmental disabilities and the elderly).
- Culturally and linguistically appropriate materials
- The incorporation of oral cancer prevention and awareness messages into existing state and local cancer prevention efforts

Strategy

Coordinate current statewide efforts and resources, including but not limited to the IFLOSS Coalition marketing plan, CDC funded IDPH oral health educator, IDPA materials developed to educate Medicaid-insured persons on the value of oral health, IPHCA educational effort regarding Medicaid benefits, ISDS/IDHA Long Term Care Facilities Oral Health Education Project, UIC School of Public Health HPRC State Models for Oral Cancer Prevention project, and SIU Oral Cancer Awareness Campaign.

Recommendation 2.

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

- Data on early childhood caries prevalence
- Messages on ECC prevention in appropriate settings (e.g., day care centers) and programs funded through IDPH and IDHS
- Pilot programs to demonstrate effective ECC prevention strategies

Strategies

IDPH is currently collecting statewide ECC prevalence data. IDPH in collaboration with IDHS should assess program staff knowledge, attitudes, and beliefs concerning ECC prevention and develop a training program based on these findings.

WIC, family case management and other IDHS programs should serve as the foundation for pilot efforts. Local health departments, early intervention staff and birth-to-three networks should be involved in planning pilot programs to demonstrate ECC effectiveness. It is estimated that \$200,000 annually would be required to develop, pilot and implement ECC programs in 20 communities throughout Illinois.

Under the auspices of the WIC regional directors and staff examine the list of food items covered under the WIC program and consider alternatives to high-sugar drinks. Utilize recommended WIC food prescription changes developed by the National WIC Association for the United States Department of Agriculture.

Recommendation 3.

Promote regular dental exams for children. At a minimum

- Encourage dental exams for young children beginning at age 1
- Investigate the possibility of requiring a dental exam prior to school entrance and before entering grades K, 5 and 9; propose policy changes as necessary

Strategies

Assess continuing education needs of general dentists in the management and treatment of infants and children and develop continuing education courses to address identified needs.

Provide community-based experiences for students of dentistry, dental hygiene, nursing, and family and pediatric medicine in the management and appropriate dental treatment of children under the age of 5.

Assess the need for expanding the number of pediatric dentists.

Expand the number of dental clinics providing oral health services to children before the age of 3.

Establish a public-private partnership between IDHS, the Maternal and Child Health Coalition, the Ounce of Prevention Fund, the IFLOSS coalition, hospitals, IPHCA and others to address this recommendation.

Establish partnerships between children's oral health advocates and local school boards to encourage mandatory dental examinations at the local level.

Consider the development of a statewide legislative strategy for requiring mandatory dental examinations.

Recommendation 4.

Provide prenatal education to all pregnant women with an emphasis on the relationship between maternal oral health and pre-term low birth weight, and between maternal oral health and infant oral health, and the benefit of establishing positive oral health behaviors in infancy.

Strategies:

Establish a public-private partnership between the Maternal and Child Health Coalition, IDHS, the Ounce of Prevention Fund, the IFLOSS coalition, hospitals, IPHCA and others to develop and implement programs to educate the primary care community and low-income women themselves on the relationships between oral health and adverse pregnancy outcomes and to develop other strategies to address this recommendation.

Investigate the Mile Square Health Center pilot program targeting pregnant women and their infants for possible expansion or replication.

Recommendation 5.

Implement comprehensive school health curricula with an oral health education and prevention component in all Illinois schools to assure that children are healthy and, therefore, better able to learn.

Strategies:

The ISBE and IDPH should actively pursue funding from the CDC to establish a comprehensive school health program in all Illinois schools.

Coordinate efforts among IFLOSS, IDPH, ISBE, school nurses, IDHS school health staff, school health educators, school health clinic staff and others to assure oral health is addressed within the framework of comprehensive school health.

Encourage policies limiting access to candy and soda machines in schools as part of this effort, in order to reinforce a healthy oral health message within schools.

Recommendation 6.

Encourage or require protective mouthguard use in school or other sports programs for those sports at high risk for oral or facial injury.

Strategy

Coordinate efforts among IFLOSS, school coaches, coaching associations, park districts, YMCA, IDPH and ISBE in implementation of the Project Mouthguard program throughout Illinois.

Recommendation 7.

Maximize the capacity of local health departments to dedicate existing resources for oral health education.

Strategies

Incorporate information regarding behaviors that assure good oral health into existing local health department programs wherever possible. (NOTE: Programs target different age groups, and separate strategies may be needed.)

Utilize health department-based child care nurse consultants who work in homes and child care centers to provide oral health education and prevention information.

Recommendation 8.

Provide pediatricians, nurses, emergency room physicians and other medical professionals, and the institutions where they are educated and trained, with information on oral disease prevention and treatment.

Strategies

Develop programs to educate medical providers (including medical students and medical residents in pediatrics, internal medicine and family practice) about the prevention of oral disease, ECC, existing oral health services in communities and where to refer patients for oral health services.

Include oral health disease control as a component of overall health promotion in the curricula and training experiences of all Illinois schools of medicine, public health, nursing and other allied health professions.

Build and strengthen critical partnerships between dental and medical communities with an emphasis on pediatricians and primary care providers.

Assure that non-dental health care providers are included on a state oral health advisory committee.

Recommendation 9.

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

Strategies

Supplement funding for the National Institute of Craniofacial and Dental Research (NICDR) project to expand statewide, community-based efforts that empower local communities to prevent oral and pharyngeal cancer.

Coordinate activities of the Statewide Partnership for Oral Cancer Prevention and Control with the steering committee and other groups involved with development of the Illinois Oral Health Plan.

Policy Goal II

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

Illinois Priorities for Policy Goal II

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

RECOMMENDATIONS AND STRATEGIES

Recommendation 1.

Increase the representation of students from under-represented minorities at the UIC College of Dentistry, the SIUE School of Dentistry and dental hygiene schools and programs.

Strategies

Fund the Dental Student Scholarship Program, which provides full tuition grants and monthly living stipends to under-represented minority students who attend Illinois dental schools. Inform and educate these students about the scholarship once established.

Illinois schools of dentistry and dental hygiene schools, in collaboration with other health professions schools, could seek funding for the development of programs to attract under-represented minority students into the health professions.

Develop alternatives to monetary payback for scholarship recipients such as community service and/or mentoring responsibilities for minority populations.

Investigate the ISBE teacher shortage scholarships as a model for dental health professional scholarship programs.

Recommendation 2.

Increase the number and types of community-based experiences available to students of dentistry and dental hygiene.

Strategies

Support the IPHCA and AHEC effort to provide community-based experiences for health professions students through the SEARCH (Student Resident Experience and Rotations in Community Health) program. Illinois-specific support is required to expand the SEARCH program, which is currently at capacity. Additionally,

consider letters of support and participation in the SEARCH advisory committee at the request of and as needed by IPHCA.

Create linkages between schools of dentistry and dental hygiene so that community-based programs (school-based and school-linked clinics, dental sealant programs and state facilities that serve the developmentally disabled) can serve as service and rotation sites for students of dentistry and dental hygiene.

Recommendation 3.

Integrate information and training experiences into the dental and dental hygiene education curricula that will allow these dental health professionals to treat a diverse public.

Strategies

Incorporate principles of culturally competent health care into the curricula of all Illinois programs for the health professions, including dental schools and dental hygiene schools.

Provide specific experiences for students in the treatment of populations that require special care, particularly the developmentally disabled, the elderly and children under age 5.

Recommendation 4.

Expand the continuing education opportunities for currently practicing dentists and dental hygienists in the area of dental public health.

Strategies

Under the leadership of the IDPH Division of Oral Health, develop a partnership among training programs for dentistry and dental hygiene education, dental professional associations, and public health education and training programs to recommend and develop qualified continuing education opportunities in dental public health and oral disease prevention for existing practitioners of dentistry and dental hygiene.

Develop service learning opportunities for dentists and dental hygienists in collaboration with facilities that serve special needs populations, such as the developmentally disabled, nursing home residents and those living with HIV disease.

Coordinate local public health department continuing education programs with local dental and dental hygiene association efforts to do the same.

Recommendation 5.

Establish a process for the systematic collection of oral health workforce capacity in Illinois. Once established, assess the distribution of and potential need for dental specialists, particularly pediatric dentists.

Strategies

A feasibility study for this approach should be implemented first in collaboration with the Illinois Center for Workforce Studies and the Illinois State Board of Dentistry.

The State Board of Dentistry could consider dental workforce data element collection as part of the licensure renewal process and make appropriate recommendations to the Illinois Department of Professional Regulation regarding the oral health workforce in Illinois.

Recommendation 6.

Assess capacity of current dental schools in Illinois to recruit and retain qualified faculty and to maintain state of the art of facilities.

Strategy

ISBE could commission a study to assess the current needs of dental schools in Illinois and to develop recommendations to address identified needs.

Policy Goal III

Remove known barriers between people and oral health services.

Illinois Priorities for Policy Goal III

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

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

RECOMMENDATIONS AND STRATEGIES

Recommendation 1.

Increase Medicaid funding to raise reimbursement rates to a minimum floor of 75 percent of the 50th percentile of fees charged by private dental practices.

Recommendation 2.

Expand the scope of services provided to Medicaid beneficiaries to include, at minimum –

- Preventive services particularly for adults (cleaning [prophylaxis], periodic exams)

- Periodontal (gum) procedures, particularly for pregnant women
- Endodontics (root canal) procedures for posterior (back) teeth
- Partial dentures
- Operating room costs/anesthesia for persons with developmental disabilities who require sedation

Strategies to address Recommendations 1 and 2

Educate policy makers, legislators and state agencies on the economics of operating a dental practice (including overhead costs); how reimbursement rates compare with rates currently being charged by private dentists; and how Medicaid dental rates compare to Medicaid reimbursement paid to other healthcare providers.

Educate and motivate other advocacy groups in Illinois to include these issues in their agenda to improve health and access for their constituents and populations.

Encourage and support IDPA in its continuing efforts to improve the dental Medicaid program.

Recommendation 3.

Increase the proportion of low-income children and pregnant women – both insured and uninsured – and the proportion of persons who live in geographically underserved areas who receive dental examinations, preventive oral health services and restorative care.

Strategies

In collaboration with colleges of dentistry and schools of dental hygiene, assure that all current enrollees are competent in managing the oral health needs of pregnant women and children.

Assess continuing education needs of general dentists in the management and treatment of pregnant women, infants and children and develop continuing education courses to address identified needs.

Assess the need for expanding the number of pediatric dentists.

Establish a public-private partnership between IDHS, the Maternal and Child Health Coalition, the Ounce of Prevention Fund, the IFLOSS coalition, hospitals, IPHCA and others to develop and implement programs to educate the primary care community and low-income women themselves on the relationships between oral health and adverse pregnancy outcomes and to develop other strategies to address this recommendation.

Recommendation 4.

Increase access to dental services for persons with developmental disabilities.

Strategies

With input and support from both the private and public sectors, develop centers of excellence throughout Illinois for the dental management of persons with disabilities.

Increase reimbursement for services to persons with developmental disabilities who require desensitization and relaxation procedures.

Require individual care plans (community- or institution-based) to address oral health goals and to educate IDPA auditors on the standards to assure that such goals are met.

Provide information through local health departments as well as through public program staff to the guardians of persons with developmental disabilities on the importance of good oral health.

Recommendation 5. Increase funding for public health clinic start-up and maintenance grants and other safety net programs including community/migrant health centers and not-for-profit volunteer programs.

Strategies

Increase funding to \$100,000 for clinic start-up grants (currently administered through IDPA) and establish funding for 10 such programs on an annual basis; transfer the responsibility of the program to IDPH.

Create and fund a safety net clinic maintenance grant program to be administered by IDPH.

Continue funding IDPH-administered community and migrant health center dental expansion and new start-up grants through the tobacco master settlement agreement.

Continue supplemental funding for safety net programs that utilize dental volunteers through the tobacco master settlement agreement.

Recommendation 6.

Replicate and expand the current IDPH school-based dental sealant program into new communities.

Strategies

Increase funding to support infrastructure needs and reimbursements so as to increase the number of school-children served by the dental sealant program. The minimum amount needed to increase the number of children served by this program over current levels is \$1 million for services.

Develop material for educating the private practice community about the role and objectives of this program.

Recommendation 7.

Implement a pilot case management system addressing the oral health care needs of low-income and uninsured individuals, specifically missed dental appointments, and lack of longitudinal information on the oral health care of Medicaid insured and uninsured persons.

