Illinois Oral Health Plan V

Optimizing Oral Health - A Cohesive Approach with Community Innovation

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Letter from the Director

Dear Illinois Oral Health Community,

It is with great pride and optimism that I present to you the Illinois Oral Health Plan V: *Optimizing Oral Health - A Cohesive Approach with Community Innovation*, a comprehensive guide crafted to advance oral health in Illinois. This plan reflects the dedication of stakeholders from across the state who are united in a shared commitment to ensure every resident has access to quality oral healthcare.

The purpose of this plan is twofold: to address the ongoing challenges faced in oral health and to chart a visionary course forward. Oral health remains a critical component of overall health and well-being, and we recognize that disparities in access to care, preventive services, and education persist. Issues such as workforce shortages, geographic barriers, and economic imbalances continue to challenge our mission.

However, we must also celebrate the remarkable achievements that lay the foundation for this plan. Illinois has made significant strides in increasing awareness of oral health's importance, expanding preventive programs for children and underserved populations, and fostering innovative partnerships. Initiatives such as expansion of the Public Health Dental Hygienist Program, development of the Illinois Oral Health Surveillance Brief, and training Community Health Workers on the importance of oral health demonstrate the strength and collaboration of our oral health community.

This state plan is the result of hours of collaboration, dialogue, and data-driven analysis. It embodies the collective expertise, creativity, and passion of healthcare professionals, educators, policymakers, and advocates. Looking ahead, our overarching vision is to create a system that prioritizes prevention, integrates oral health into overall health care, and ensures that no one in Illinois is left behind. This plan outlines strategic goals and actionable steps to tackle existing gaps, enhance public-private partnerships, and build a sustainable and equitable oral health infrastructure.

As we embark on this journey, I extend my heartfelt gratitude to everyone who contributed to shaping this plan. Your dedication inspires hope and reaffirms that, we can overcome any challenge together. Let us move forward with determination, united by a shared purpose: a healthier future for all Illinoisans.

Thank you for your continued partnership and commitment to oral health.

Yours in good health,

Sameer Vohra, MD, JD, MA
Director
Illinois Department of Public Health

Letter From Oral Health Section Chief

In May 2000, the U.S. Surgeon General's report, Oral Health in America, called attention to a dual reality: remarkable progress in oral health over decades, yet a persistent, silent epidemic of disease, especially among our most vulnerable. Illinois responded with action. Since 2002, the Illinois Department of Public Health, together with dedicated stakeholders, has produced four statewide oral health plans, each guiding five years of focused strategies to improve oral health across the state.

These efforts have led to steady progress, yet significant disparities remain. Many still face barriers to care, suffer with preventable oral diseases which persist among racial, ethnic, geographic, and economic lines.

With the Illinois Oral Health Plan V: *Optimizing Oral Health - A Cohesive Approach with Community Innovation*, we renew our commitment to closing these gaps. This plan builds on a foundation of collaboration, seeking input from diverse communities and aligning with state and national frameworks, including Healthy Illinois 2028 and Healthy People 2030. It reflects a shared belief that oral health is essential to overall health, and that everyone should have access to access to prevention, care, and education.

This fifth plan is meant to be a living tool, relevant, responsive, and reflective of ongoing progress. It outlines challenges, sets goals, and lays out interconnected state, regional and local strategies aimed at creating measurable improvements. It also invites continuous and broad engagement from those in and outside the traditional health system because improving oral health in Illinois will take all of us.

As we launch this next chapter, we do so with clarity, resolve, and hope. Together, guided by the vision and strategies in Illinois Oral Health Plan V, we will strengthen our communities by advancing the health and well-being of all Illinoisans, starting with oral health, and reaching far beyond.

Whether you are a health provider, policymaker, advocate, educator, or community member, there is a place for you in this work.

Yours in service,

Mona Van Kanegan, DDS, MS, MPH
Oral Health Section, Chief
Illinois Department of Public Health

Acknowledgments

We want to thank the Advisory Committee (AC) members for the time and effort in guiding the development of the IOHP V.

