

# **Oral Health Care in Illinois:**

## **Comprehensive Care for Children & Families**

**This Action Plan features Policy Goals specific to  
Children with Special Health Care Needs**

### **The Illinois Oral Health Plan II**

**Presented to the Illinois public by:**



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## Preface

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

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

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

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

The Illinois Rural Health Association (IRHA) has facilitated the IOHP II planning process and developed the draft recommendations. The IFLOSS Coalition has taken a lead role in publishing and disseminating the findings statewide. We would like to acknowledge the many participants who are continuously working toward making this plan a reality in Illinois.

This plan is 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.

The IFLOSS Coalition, Illinois Department of Public Health, Division of Oral Health, and the Illinois Rural Health Association would like to thank the Health Resources Service Administration (HRSA) (MCHB) and the Associated State and Territorial Dental Directors (ASTDD) for the sponsorship of the Illinois Oral Health Plan II in the area of the special needs population, specifically the children of Illinois.

IFLOSS Coalition  
1415 E. Jefferson  
Springfield, IL 62703  
[www.ifloss.org](http://www.ifloss.org)

## **Table of Contents**

1.	Policy Goal I	4
2.	Policy Goal II	9
3.	Policy Goal III	12
4.	Policy Goal IV	16
5.	Policy Goal V	17
6.	Outcomes	20
7.	Acronyms	21

# Action Plan for Children with Special Health Care Needs

The major findings and suggested framework for action put forth by the U.S. Surgeon General form the basis for Illinois' plan. The plan outlines goals, priorities, recommendations and strategies to address each area of the plan. Implementation of the plan will require active participation by state and local leaders, educators, health care professionals, philanthropic partners, parents and families. Improving oral health care in Illinois can happen if all parties work together to implement solutions.

## Five Policy Goals and Illinois-Specific Priorities

The Oral Health Plan utilizes the five policy goals set forth in the Surgeon General's Report and integrates Illinois-specific priorities in each of the goal areas. From this plan, some specific goals, recommendations, and strategies were incorporated to reflect on the children of Illinois who have special needs.

### Policy Goal 1

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

### Illinois Priorities for Policy Goal 1

- A.** *Educate the public, health professionals and decision-makers about the relationship between oral health and systemic health with an emphasis on:*
- Behaviors that assure good oral health, such as daily oral hygiene, routine dental checkups, community water fluoridation and fluoride use, dental sealants, proper nutrition, injury prevention and being tobacco free
  - Change perception of general dentists about delivery of oral health services to individuals with special health care needs including individuals with disabilities, chronic disease, infants, and seniors. General dentists can provide many routine dental procedures and services to these populations without being routinely referred to specialists or being provided in a hospital setting. With some additional continuing education on this topic, even more dentists could become comfortable and confident in treating these populations.
  - Oral health education for school-aged children
  - Awareness of oral health functions: functional habits, digit sucking, tongue thrusting, development of orofacial functions
- B.** *Maximize the use of the entire health care and oral health workforce* – particularly health care providers, professionals and politicians to educate the parents, caregivers, and children with special needs on the value and importance of oral health.

- C. ***Create Training Programs and Materials*** for medical professionals & students to learn oral health screening techniques and assessment tools.

## **Recommendations & Strategies**

### **Recommendation 1**

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

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

### **Strategies**

- Coordinate existing statewide health marketing efforts to develop a statewide marketing campaign. IFLOSS should partner with WIC, Maternal and Child Health, Medicaid, long-term care, and CDC funded initiatives to promote oral health care in Illinois
- Develop a central website to market oral health care to the general public
- Provide more outreach to educate parents, community-based organizations and a variety of special populations (such as migrant workers, persons with disabilities, senior citizens, individuals with chronic health conditions, infants, and others). Outreach to faith-based programs would improve information to families. This should be incorporated into the IFLOSS Marketing Plan.
- IDPH could work with the Illinois State Dental Society, Illinois Dental Hygienists Association, UIC and SIU to develop a video that includes basic techniques for working with children with special healthcare needs, e.g. children in wheelchairs, non-verbal children, children who are deaf or blind, cognitively or developmentally impaired, etc.
- IFLOSS will develop partnerships with stores that sell back-to-school supplies to encourage them to give away or sell at a minimal cost oral health school kits that would include a toothbrush, floss, and informational materials. Dollar General Stores, Wal-Mart, and other large back-to-school supply centers should be targeted in this effort.