Strategy

Fund a pilot case coordination project to specifically reduce the missed appointment rate for low-income patients. Develop the program in collaboration with family case management, WIC, Medicaid, local health department programs, school nurses, the private sector and educational institutions. Examine existing case management approaches to determine the role of such programs in meeting this objective.

Recommendation 8.

Replicate model programs that help insurance beneficiaries (both public and private) to understand their dental benefits and the value of those benefits.

Strategies

IPHCA has implemented a program that trains community college students to educate publicly insured persons on the value of their health insurance benefits. This program could be replicated and focused on oral health with outreach to community college programs in dental hygiene.

Coordinate with the Illinois Department of Human Services to develop a strategy to communicate the role and value of both adult and child dental benefits to TANF clients.

Recommendation 9.

Pursue Illinois-specific funding for loan repayments for Illinois dental school graduates and graduates of dental hygiene training programs who agree to practice in a dental underserved shortage area or a rural area, or to serve an underserved population (e.g., persons with developmental disabilities) upon graduation. Focus resources on applications from rural areas, in an effort to improve retention in rural communities.

Strategy

Identify state funding to match federal loan repayment program dollars for dentists and dental hygienists.

Recommendation 10.

Decrease the number of people in Illinois who are uninsured for dental services.

Strategy

In collaboration with Public Health Futures Illinois, develop programs for the business community on the importance of oral health in relation to employee health in an effort to assure dental coverage as part of employer sponsored health insurance plans.

Policy Goal IV

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

Illinois Priorities for Policy Goal IV

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

Recommendations and Strategies

Recommendation 1:

Develop the infrastructure necessary for an oral health surveillance system with the capability to define oral health status, the scope of oral health needs, access to oral health services, community water fluoridation status and utilization of dental services by the population.

Strategies:

Under the auspices of IDPH, utilize funding and technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) to assist state efforts in the development of a statewide oral health surveillance system, and establish a working partnership with representatives from IDPH, IDPA, IDHS and others to organize a systematic review of current data sources. Maximize the involvement of Illinois' educational institutions in this partnership, particularly faculty with training in dental epidemiology.

Examine existing data sets containing public health and oral health data for potential relevance and contribution to a state oral health surveillance system. At a minimum, the following data sets should be assessed for elements to be included in the state oral health surveillance system:

- Behavioral Risk Factor Surveillance System/Youth Behavioral Risk Surveillance
- Illinois State Cancer Registry
- National Oral Health Surveillance System data submitted by Illinois
- IPLAN community planning data
- Illinois Medicaid data
- Data on the health insurance benefit packages for both public and private insurance plans, data from the SIU Insurance Study and the Behavioral Risk Factor Surveillance System data for adults on insurance status
- Illinois Cornerstone system
- PRAMS
- Hospital discharge data

Implement a uniform system and method for collecting caries experience/prevalence, untreated caries and sealant prevalence in Illinois (estimated minimum cost is \$250,000).

Recommendation 2.

Enhance and increase the resources available for local health departments to gather accurate and useful data on oral health for use in local planning.

Strategies:

Expand the IDPH oral health needs assessment and planning grants to include resources for all local health departments, and include an evaluation component.

Integrate oral health assessments with the IPLAN community planning process.

POLICY GOAL V

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

Illinois Priorities for Policy Goal V

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

Recommendations and Strategies

Recommendation 1:

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

Strategy:

Establish a public/private partnership including leaders in dental education, professional and membership organizations and state leaders to monitor the implementation and continued development of the Illinois Oral Health Plan.

Recommendation 2:

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

Recommendation 3:

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

Appendices



Appendices

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Edward Schaaf, DDS, St. Basil Health Service, Free People's Clinic
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Laura M. Sweet, Free People's Clinic
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Lori Edwards, Egyptian Health Department
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Patricia Skees, Wabash County Health Department
Mark Stevens, Administrator, Wabash County Health Department

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Kay Banfield, Rock Island County Board Supervisor
Bethany Behrhorst, Reporter, Dispatch
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Barb Robinson, Community Health Care Inc.
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Whiteside:

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Will:

Ruth Forni; Jackie Goggins; Doug Ihne; Carol Koch; Dawn Parker, MPH; Jean Roach; Thomas J. Steitz, DDS

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Year 4 (July 1, 1999 – September 30, 2000)

DeWitt-Piatt Bi-County Health Department:

Chuck Baccus; Gaila Barcus; Ann Barnett; Linda Bartlett; Susanne Darby; Terry England, DDS; Sandra Finnerty; Barb Holmes, RDH; Connie Keelin; Jim McNamara; Susanne Mortimer; Joni Newberg; Cindy Reynolds; Gary Riegel, DDS; Ann Roppel, RDH, BA; Trisha Scerba, MD; Maxine Schwartz; Kathy Shepherd; John Sochor, DDS; Michelle Strode, RN; Bonnie Trenkle; Gail Winterroth; Bruce Wintersteen, DDS

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Alaan Coleman; Crista Flynn; Judy Hille; Dr. Albert Klinski; Jan McCullin; Dr. Shantha Murphy; Jean Sprecher; Elaine Wilcoxon; Gary E. Zaborac

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Mercer:

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Jackson:

Jeanie Akamanti; Sandy Beebe; Dr. Doug Baker; Cindy Canning; Kim Farrington; Dr. Joe Hudgins; Elaine Jurkowski; Carla J. Lauter; Miriam Link-Mullison; Virginia Maerker; Sandy Maurizio, RDH, MSED; Nancy Muzzarelli; Dr. Peter Pirmann; Cathy Reed; Phil Schaefer; Woody Thorne

Surgeon General's Report: Oral Health in America

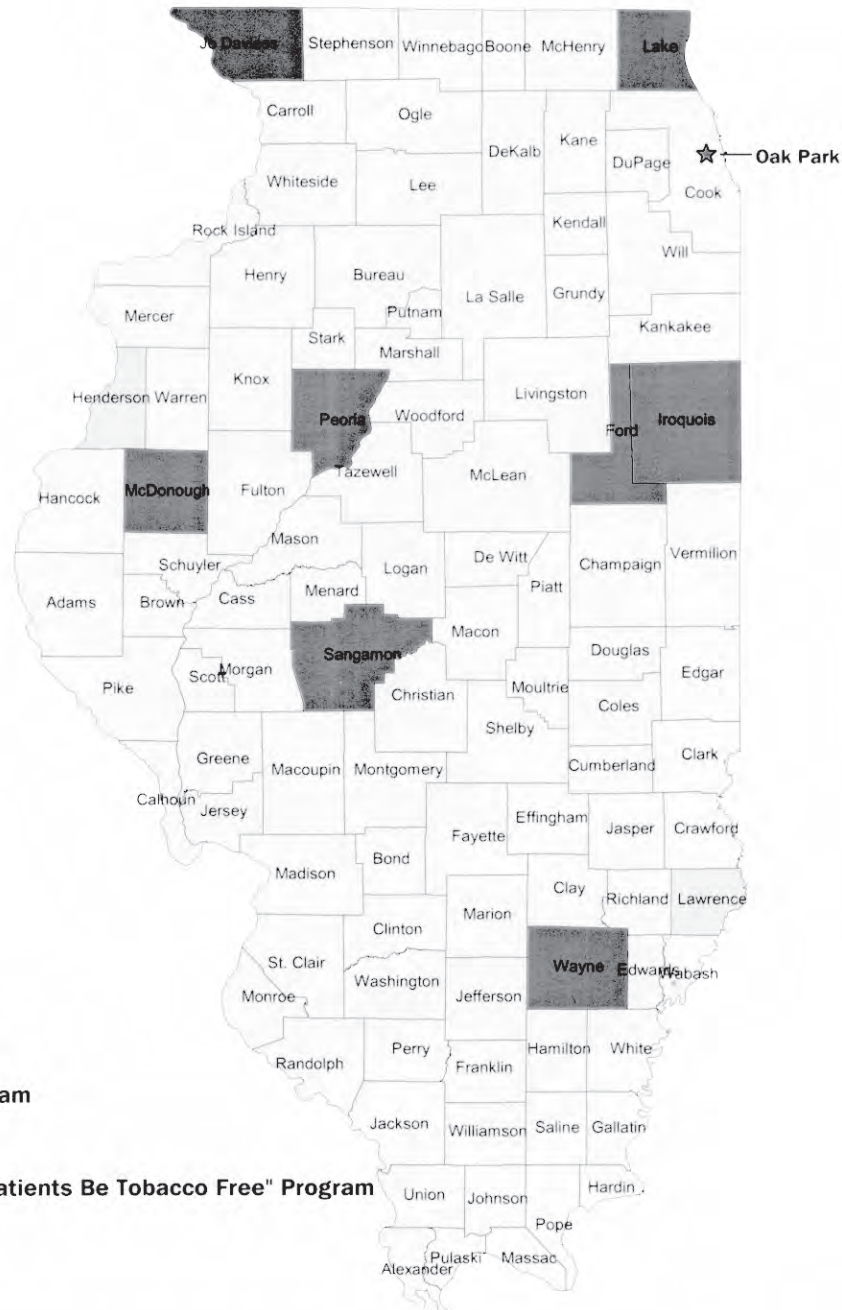
Major Findings

- Oral diseases and disorders in and of themselves affect health and well being throughout life.
- Safe and effective measures exist to prevent the most common dental diseases – dental caries and periodontal diseases.
- Lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices affect oral and craniofacial health as well.
- There are profound and consequential oral health disparities within the U.S. population.
- More information is needed to improve America's oral health and eliminate health disparities.
- The mouth reflects general health and well-being.


Framework for Action

- Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.
- Build an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.
- Remove known barriers between people and oral health services.
- Accelerate the building of the science and evidence base and apply science effectively to improve oral health.
- Use public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.