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Abbreviations

AC	Advisory Committee
ACA	Affordable Care Act
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHC	Community Health Center
CHIP	Children's Health Insurance Program
CHW	Community Health Worker
CMS	U.S. Centers for Medicare & Medicaid Services
CWF	Community Water Fluoridation
EBD	Evidence-Based Dentistry
EBPDS	Evidence-Based Preventive Dental Service
ED	Emergency Department
FCM	Family Case Management
FO/DM	IL Fluoridation Operations and Data Manager
FRMP	Free and Reduced Meal Program
FQHC	Federally Qualified Health Center
HFS	Illinois Department of Healthcare and Family Services
HPSA	Health Professional Shortage Area
HRSA	Health Resources & Services Administration
ICAAP	Illinois Chapter of American Academy of Pediatrics
ICAHN	Illinois Critical Access Hospital Network
ICHW	Illinois Community Health Worker Association
IDPH	Illinois Department of Public Health
IOHC	Illinois Oral Health Coalition
IOHP IV	Illinois Oral Health Plan IV – Eliminating Inequities in Oral Health (2021-2025)
IOHP V	Illinois Oral Health Plan V (2026) - Optimizing Oral Health - A Cohesive Approach with Community Innovation
IOHSS	Illinois Oral Health Surveillance System
IPHA	Illinois Public Health Association
IPHCA	Illinois Primary Health Care Association
LHD	Local Health Department
LTC	Long-Term Care
MID	Minimally Invasive Dentistry
NTDC	Non-Traumatic Dental Conditions
OHF	Oral Health Forum
OHPP	Oral Health Prevention and Promotion
OHS	Oral Health Section
PCC	PCC Community Wellness Center
SDOH	Social Determinants of Health
SHSC	School-based Health Centers
SHIP	Illinois State Health Improvement Plan
VA	U.S. Department of Veterans Affairs
WFRS	Water Fluoridation Reporting System
WIC	Special Supplementation Nutrition Program for Women, Infants, and Children

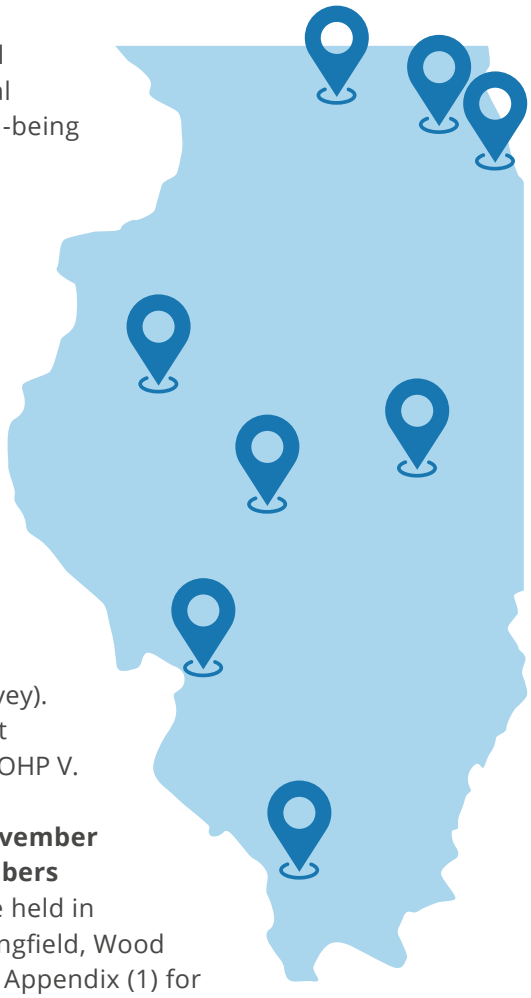
The Illinois Oral Health Plan Executive Summary

What is the Illinois Oral Health Plan?

In May 2000, the U.S. Surgeon General Report, *Oral Health in America*, described oral disease as the "silent epidemic" affecting our most vulnerable citizens. The report ended with a first-ever framework and call to action: to increase research in oral health, remove obstacles to oral care, raise awareness among citizens, lawmakers, and health care providers, and to build a more equitable healthcare system that meets the needs of American citizens. In response to the Surgeon General Report, Illinois oral health advocates joined forces to develop a state oral health plan. The first iteration of the Illinois Oral Health Plan (IOHP), *Roadmap to the Future: Oral Health in Illinois* was published in 2002. Illinois was a trailblazer in oral health, one of the first states to publish a statewide oral health plan. Since that milestone, multiple oral health needs assessments have been conducted, followed by the development of a subsequent statewide oral health plan approximately every five years.

The IOHP is a prioritized, actionable roadmap to integrate oral health with overall health and is designed to guide actions taken by policymakers, advocates, educators, providers, and funders. Collaboration among private and public sectors at every level, from national, to state to local community levels, is imperative to achieve optimal oral health across the lifespan for Illinoisans.