- Expand training programs to other childcare professionals such as licensed Day Care operators, early intervention staff, pediatricians, school therapists, DCFS case workers, and other childcare professionals on the oral health care needs of the children they serve. IDPH should provide continuing education credits for training programs for child care professionals.
- Parents can be trained to apply fluoride varnishes to children before bedtime to ensure 8 hours of application before they are ready to eat or drink.
- IDPH can work with disability advocates to develop marketing materials for parents of children with disabilities to answer questions and teach them how to advocate on behalf of their children who need oral health care (oral health coaching skills).
- IFLOSS can identify oral health champions and celebrities willing to help promote oral health care in Illinois.
- The State can develop new informational materials for health care providers on basic oral health guidelines including a video to provide oral health training and information to medical professionals, brochures for physician offices, and emergency oral health guidelines for emergency room physicians.

## **Recommendation 2**

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

- Data on early childhood caries collected on a routine basis
- Educational materials on ECC Prevention for public health offices and clinics – expand distribution
- Pilot programs to demonstrate effective ECC prevalence strategies

## **Strategies**

- IDPH is currently piloting an ECC data collection system. IDPH can expand that data collection to assess compliance of new dental exam requirements for school-aged children and a new recommendation that Federally Qualified Health Centers (FQHC) examine one-year old children in their care.
- Expand training programs to include childcare professionals such as licensed day care operators, early intervention staff, pediatricians, school therapists, DCFS case workers, and others on the oral health care needs of the children they serve. IDPH can provide continuing education credits for training programs for child care professionals.
- WIC, family case management and other IDHS programs can serve as the foundation for pilot efforts. Local health departments, early intervention staff birth-to-three networks and other community-based oral health providers should be involved in planning pilot programs to demonstrate ECC effectiveness. The State can provide

IDPH an additional \$200,000 in the budget for the Division of Oral Health to plan and implement programs.

- IDPH, Division of Oral Health can collaborate with WIC regional directors and staff to examine the list of food items covered under the WIC program and consider alternatives to high-sugar drinks. IDPH and WIC can create and distribute informational materials on alternatives to high-sugar foods and drinks.

### **Recommendation 3**

Promote regular dental exams for children. At a minimum:

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

### **Strategies**

- IDPH can assess the education needs of general dentists in the treatment of infants and children and develop continuing education courses to address identified needs. Special focus can be placed on treating infants and children with special needs.
- Expand community-based experiences for students of dentistry, dental hygiene, nursing, and family and pediatric medicine in the treatment of children under 5. The University of Illinois at Chicago (UIC) is piloting an initiative to provide community-based experiences for their dental students. Southern Illinois University (SIU), School of Dental Medicine, is working with UIC to develop a similar program and to expand the UIC experiences into Southern Illinois.
- IDPH, Division of Oral Health and the Center for Rural Health can assess the number of pediatric dentists in Illinois and identify targeted areas for recruitment of pediatric dentists in rural and underserved areas.
- IFLOSS members can establish partnerships between children's oral health advocates and local school boards to implement oral health educational curriculum and materials for students.

### **Recommendation 4**

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

### **Strategy**

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

### **Recommendation 5**

IDPH can work with the Illinois State Board of Education (ISBE) to implement a statewide oral health education curriculum for all Illinois schools.

#### **Strategies**

- The State can fund an effort by ISBE and IDPH to establish a comprehensive school oral health education program in all Illinois schools.
- ISBE and IDPH can encourage policies limiting access to candy and soda machines in schools and promote drinking fluoridated water instead of bottled water to reinforce positive oral health messages to students and staff.

### **Recommendation 6**

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

#### **Strategies**

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

### **Recommendation 7**

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

#### **Strategies**



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

### **Recommendation 8**

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

#### **Strategies**

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

### **Policy Goal II**

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

#### **Illinois Priorities for Goal II**

- A.** *Increase* diversity of students in Illinois dental and dental hygiene schools to be able to effectively care for children with special needs.
- B.** *Increase* the number and types of community-based experiences that benefit both communities and students of dentistry and dental hygiene, such as increased exposure to children with special needs.
- C.** *Improve* outreach to involve dentists and dental hygienists in private practice in community-based efforts to improve oral health and access to care for patients with special needs.