Dental Team Tobacco Cessation Grants



 NSTEP Program

 "Help Your Patients Be Tobacco Free" Program

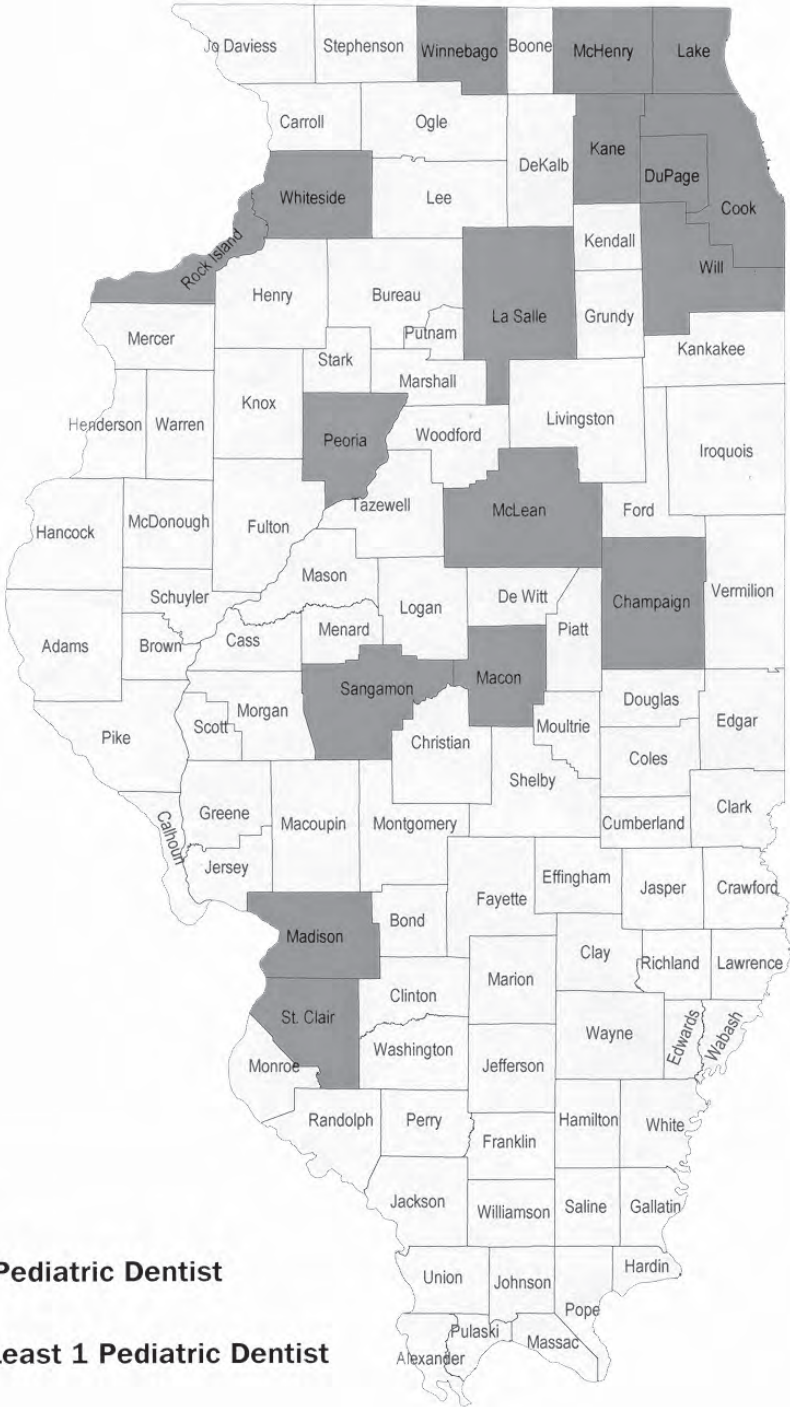
Project Mouthguard FY2001 Grantees



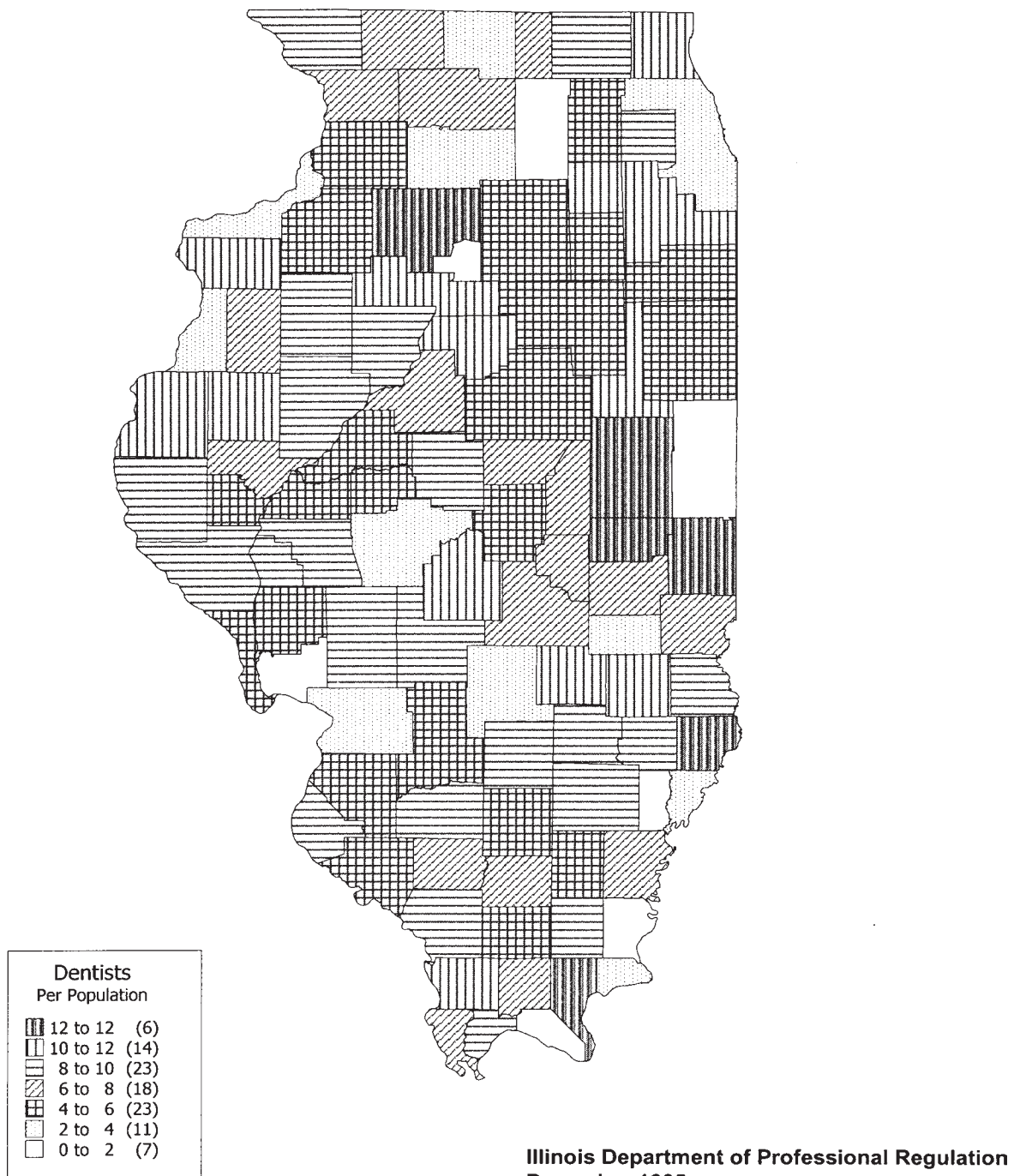
Legend

- ★ 1 - Evanston Health Department
- ★ 2 - University of Illinois, Chicago
- ★ 3 - Whiteside County Health Department
- ★ 4 - Peoria City/County Health Department

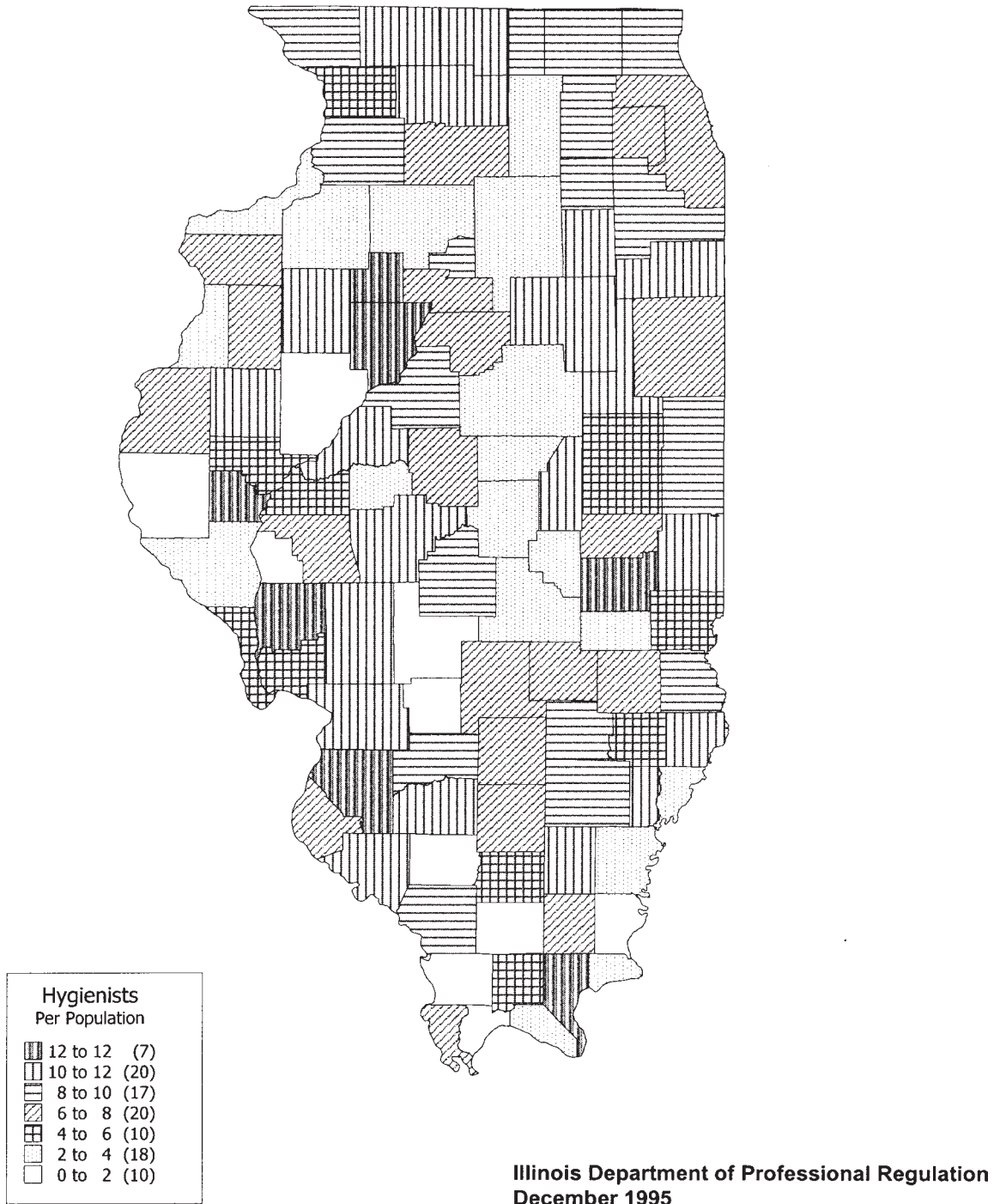
Counties With At Least One Pediatric Dentist



Distribution of Illinois Dentists Per 1,000 Population



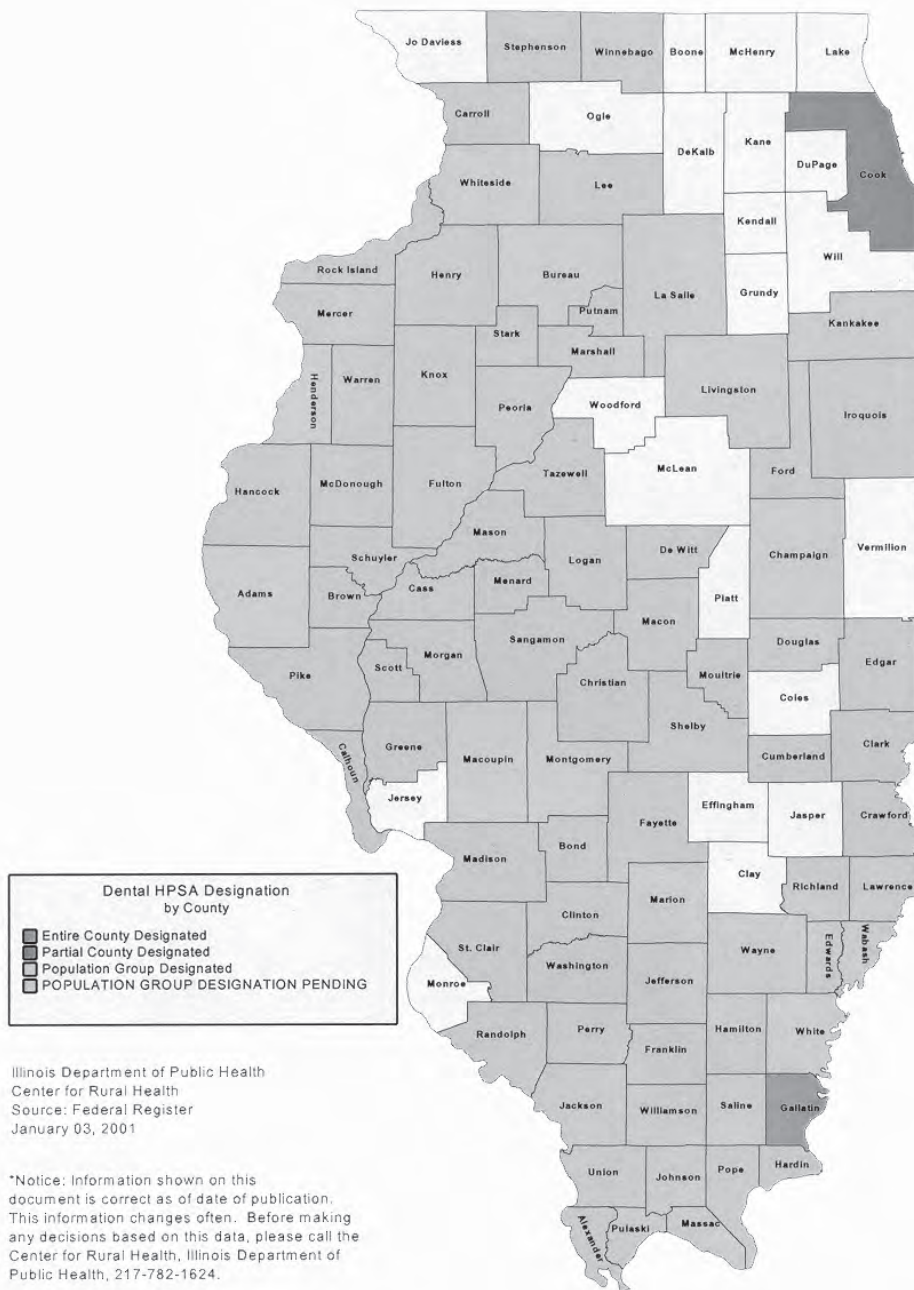
Distribution of Illinois Dental Hygienists Per 1,000 Population



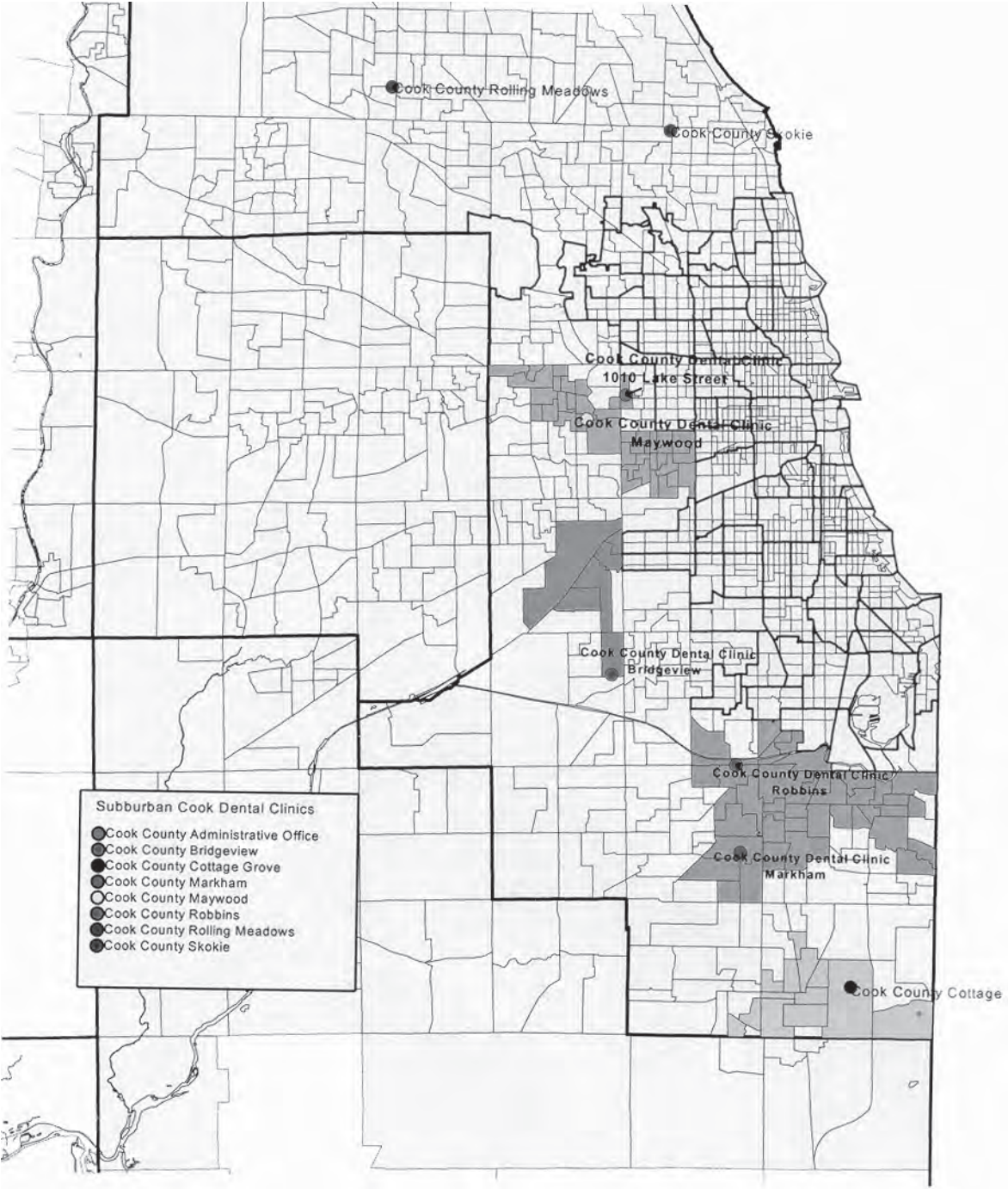
Town Hall Meetings



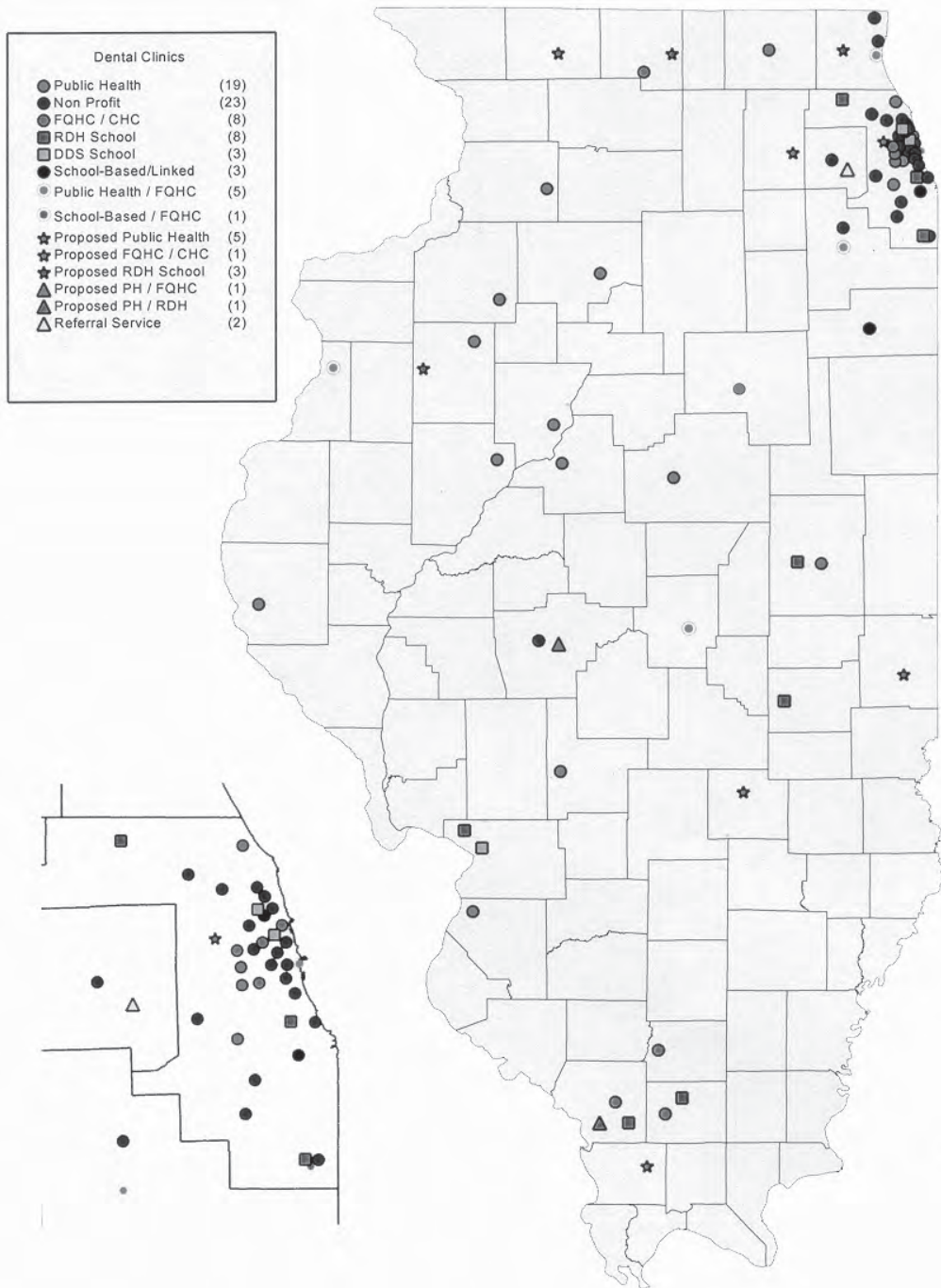
Federally Designated Dental Health Professional Shortage Areas in Illinois