- D.** *Expand* the State’s Rural Dentistry Program to provide incentives for dentists to practice in underserved areas
- E.** *Develop* educational materials and training for medical professionals to screen for oral diseases, provide fluoride treatment and varnishes along with other preventive measures, and administer consistent emergency room treatment options
- F.** *Develop* a case management approach for parents to make sure they know how and where to access oral health services

### **Recommendation 1**

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

#### **Strategies**

- Encourage public-private partnerships that pilot creative approaches to recruit and retain dental and dental hygiene school students and faculty.
- Fund and promote the Dental Student Loan Repayment Program, which provides tuition reimbursement to under-represented students who attend Illinois dental and dental hygiene schools.

### **Recommendation 2**

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

#### **Strategies**

- UIC can expand its program which places dental students into community-based dental health centers, to provide care in a public dental clinic. SIU has requested students from the UIC program to serve in Southern Illinois clinics. SIU is currently working with UIC to create a similar program in downstate Illinois.
- Community-based experiences should include treatment of populations that require special care, particularly the developmentally disabled, the elderly, chronic disease patients, and children under the age of 5.

### **Recommendation 3**

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

#### **Strategies**

- In order to attract new providers into the Medicaid program, reimbursements must cover the cost of the care they provide and be made in a timely manner. Increased reimbursement rates will provide an incentive for new oral health professionals to participate in state-funded oral health programs.
- IDPH can communicate regularly with private sector dentists and hygienists to inform them of the community oral health needs and provide opportunities for participation. IDPH can also Work with the Illinois State Dental Society (ISDS), the Illinois Dental Hygienists Association (IDHA), and IFLOSS, to communicate the need for private sector participation in overall community oral health programs.

These programs include but are not limited to: fluorides and fluoridation, dental sealants, preventive mouthguards, early childhood caries prevention, oral cancer prevention and control, oral health in special populations (rural, elderly, developmentally disabled, and others), orofacial injury prevention & control and work with other public health programs including emergency response and preparedness, women’s health, diabetes, cardiovascular disease, tobacco, cancer, injury prevention.

- IDPH can utilize the existing network of health department staff and boards to inform local private dentists and dental hygienists of the oral health needs of the health department clients.
- Develop service learning opportunities and continuing education credits for dentists and dental hygienists that serve special needs populations, such as the developmentally disabled, nursing home residents and those living with chronic diseases.

#### **Recommendation 4**

Expand the State’s Rural Dentistry Program to provide incentives for dentists to practice in underserved areas

#### **Strategies**

- IDPH can utilize regional consultants to assist local clinics in their efforts to apply for the federal loan repayment program to recruit dentists.
- The State of Illinois can fund an incentive program for dentists who serve in designated oral health manpower shortage areas of Illinois. This program would provide financial assistance to dentists who serve in rural and underserved regions of Illinois.

#### **Recommendation 5**

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

### **Strategies**

- IFLOSS can work with the Illinois Primary Health Care Association and the Illinois Chapter of the American Academy of Pediatricians (ICAAP) to develop educational materials for medical professionals and students to ensure they have the information they need on oral health issues. ICAAP currently has a program to educate pediatricians. It should be expanded to include information for emergency room medical professionals to ensure proper information is available to those who serve children and their families.
- IFLOSS can work with disability organizations and educational institutions to develop educational materials and curriculum for providing oral health care to those with special needs (infants, seniors, and individuals with disabilities, chronic illness, and others).

### **Recommendation 6**

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

### **Strategies**

- Pediatricians, physicians, physician assistants, migrant clinics, federally qualified health centers, head start centers, WIC clinics, and health departments need to have consistent information on where to send children in need of oral health services and materials to share with parents.
- Local health departments include case management as part of their community health plans. However, it can be expanded to include other community organizations that serve children and their families. Community oral health organizations must work together to develop a community-based oral health case management strategy to assist parents especially those of children with special needs.