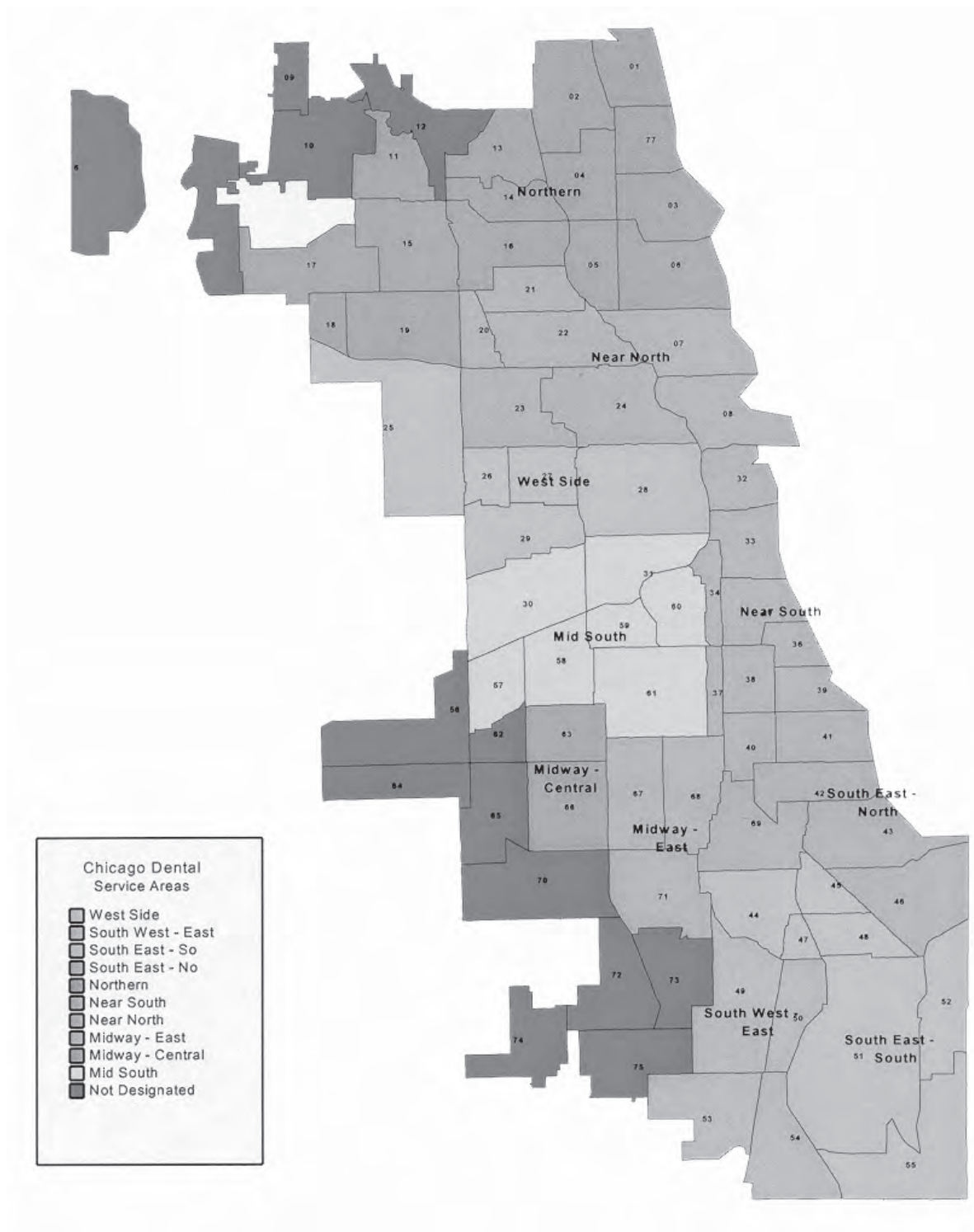
Suburban Cook County Dental Clinics



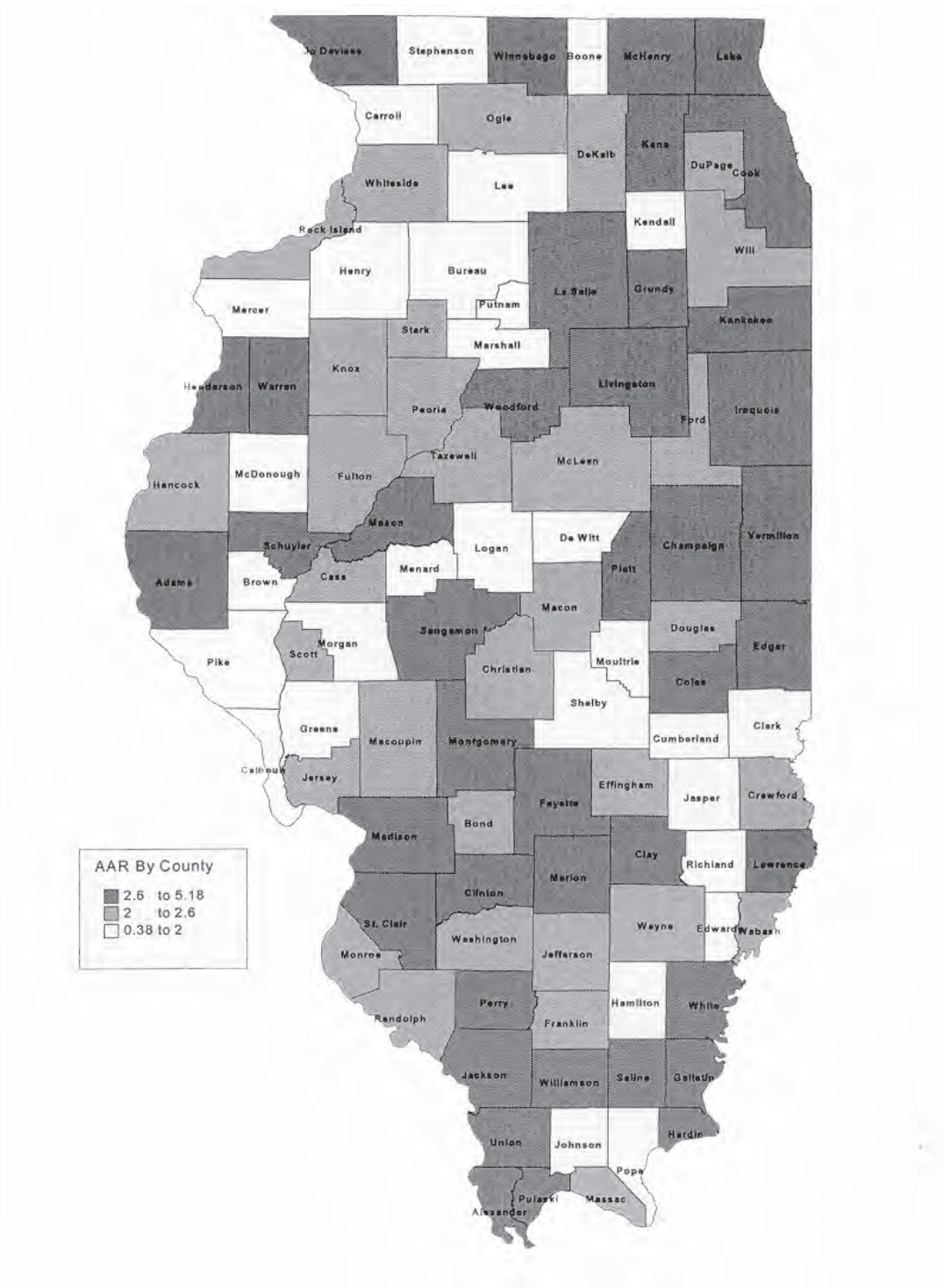
Public Health Dental Clinics in Illinois



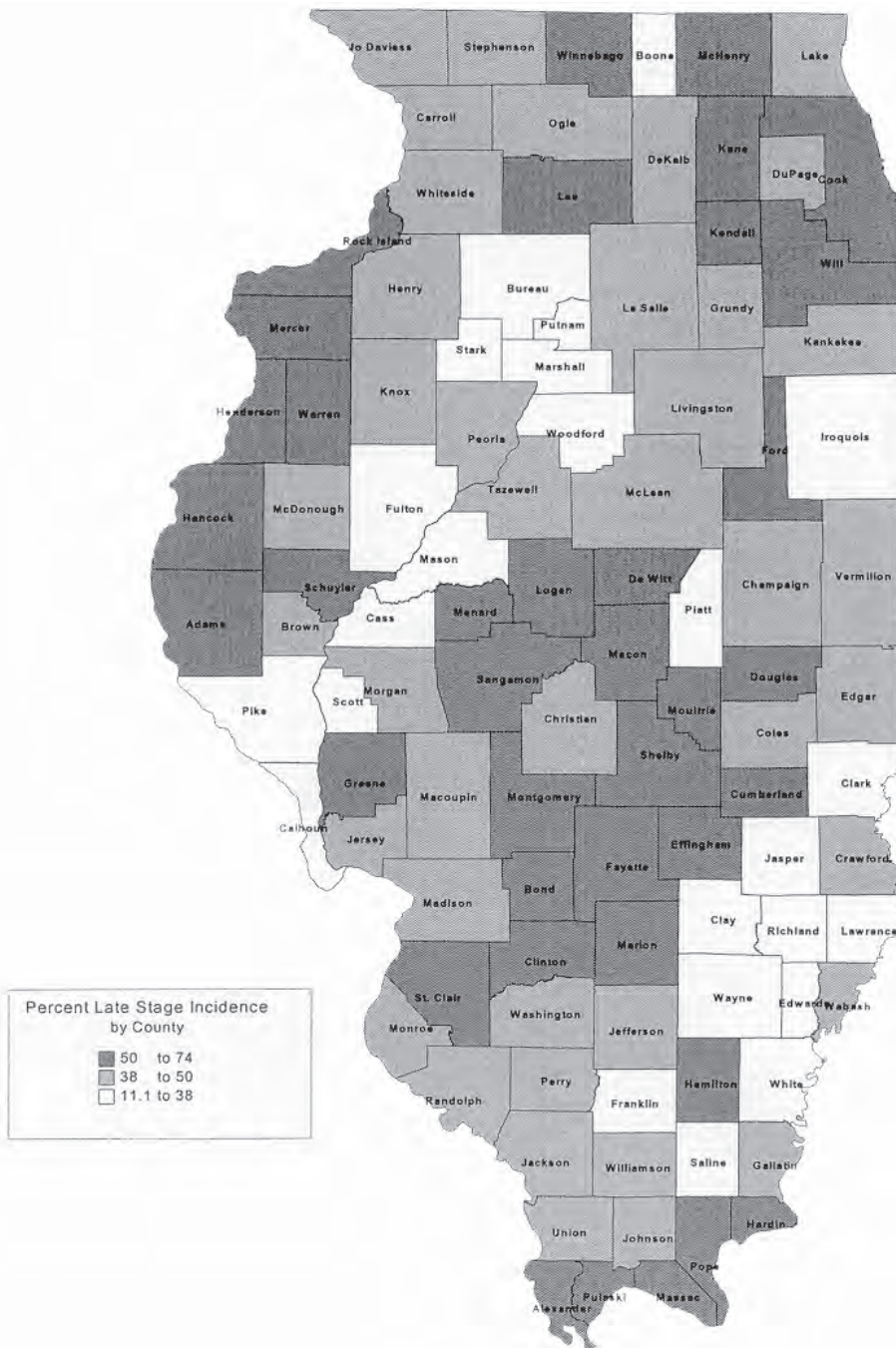
City of Chicago Dental HPSA Service Area



Oral Cancer Mortality Illinois 1979-1998



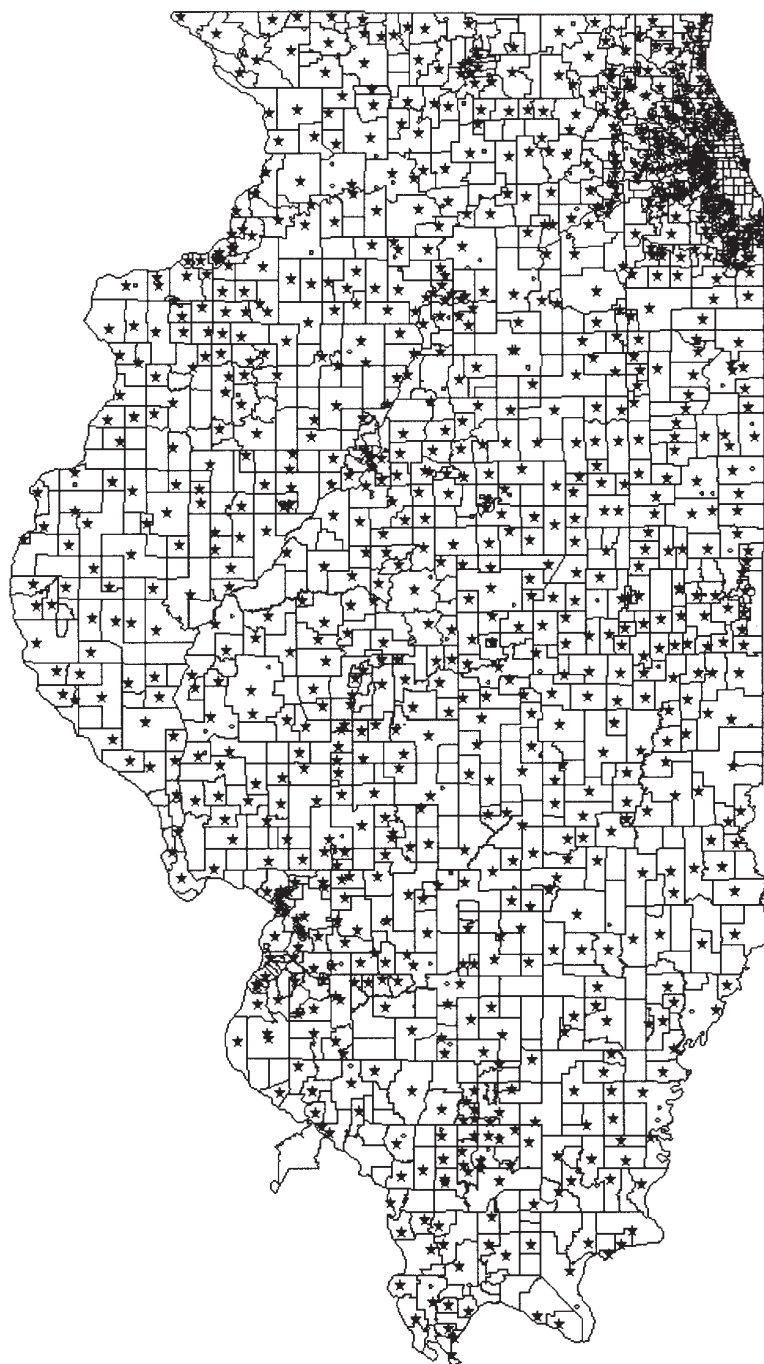
Oral Cancer Incidence Illinois 1986-1998



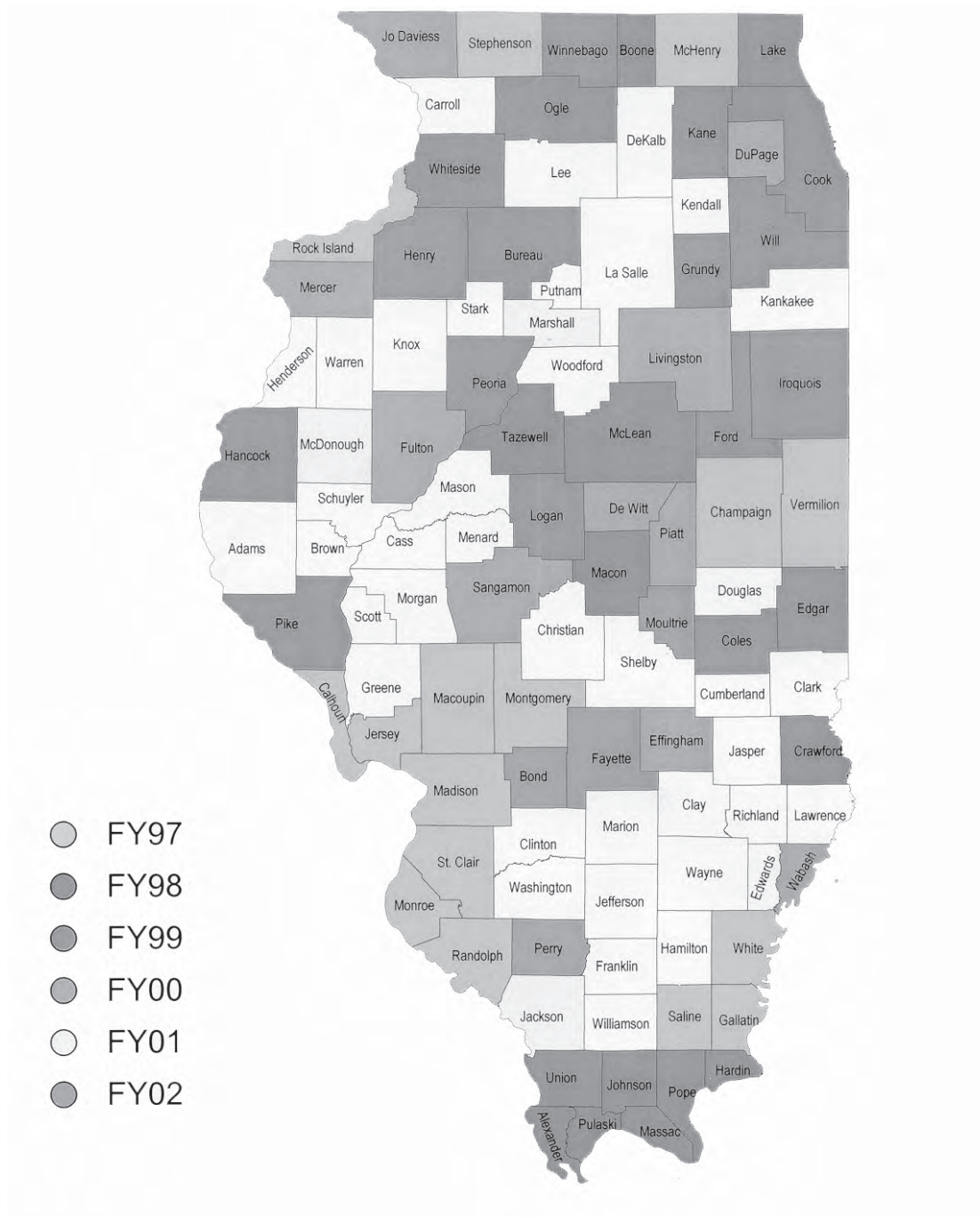
Floridation Grants



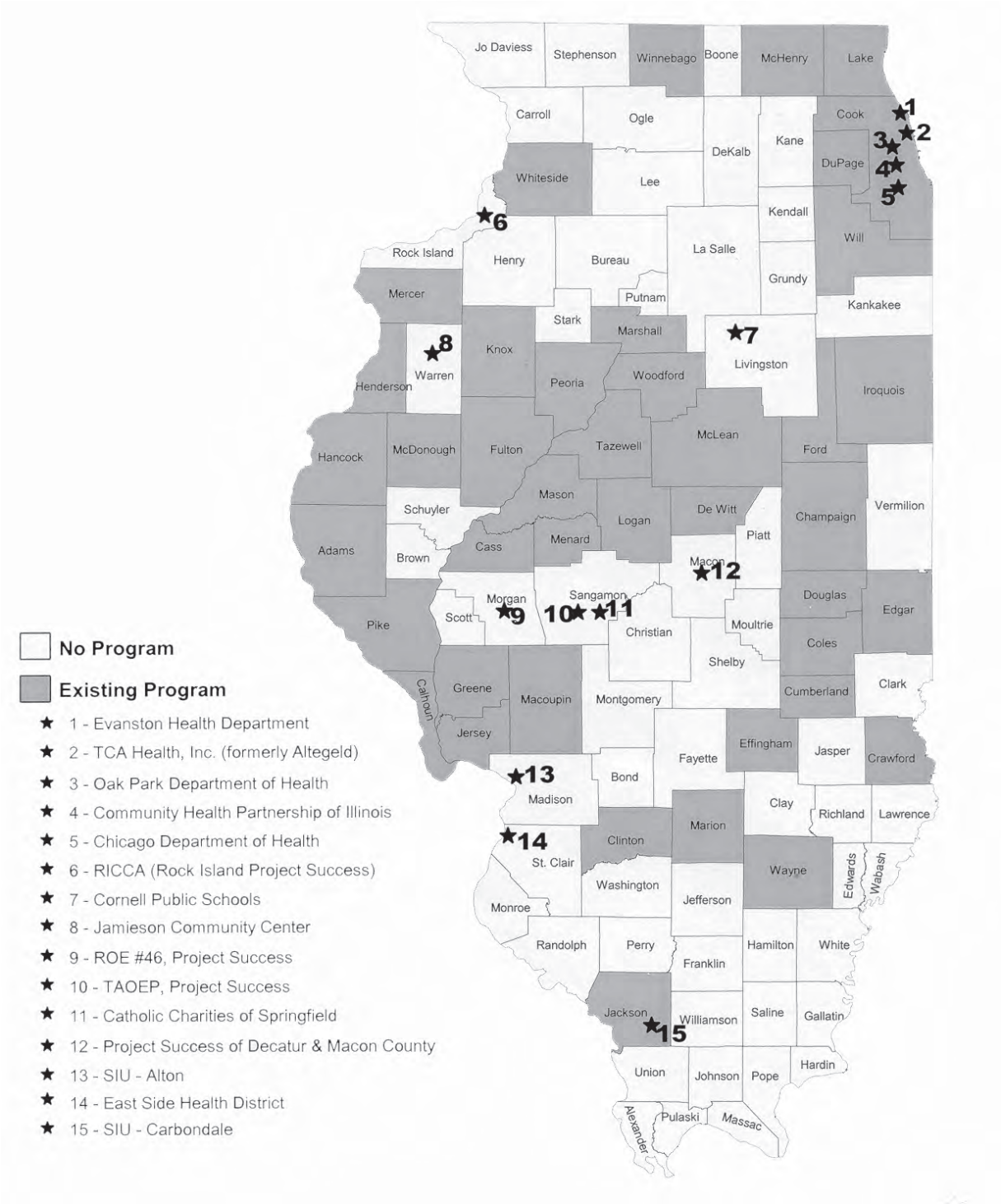
Illinois Community Water Systems



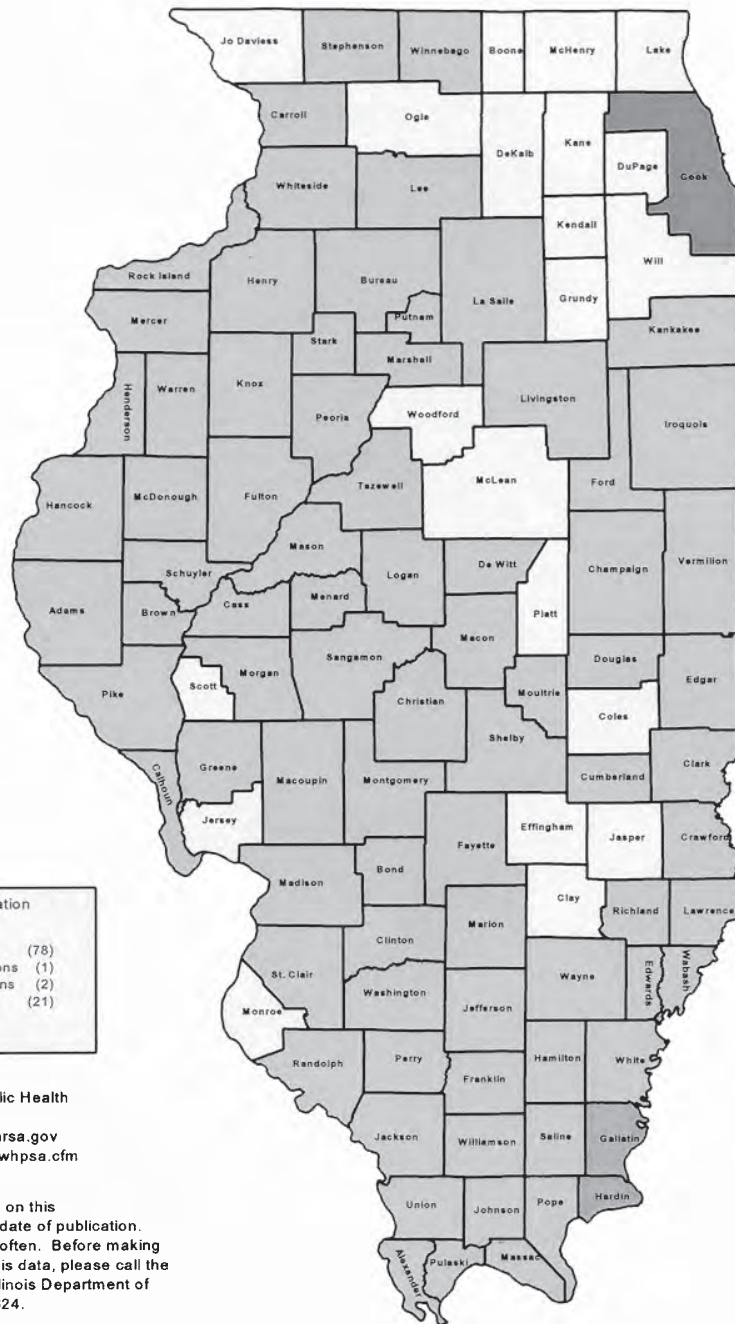
Oral Health Needs Assessment and Planning Grantees



Fy02 Dental Sealant Grant Program



Dental Health Professional Shortage Areas (HPSA)



Illinois Department of Public Health
 Center for Rural Health
 Source: <http://www.bphc.hrpa.gov/databases/newhpsa/newhpsa.cfm>
 September 01, 2001

Notice: Information shown on this document is correct as of date of publication. This information changes often. Before making any decisions based on this data, please call the Center for Rural Health, Illinois Department of Public Health, 217-782-1624.

Community Oral Health Infrastructure Development Project Grids/Action Plan

Priority Area

COMMUNITY ORAL HEALTH PROFESSIONAL EDUCATION, TRAINING, LEADERSHIP AND PRACTICE OPPORTUNITIES, INCLUDING MECHANISMS TO INCREASE THE NUMBER OF MINORITY APPLICATIONS TO SCHOOLS OF DENTISTRY, DENTAL HYGIENE AND PUBLIC HEALTH

Increase the opportunities for dentistry, dental hygiene and dental students to have a community based experience during their training.

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>Capacity Building - Academic</p> <p>1. The Dean of the UIC College of Dentistry (UIC-COD) is firmly committed to developing a strong community oral health/dental public health section within the college. A search for faculty to lead this section has been completed.</p>	UIC COD 09/01/01	Dr. Linda Kaste has been hired.
<p>2. UIC-COD plans to hire an Associate Dean for Public Health and Preventive Sciences.</p>	UIC COD 09/01/02	Qualified candidates for the position of Associate Dean for Public Health and Preventive Sciences.
<p>3. UIC School of Public Health, UIC College of Dentistry and the City of Chicago's Department of Public Health (CDPH) have completed a search for a board certified/eligible dental public health dentist as CDPH dental director and part-time faculty member at the College of Dentistry.</p>	UIC SPH, COD, CDPH 09/04/01	Dr. Algernon Bolden has accepted the position. Additional resources will be required over time.
<p>4. The SIU College of Dentistry has identified a faculty member to lead its efforts in bringing community oral health into the curriculum.</p>	SIU COD Completed	Dr. Schwenk has received external funding to support additional community sites for training.
<p>5. The UIC School of Public Health is committed to developing a community oral health unit, with multiple faculty appointments. This may include establishing an endowed chair in dental public health.</p>	UIC SPH 09/01/04	State support for new faculty tenure track lines; fund-raising.