### **Policy Goal III**

Remove known barriers between people and oral health services, including children with special health care needs

### **Illinois Priorities for Policy Goal III**

- A. *Increase* reimbursement rates for services provided to Medicaid patients in Illinois

- B.** *Increase* the number of low-income children and pregnant women in underserved areas that receive dental examinations, preventive oral health services and restorative care
- C.** *Develop* transportation resources database to provide information to assist patients who need transportation services to oral health and primary care providers
- D.** *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, and those with disabilities
- E.** *Expand* funding for IDPH's school-based dental sealant program to allow penetration of the program throughout Illinois
- F.** *Identify* funding streams for a statewide community-based education and awareness program, pilot projects in care coordination to improve access to services, and early childhood caries prevention programs
- G.** *Expand* the Illinois loan repayment program for dentists and hygienists who agree to practice in dental underserved areas and to treat underserved populations.
- H.** *Expand* the dental workforce in rural areas, especially oral surgeons and other specialists

### **Recommendation 1**

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

### **Strategies**

- IFLOSS and other advocacy groups must work together to raise reimbursement rates for Medicaid-funded dental services. Comprehensive care provided at a dental home with quality assurance measures must be the priority for all public oral health programs in Illinois. Increased reimbursement rates will result in a more comprehensive network of services throughout Illinois.
- Any public services provided need to assure a continuum of care that includes quality preventive care, restorative care, proper referrals when needed, and a formal arrangement for follow-up care. More dentists will participate in state-funded dental programs when they are able to provide a dental home and be appropriately reimbursed for their services.

### **Recommendation 2**

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

### **Strategies**

- IDPH can work with the dental and dental hygiene schools to ensure all graduates are competent in managing the oral health needs of pregnant women and children.
- IDPH can assess the continuing education needs of general dentists and dental hygienists in the management and treatment of pregnant women, infants and children and develop continuing education courses to address identified needs.

### **Recommendation 3**

Increase access to dental services for persons with developmental disabilities

### **Strategies**

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

### **Recommendation 4**

Develop a transportation resources database to provide information to patients who need transportation services to oral health and primary care providers

### **Strategy**

Reimbursement for transportation services is often a barrier to oral health services. ISDS is working with Health and Family Services (HFS) to improve reimbursement for transportation services. In addition, a new request-for-proposals from HFS may improve the transportation services available to Medicaid clients.

### **Recommendation 5**

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, and those with disabilities.

### **Strategy**

- The State of Illinois can increase the funding available through IDPH and HFS for public health departments and FQHCs to open and maintain public dental clinics. It is recommended that the program be expanded from a two-year grant to a four-year grant and that the amounts be increased from \$35,000 to \$100,000 per year.
- The State of Illinois can continue funding IDPH-administered community and migrant health center dental expansion and new start-up grants.
- The State of Illinois can continue supplemental funding for prevention and safety net programs that utilize dental volunteers through the tobacco master settlement agreement and other resources.
- The State of Illinois can create and fund a safety net clinic maintenance grant program to be administered by IDPH in the Division of Oral Health

### **Recommendation 6**

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

#### **Strategy**

- The State can increase funding to support increased reimbursement rates for the dental sealant program. Currently, the IDPH sealant program uses the old Medicaid reimbursement rate of \$14 per sealant due to lack of funding. The current Medicaid rate for reimbursement is \$36 per sealant. Increased funds for IDPH are needed to support an increased number of sealants at the new reimbursement rate so that the program can continue to grow throughout Illinois. Advocacy groups need to support this budget increase as they communicate with legislators.

### **Recommendation 7**

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

#### **Strategies**

- IFLOSS and a partnership of education and advocacy groups can work together to develop a statewide education and public awareness campaign on oral health care. Existing community-based organizations can help disseminate the materials to parents and local leaders.
- IDPH and IFLOSS can develop a basic oral health education program for special populations (infants, seniors, individuals with disabilities, individuals with chronic

illness, migrant workers, and others) to be included in public health materials for parents and community-based organizations. IFLOSS should work specifically with disability groups to develop informational materials for persons with disabilities and their families who need to know how to advocate for quality oral health care.

- IDPH and ISBE can implement an oral health education curriculum and job description to employ oral health educators in schools.