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>6. The UIC College of Dentistry and the School of Public Health are collaborating on the development of a joint DDS/MPH program.</p> <p>7. The UIC School of Public Health should collaborate with dental hygiene programs to consider development of a joint RDH/MPH program.</p>	<p>UIC COD and SPH <i>On-going</i></p> <p>Dental Hygiene Programs and UIC SPH <i>On-going</i></p>	<p>Curricular resources; joint faculty committee.</p> <p>Joint faculty support and curricular resources.</p>
<p>Capacity Building - Workforce Development</p> <p>1. The University of Iowa College of Dentistry, Department of Preventive and Community Dentistry, has entered into an agreement with the IDPH to provide a year long field experience for residents in the dental public health program through the IDPH (1 student per year).</p> <p>2. The Ravenswood Hospital's Dental General Practice Residency Program in Chicago has expanded the number of residents by one through funding provided by the federal Bureau of Health Professions.</p> <p>3. The Illinois Primary Health Care Association (IPHCA) SEARCH (Student Resident Experience & Rotations in Community Health) has been funded by the Bureau of Primary Health Care through its National Health Service Corps Branch. Oral health professionals are a target for participation in this project. The program is currently operating at capacity.</p> <p>4. Illinois AHEC (Area Health Education Center) conducts community based dental education activities, including: faculty development for dental preceptors in community health centers, capacity enhancement for dental student/resident training in selected Illinois community health centers, establishment of linkages with the dental schools, residencies and hygiene programs in the state, and placement of dental scholars in the SEARCH sites for clinical training.</p>	<p>IDPH <i>Continuing until 2004</i></p> <p>Ravenswood Hospital <i>On-going</i></p> <p>IPHCA <i>On-going</i></p> <p>IAHEC, IPHCA and UIC-R RPEER <i>On-going</i></p>	<p>Maintain.</p> <p>Maintain.</p> <p>Illinois specific support is required to expand the SEARCH program.</p> <p>Maintain.</p>
<p>Capacity Building - Curriculum Development</p> <p>1. Establish a formal process for leaders of dental education programs to convene regularly to discuss curricular issues. Enhance oral health education to emphasize public health concepts in the DDS and RDH curricula. This includes enhanced community-based training initiatives and continuing education activities already in place for these professionals through their associations.</p> <p>2. Enhance dental and dental hygiene school training to expand population-based studies of oral health disease, access challenges, etc.</p>	<p>UIC and SIU CODs, SPH, Dental Hygiene Programs. Convened by IDPH. <i>Fall, 2002</i></p> <p>COD, SPH, RDH <i>On-going</i></p>	<p>Travel and staff (\$50k/yr) funded through external sources. Need to identify areas in the current curriculum where an emphasis on community oral health could be increased (e.g. need to overlap competencies, both in dental and dental hygiene schools - given time, requirements and constraints in current curriculum).</p> <p>Faculty support including statistical and methodological expertise. Provide resources for the conduct of population based studies.</p>

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
3. Dental hygiene programs are interested in community oral health curriculum development where needed (either to support existing programs or to implement new ones). This includes completion degree programs at the Bachelor's level.	CODs, Dental Hygiene Programs <i>Fall, 2002</i>	Faculty support.
4. Improve training on specific issues confronting low-income populations.	SPH, CODs,UIC-S, UIUC-IGPA, IPHLI <i>On-going</i>	Faculty support.
5. Offer training in policy advocacy and health leadership.	SPH, CODs,UIC-S, UIUC-IGPA, IPHLI <i>On-going</i>	Faculty support.
6. Offer training on specific issues related to rural populations.	CODs, UIC-R RPEER <i>On-going</i>	Faculty support.

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>Professional Training and Practice</p> <p>1. With the increase in the dental hygiene programs in the state, dental hygienists should be a high priority for recruitment by the SPH.</p> <p>2. Practicing dental hygienists should be integrated as instructors in the community oral health curriculum for dental students and key partners in community oral health efforts.</p> <p>3. Dental hygienists should be fully utilized in school dental sealant programs, dental public health clinic and education programs, and programs serving the under-served, especially community health and migrant health centers.</p> <p>4. Currently EFDAs (Expanded Function Dental Assistants) are not trained and do not practice in IL. A training program would be required for EFDA utilization.</p> <p>5. Training in preventive oral health should be provided for others including pre-school, elementary, high school teachers as well as other health professionals, students and graduates.</p>	<p>SPH, Dental Hygiene Programs</p> <p>COD's, SPH, Dental Hygiene Schools</p> <p>IDHA <i>On-going</i></p> <p>IDHA <i>On-going</i></p> <p>Dept. of Education/ School Health, Oral Health Professionals, Physician Assistants, Physicians, Other Health Care Professions <i>On-going</i></p>	<p>Identify appropriate recruitment strategies including funds for dental hygienists to obtain MPH degrees.</p> <p>Increase opportunities for dental students, dental hygienists and public health professionals to work together.</p> <p>Maintain and promote.</p> <p>Look at the potential role of EFDAs in IL by reviewing existing dental assisting programs for EFDA program development. Review existing dental assisting training programs for community participation.</p> <p>Identify appropriate training resources for educators at various levels. Materials are needed that will promote awareness of oral health issues and that will assist educators in promoting careers in community oral health professions.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>Data Needs</p> <p>The number and scope of the programs and opportunities in community based oral health for students training in dentistry, dental hygiene and dental assisting need to be cataloged and organized using a common metric (e.g. contact hours, field hours, etc.).</p>	IDPH, ICHWFS 01/01/02	Resources to compile and disseminate inventory to all DDS/RDH/DA programs.
<p>Need for Professional Expertise</p> <p>The School of Public Health has developed satellite sites in IL, specifically in Springfield, as one way to address the need for disseminating oral health expertise among the health professions.</p>	SPH On-going	Faculty recruitment, satellite linkages and promotion of availability of these programs.
<p>Loan Programs</p> <p>Fund a state loan forgiveness program for dentists and dental hygienists willing to practice in underserved areas. Currently, funding for such a program does exist in Illinois.</p>	ISDS, IDPH, IDPA, IFLOSS, IDHA 07/01/02	Develop a strategy to identify support for funding that might include federal, state and local support.

Increase the number of minority practitioners practicing dentistry and dental hygiene.

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>Recruitment Efforts</p> <p>1. The Chicago Dental Society publishes articles in its monthly magazine addressing recruitment to increase awareness.</p>	CDS On-going	Maintain and promote.
<p>2. Illinois AHEC conducts annual urban and rural summer camps, health career clubs in junior high and high schools, and the Future Leaders in Minority Health Program.</p>	IAHEC, SPH, Other Colleges and Universities On-going	Maintain and promote.
<p>3. Recruitment visits to predominately minority high schools and community colleges using minority students and faculty as ambassadors.</p>	CODs, SPH, Dental Hygiene Schools On-going	Funding for travel and educational materials.
<p>4. Promote the dental and dental hygiene profession to high school students, emphasizing opportunities for careers in community based practice</p>	CODs, SPH, Dental Hygiene On-going	Utilize HCOP programs where available.
<p>5. The UIC College of Dentistry has a minority recruitment director.</p>	UIC COD On-going	Increase scholarship dollars for minority students through private donations, targeted giving, foundations, etc.
<p>6. SIU sponsors an annual event designed to recruit minority health professions students.</p>	SIU On-going	Maintain and promote.

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>Scholarship Support The State of Illinois needs to make available scholarship money for IL state dental schools. This is imperative in order to make SIU and UIC competitive in recruiting the top minority dental students.</p>	<p>IDPH Center for Minority Health, Lincoln Dental Society, Chicago Dental Society, Private Philanthropic Orgs. <i>07/01/02</i></p>	<p>Restore funding for the Dental Student Scholarship Program, previously funded with Illinois General Revenue Funds.</p>

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

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>Outreach/Training/Education Opportunities IDPH currently provides training to oral health professionals through continuing education offerings including: Statewide Oral Health Conference (bi-annually); Training for Local Health Department Oral Health Program; Training for Local Health Department Tobacco Programs; Training for WIC staff.</p>	<p>IDPH, ISDS, IDHA <i>On-going</i></p>	<p>Maintain funding. Target marketing/promotion of conference to private practice dentists, dental hygienists.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>Continuing Education Opportunities 1. In collaboration with educational efforts currently underway by dental professional organization (ISDS, IDHA), develop programs for current practitioners to learn about and access evidence based prevention interventions and best practices that incorporate the benefits of such to the private practice dental and dental hygiene communities. 2. Basic information for practicing health professionals (physicians, nurses, nurse practitioners, physician assistants and others) on oral health, dental hygiene, including oral health exams as part of the regular physical exam and how and when to refer patients for dental care is needed, perhaps through continuing education offerings.</p>	<p>IDPH Health Education Specialist; CE Prog.. Mgrs., CODs, SPH, Hygiene Programs; ISDS, IDHA Education Committees <i>Fall, 2002</i> State/Local Medical/ Dental Professional Associations, esp. Pediatrics and Primary Care Providers. <i>On-going</i></p>	<p>Travel, communication and staff support provided by dental suppliers and equipment manufacturers (\$75k/yr). Initially, 1FTE and conference support (\$50k) provided by dental supply and equipment manufacturers.</p>

Increase support for local health department staff to educate the public on good oral health practices.

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p><u>LHD Education/Training Opportunities</u> IDPH currently provides training to oral health professionals and other primary care providers through continuing education offerings including: Statewide Oral Health Conference (bi-annually); Training for Local Health Department Oral Health Program; Training for Local Health Department Tobacco Programs; Training for WIC staff.</p>	<p>IDPH <i>On-going</i></p>	<p>Maintain funding.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p><u>Health Professions Continuing Education Offerings</u> 1. Need to educate non-dental health professionals on the importance of oral health issues and how to incorporate oral health into the mainstream of the health delivery system. 2. Need to educate the current public health workforce on how to prevent and control oral disease.</p>	<p>CDS, IDS, IMS, CMS,IL Academy of Peds, SPH, IDPH <i>Summer, 2002</i> UIC, SPH and COD Faculty, IDPH <i>Fall, 2003</i></p>	<p>Conference support including outreach efforts to the private practice community from dental, medical suppliers and drug companies. Curriculum and continuing education program development including on-line courses that are easily accessible.</p>

Increase outreach to community agencies to involve oral health professionals in oral health assessment, policy development, program implementation and assurance activities.

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p><u>Outreach/Training Activities</u> 1. IDPH sponsored a Statewide Oral Health Conference entitled 'Communities Focusing on Children' in May of 2001. 2. The Chicago Dental Society Access to Care Committee is working with the Chicago Department of Public Health (Oral Health Task Force) and the Chicago Partnership for Health to increase membership in both programs.</p>	<p>IDPH <i>On-going</i> CDS, CDPH, CPFH <i>On-going</i></p>	<p>Maintain effort. Maintain activities.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>Collaboration and Grant Funding</p> <p>1. Increase participation from state dental school/ hygiene program faculty and students in AHEC activities.</p> <p>2. IDPH's oral health assessment and planning grants have played a critical role in bringing together community stakeholders in oral health. This program should be fully funded, made available to all local health departments, and developed to include an evaluation component. Funding for this programs should be maintained and expanded.</p>	<p>UIC, SIU COD, Hygiene Programs, IAHEC <i>On-going</i></p> <p>IDPH <i>On-going</i></p>	<p>Promote awareness campaign about careers in community oral health dentistry and dental hygiene.</p> <p>\$1.5m in state support. Increase MCH Block Grant funding to support this program.</p>

Priority Area

AN ORAL HEALTH SURVEILLANCE SYSTEM IN ILLINOIS AND COMMUNITY BASED ORAL HEALTH RESEARCH CAPACITY FOCUSING ON THE REDUCTION OF ORAL HEALTH DISPARITIES

The State of Illinois does not have an oral health surveillance system or a common set of data that can be used to define the scope of oral health needs in Illinois.

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>1.IDPH should take a leadership role in developing a state wide oral health surveillance system. IDPH has been notified by the Centers for Disease Control (CDC) that it will be funded for the next five years to a statewide oral health surveillance system.</p> <p>2. Educational institutions should collaborate with IDPH in the development of a surveillance system.</p>	<p>IDPH <i>10/01/01</i></p> <p>IDPH (convener), UIC, SIU <i>09/01/01</i></p>	<p>Federal grant funds will be utilized to hire an epidemiologist with a background in dentistry.</p> <p>Create a surveillance workgroup.</p>

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>3.Examine existing data for potential relevance and contribution to a state oral health surveillance system.</p> <ul style="list-style-type: none"> a. The state BRFSS coordinator has been approached to incorporate questions that capture the oral health status of adults. IDPH will convene a group of partners to determine which elements from BRFSS are needed to supplement a state oral health surveillance system. b. An NIH grant to examine gaps in the current data collection systems for oral and pharyngeal cancer will be used to inform data collection needs for the oral health surveillance system. c. Data currently sent to the National Oral Health Surveillance System should be incorporated in the Illinois surveillance system. d. Examine Illinois Medicaid data for incorporation in the surveillance system. e. Evaluate other data being collected at the state level, including but not limited to YBRS, PRAMS, hospital discharge data, etc. for relevance to oral health. 	<p>IDPH <i>Fall, 2002</i></p> <p>IDPH, Illinois State Cancer Registry, UIC <i>Completed</i></p> <p>IDPH <i>Fall, 2002</i></p> <p>IDPH <i>Fall, 2002</i> IDPH <i>Fall, 2002</i></p>	<p>Grant obtained by Illinois State Cancer Registry from the National Institutes of Health.</p> <p>IDPH Epidemiologist.</p> <p>IDPH Epidemiologist.</p> <p>IDPH Epidemiologist.</p> <p>IDPH Epidemiologist.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>1. Implement a uniform system and method statewide for collecting caries experience/prevalence, untreated caries, and sealant prevalence data. These data elements are components of the National Oral Health Surveillance system, currently supplied by Illinois.</p> <ul style="list-style-type: none"> a. Conduct open mouth surveys to gather oral health data from children and adults. <ul style="list-style-type: none"> i. Link with both dental schools and all dental hygiene programs (specifically through the community based curriculum component) to collect data. ii. Over sample/emphasize data collection from high risk populations, including low income and elderly persons. iii. Collect community specific data. iv. Examine current surveys for models that can be used in Illinois, including the ASTDD instrument, and BRFS. v. Develop a budget and protocol for statewide survey. 	<p>IDPH <i>Fall, 2003</i></p> <p>UIC, SIU CODs, Community Colleges/ 11 RDH programs, School of Public Health <i>Fall, 2003</i></p>	<p>IDPH epidemiologist.</p> <p>\$250,000 is the minimum estimated cost of a representative, open mouth survey for the state of Illinois, with a minimum sample of 2,500 persons.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
b. Refine and maximize the information collected from the school-based sealant program. <ol style="list-style-type: none"> Utilize the experience of the Chicago City School Sealant program as a model. Develop a data collection tool for use by sealant programs that can capture data desired by the oral health surveillance system. 2. The surveillance system should incorporate the data necessary for oral health program planning at both the state and county levels.	IDPH, CDPH, CCDPH <i>Fall, 2003</i> IDPH, IFLOSS Coalition <i>Spring, 2002</i>	IDPH epidemiologist. Program directors and community organizations responsible for implementing oral health programs need to provide guidance on data needed for current and future program plans.

Currently in Illinois there is no uniform system in place for assessing oral health workforce capacity.

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
A process for collecting additional dental workforce information through the licensure process should be developed for Illinois. <ol style="list-style-type: none"> A feasibility study should be implemented first. The Illinois Center for Workforce Studies is analyzing data from an oral health workforce survey in Wisconsin. The instrument, process and costs from this study could inform a feasibility study, as well as model surveys from other states. 	ICHWFS, IDPH, Faculty from UIC, SIU and RDH programs <i>Begin mid-October, 2001</i>	Maintain Effort

There is no uniform or agreed on data system for assessing access to oral health services and the utilization of dental services by the entire population, including special populations (low income/Medicaid insured; elderly). Insurance coverage is an important feature that should be captured in a surveillance system, because of its relationship to access and utilization of services.

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
1. Illinois Medicaid data have been used for previous studies and are a candidate for use in surveillance as well as research on access for the low-income population, particularly the relationship between access, utilization and reimbursement rates for services.	IDPA, IDPH, ICHWFS <i>Fall 2003</i>	Access to Medicaid data files.

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>2. Data are available on the health insurance benefit packages for both public and private insurance plans, which should be examined for their contribution to a state surveillance system on oral health.</p> <ul style="list-style-type: none"> a. SIU Insurance Study b. BRFSS data for adults 	<p>SIU, IDPH <i>Fall, 2002</i></p>	<p>IDPH epidemiologist.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>1.The Illinois Center for Workforce Studies is participating in a study to examine national data on the oral health status of the elderly based on data from the Medical Expenditure Panel Survey (MEPS). This study could be applied to better understand what data are needed to determine the oral health status of the elderly in Illinois, at the state or community level.</p> <p>2.Support the implementation of a pilot study that examines the relationship between oral health needs, diagnoses and health insurance coverage/ reimbursement levels for services.</p> <ul style="list-style-type: none"> a. SIU is attempting to implement a study through their clinic for low income persons (e.g. working poor and Medicaid). b. Additional communities and sites funded through IDPH or community/migrant health centers could be approached for participation in a study. 	<p>Illinois Center for Health Workforce Studies <i>Study Begins October 1, 2001</i></p> <p>SIU, IDPH <i>TBD</i></p>	<p>Maintain effort.</p> <p>Funding for pilot research.</p>

Priority Area

COMMUNITY BASED PRACTICE, PREVENTION, AND CONTROL PROGRAMS FOR THE REDUCTION OF ORAL HEALTH DISPARITIES, INCLUDING DENTAL PRACTICE OPPORTUNITIES TO MEET THE NEEDS OF THE UNDERSERVED, AND PUBLIC POLICIES THAT SUPPORT COMMUNITY INFRASTRUCTURE FOR ORAL HEALTH

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>1. Increase funding for public health clinic start up and maintenance.</p> <ul style="list-style-type: none"> a. Change the current funding distribution from IDPA to IDPH. b. Community/migrant health centers are included in the definition of public health clinics. 	<p>IDPH and IDPA <i>July, 2002</i></p>	<p>Current clinic start up grants is available at \$35,000 through IDPA. The suggested funding level is at \$100,000 for start up and an additional \$100,000 for clinic maintenance.</p>
<p>2. Fund the dental sealant program at a level that increases the number of schoolchildren reached through this program.</p> <ul style="list-style-type: none"> a. A total of 60 programs requested funding for the dental sealant program in State FY 2002. b. These programs targeted 20,000 children. c. The current actual budget for the dental sealant program is \$375,000 through the Maternal and Child Health Block Grant. These funds are also used to fund the protective mouthguard program, and oral health needs assessments. d. Many counties cannot implement the program at its current level of funding. 	<p>IDPH, IDHS - MCH <i>July, 2002</i></p>	<p>The minimum request to increase the number of children served by this program over current levels is \$1M for services. An additional 10,000 children would be served by such an expansion. This increase could be phased in over three years. This request does not support infrastructure needs as identified by both the City of Chicago and the Cook County Department of Public Health.</p> <p>Identify funding as appropriate through various sources including federal, state and foundation to expand the sealant program.</p>
<p>3. Support the Early Childhood Caries (ECC) Prevention Program.</p> <ul style="list-style-type: none"> a. IDPH is currently collecting statewide ECC prevalence data and planning community interventions. Funded through IDHS. b. Dental Public Health Intern to assess knowledge, attitude, beliefs of WIC staff in ECC prevention and develop training program based on findings. c. Current programs like WIC and others through local health departments (e.g. prenatal care counseling services) are incorporating early childhood caries prevention messages, but are not fully funded to do so. 	<p>IDPH, IDHS <i>09/01/01</i></p> <p>IDPH, IDHS, U Iowa <i>09/01/01</i></p> <p>IDPH, IDPA, IDHS <i>09/01/01</i></p>	<p>\$200,000/year would be required to develop, pilot and implement early childhood caries prevention programs in 20 communities.</p>

EXISTING Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>4. IFLOSS is working closely with IDPH and communities to assist in the safety net development process at the local level. Additionally, IFLOSS promotes oral health education activities and awareness of oral health, and advocates with key decision makers through communities.</p> <p>5. IPHCA has implemented a train the trainer program with students enrolled in community colleges. The purpose of this program is to train people to educate potential public aid recipients on the value of public assistance benefits available for oral health care services. This program captures students who are representatives from underserved communities, who can bring a community perspective to this program.</p>	<p>IFLOSS <i>On-going</i></p> <p>IPHCA, IDPA, Community Colleges</p>	<p>Federal funding.</p> <p>There is an opportunity for this program to serve as a model that can be replicated with community college based programs in dental hygiene or other health related programs for the purpose of educating others on the value of oral health benefits.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>1. Fund adult preventive services for Medicaid insured adults. These services include:</p> <ul style="list-style-type: none"> a. Adult prophylaxis b. Periodic exams for adults c. Partial dentures d. Periodontal procedures for high risk groups, particularly pregnant women <p>2. Fund statewide oral health education and awareness programs.</p> <ul style="list-style-type: none"> a. Statewide media campaigns to reach the general public with messages about the value and importance of oral health are needed. b. IDPH is hiring an oral health educator to coordinate statewide efforts to reach low-income families. However, materials are not funded. c. IFLOSS has developed a marketing plan that can be tailored to individual communities, for both the general public as well as for special populations. d. Address oral cancer awareness and prevention in statewide and community-based efforts. 	<p>IDPA <i>July, 2002</i></p> <p>IDPH, IDPA, IDHS, Local Health Departments, IFLOSS, ISDS, IDHA <i>Fall, 2002</i></p> <p>Same as part a. <i>Fall 2001</i></p> <p>Same as part a. <i>Completed</i></p> <p>Oral Cancer Partnership <i>Fall, 2004</i></p>	<p>Estimates prepared by ISDS approximately 2 years ago indicate the following: \$6-7M for adult prophylaxis \$6-7M for periodic exams <i>(NOTE: these estimates assume current reimbursement rates; they would be higher with a rate increase)</i></p> <p>TBD.</p> <p>TBD</p> <p>The cost of implementing the IFLOSS marketing plan at the county level is \$20,000,000 over 5 years. This plan includes tailored messages, and strategies for dealing with key decision makers.</p> <p>There is the possibility of leveraging federal funds to support these activities.</p>

NEW Strategies/Action Steps	Responsible Party/ Due Date	Resources Required or Other Needs
<p>3. Fund a pilot case coordination project to specifically reduce the missed appointment rate for low-income patients currently linked to an existing programs (e.g., WIC, Medicaid) at public health clinics and private practices.</p> <p>a. Model programs in Washington State (ABCD program) and Maryland can be investigated for model practices and cost estimates.</p> <p>b. The scope, geographic and population focus for a pilot program must be defined.</p>	<p>IDPH will investigate models and develop parameters for a pilot, with costs, collaboratively with IFLOSS, IDPA, ISDS. <i>TBD</i></p>	<p>IFLOSS has estimated that a coordinator managing a patient base of approximately 2,000-3,000 persons in one or across several communities would cost between \$35,000-\$48,000 to provide case coordination services.</p>
<p>4. Mandate dental exams prior to school entrance, and at grades K, 5, and 9. Requiring dental exams for children requires a policy change at the local and state level.</p>	<p>IFLOSS, ISBE, IDPH, IDHS, School Health <i>TBD</i></p>	<p>Educational programs for state regulators and local school boards need to approve this approach.</p>
<p>5. Promote exams for young children beginning at age 1 and at least every 2 years until they are in school.</p>	<p>All partners in oral health <i>TBD</i></p>	<p>Educational programs for state regulators and local school boards need to approve this approach.</p>

Call to Action

New Strategies / Action Steps
<p>Establish a select committee to monitor and provide guidance to the Illinois Oral Health Infrastructure Plan and State Oral Health Plan. Suggested committee membership should include, but not necessarily limited to the following:</p> <ul style="list-style-type: none"> · Director, Division of Oral Health, Illinois Department of Public Health – chairperson · Dental program director, SPH · Representative Illinois Department of Public Aid · Faculty - head of community dental program, College of Dentistry at UIC, School of Dentistry at SIU, RDH schools · Elected individual(s) from IFLOSS · Representatives from Illinois State Dental Society, Illinois Dental Hygienist Association/ community hygiene network, Illinois Public Health Association, Illinois Primary Health Care Association, and Illinois Head Start Association, IL Maternal and Child Health Coalition · Representative of the local health department dental directors · Representatives from the community leadership – diversity · USPHS Regional Dental Consultant – as a consultant · Representative from the State Board of Dentistry
<p>Responsible Party: IDPH (convener) of public/private partnership</p> <p>Due Date: 10/01/01</p> <p>Resources Required or Other Needs: \$100,000/year, ongoing</p>

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Acronyms and Definitions

CCDPH	Cook County Department of Public Health
CDC	Centers for Disease Control and Prevention
CDPH	Chicago Department of Public Health
CDS	Chicago Dental Society
CPPH	Chicago Partnership for Public Health
ECC	Early Childhood Caries
HRSA	Health Resources and Services Administration
HPRC	Health Policy and Research Center
IAHEC	Illinois Area Health Education Center
IDHA	Illinois Dental Hygienist Association
IDHS	Illinois Department of Human Services
IDPA	Illinois Department of Public Aid
IDPH	Illinois Department of Public Health
IPHCA	Illinois Primary Health Care Association
ISBE	Illinois State Board of Higher Education
ISDS	Illinois State Dental Society
ISMS	Illinois State Medical Society
PHFI	Public Health Futures Illinois
SIU	Southern Illinois University
SIUE	Southern Illinois University at Edwardsville
UIC	University of Illinois at Chicago
UIC COD	University of Illinois at Chicago College of Dentistry
UIC SPH	University of Illinois at Chicago School of Public Health
USDA	United States Dietary Authority
WIC	Women, Infants and Children's Program

Special note: For purposes of this plan, references to the "Medicaid insured" population also includes children insured by the Illinois KidCare program

Definitions

Public Health –

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

Dental Public Health –

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

Oral Health

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

Community Oral Health

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

Public Health Workforce

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