### **Recommendation 8**

Expand the Illinois loan repayment program for dentists and dental hygienists who agree to practice in dental underserved areas and to treat underserved populations

#### **Strategy**

- Illinois can develop a state loan repayment program for dentists and dental hygienists, tied to service in rural and underserved areas. The State should create a state funded loan repayment program to match the federal funding for the loan repayment program currently operated by the Center for Rural Health at IDPH.

### **Recommendation 9**

Expand the dental workforce for all populations, especially oral surgeons and specialists

#### **Strategy**

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

### **Policy Goal IV**

Continue to build the science and research needed to improve oral health for all residents of Illinois.

#### **Illinois Priorities for Policy Goal IV**

- A. *Develop* workforce capacity data and projections for the future especially in underserved areas and with underserved populations (elderly, individuals with special health care needs or disabilities, those with chronic diseases, low income residents, etc.)



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

### **Recommendation 1**

Develop workforce capacity data and projections for the future, especially in underserved areas and with underserved populations (infants, elderly, individuals with chronic health impairments, and persons with disabilities, and others)

#### **Strategies**

- IDPH can work with dental and dental hygiene schools to survey student interest and employment in the rural and underserved areas of Illinois.
- IDPH is currently working with SIU-C to survey hygienists in order to identify public health workforce trends.
- IDPH can work with dental and dental hygiene schools to develop a survey for students which will gauge interest in serving special populations in Illinois. Need to identify trends for future workforce able to serve special populations.
- Continue partnership between IDPH and IDFPR to collect oral health workforce data in conjunction with dental and dental hygiene re-licensure.

### **Recommendation 2**

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

#### **Strategy**

- Continue to implement the IDPH, Division of Oral Health Surveillance System and utilize the epidemiologist and health communications specialist hired by the Division to analyze and publish highlight trends and work with IFLOSS to advocate for additional research funding to support Illinois' Oral Health program

### **Policy Goal V**

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

### **Illinois Priorities for Goal V**

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

### **Recommendation 1**

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

#### **Strategies**

- IDPH and its partners will evaluate the development and implementation of the plan.
- Steering Committee members and oral health advocates need to work with IFLOSS and DOH evaluators to monitor the progress made towards the implementation of the plan.
- Continue support from all stakeholders for expanding infrastructure within the Division of Oral Health focusing on leadership, surveillance, and prevention interventions

### **Recommendation 2**

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

#### **Strategies**

- IFLOSS needs to develop an annual or bi-annual conference to bring together stakeholders to discuss implementation of the plan.

- IDPH and IFLOSS need to formalize an annual meeting of dental and dental hygienist school personnel to discuss research, recruitment, education, curriculum and faculty issues.

### **Recommendation 3**

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

#### **Strategies**

- IFLOSS can act to link oral health improvement efforts throughout Illinois.
- IFLOSS can recruit organizations to help them address issues related to special populations.
- IFLOSS can continue to plan, fund and implement projects with partners that address IOHP II goals and priorities.

### **Recommendation 4**

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

#### **Strategies**

- IFLOSS can request a liaison from other health organizations to ensure a coordinated approach to oral health care in Illinois.
- IDPH and IFLOSS can work with partner organizations to establish oral health committees to assist in the implementation of the oral health plan.

### **Recommendation 5**

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

#### **Strategy**

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

## **Outcomes**

The outcomes of the first edition of the Illinois Oral Health Plan were measured in several different ways. The Oral Health Epidemiologist created an evaluation tool that was essential to both versions of the Illinois plan. From this tool, the accomplishments of IOHPI and a formal evaluation of that plan were completed.

As with IOHPI, the creators of IOHP2 expect to see certain outcomes with this Plan. Legislators, advocacy groups, government agencies, and all other stakeholders will be on the distribution list. IOHPI was instrumental in the creation of new legislation regarding oral health examinations for children, oral health funding for children's access to care from an Illinois based foundation, and increased education and awareness.

## Acronyms

CDC	Centers for Disease Control
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 Education
ISDS	Illinois State Dental Society
ISMS	Illinois State Medical Society
PHFI	Public Health Futures Illinois
SIU	Southern Illinois University
UIC	University of Illinois at Chicago
UIC COD	University of Illinois at Chicago College of Dentistry
UIC SPD	University of Illinois at Chicago School of Public Health
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 All Kids program*