State oral health plans provide focused goals to improve the state's oral health status. These goals may include increasing access to care, improving knowledge around oral health and its connection to overall health, encouraging preventive services and minimally invasive clinical services/practices, reducing health disparities, and improving the well-being of residents by addressing social determinants of health (SDOH)..



How was the IOHP V Developed?

Facilitated by the Illinois Oral Health Coalition (IOHC), formerly known as IFLOSS, the Illinois Oral Health Plan V (IOHP V) was developed with an analysis of local and statewide secondary data as well as input from approximately 300 Illinoisans through:

- **Community Feedback Surveys** (73 respondents) The survey focused on oral health needs and challenges community members face in obtaining dental services (See Appendix (4) for the Results Summary and Appendix (5) for the full survey).
- **Partnership Feedback Surveys** (44 respondents) to gather feedback on how organizations are working towards goals and objectives from the previous iteration of the Oral Health Plan. (See Appendix (2) for Results Summary and Appendix (3) for the full survey).
- **IOHP V Advisory Committee** (15 active members), served as subject matter experts and provided input to steer the development of the IOHP V.

Eight In-Person Regional Meetings were held from September-November 2024, 195 engaged oral health stakeholders and community members provided valuable input into the IOHP V. Regional convenings were held in Carbondale, Champaign, Chicago, Glen Ellyn, Macomb, Rockford, Springfield, Wood River, and Four core challenge statements guided the discussion (See Appendix (1) for more details).

Challenge Statement #1

Social Determinants of Health

What are the barriers, or what keeps you, your family, and others in your community from having good oral health? Of the barriers listed, which ones are the most important?

Challenge Statement #2

Policy Recommendations to Address Access to Care/Workforce Shortages

Many counties in Illinois are considered health professional shortage areas. What strategies or policy recommendations would help you or residents in your community improve oral health? Of the strategies and policies listed, which ones are the most important?

Challenge Statement #3

Medical-Dental Integration

Tell us about a time when coordination could have been improved between medical and dental providers. How can the Illinois Department of Public Health Oral Health Section encourage medical-dental integration?

Challenge Statement #4

Education and Prevention

Prevention and education go hand in hand to reduce oral health disparities. In what ways can IDPH-Oral Health Section improve their efforts in providing oral health education and prevention services?

IOHP V Timeline

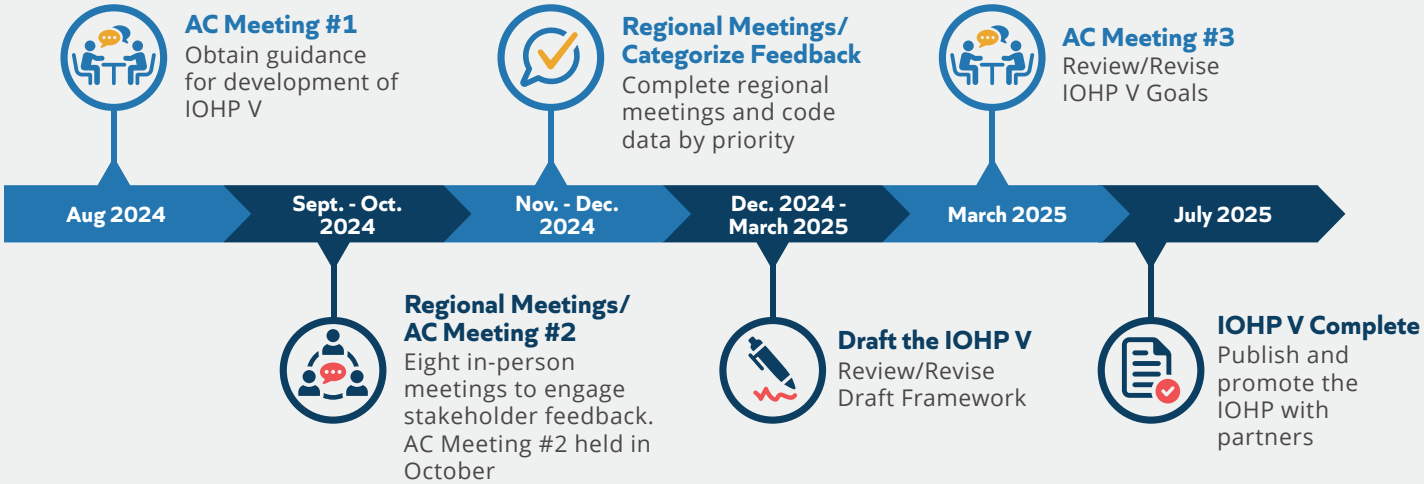
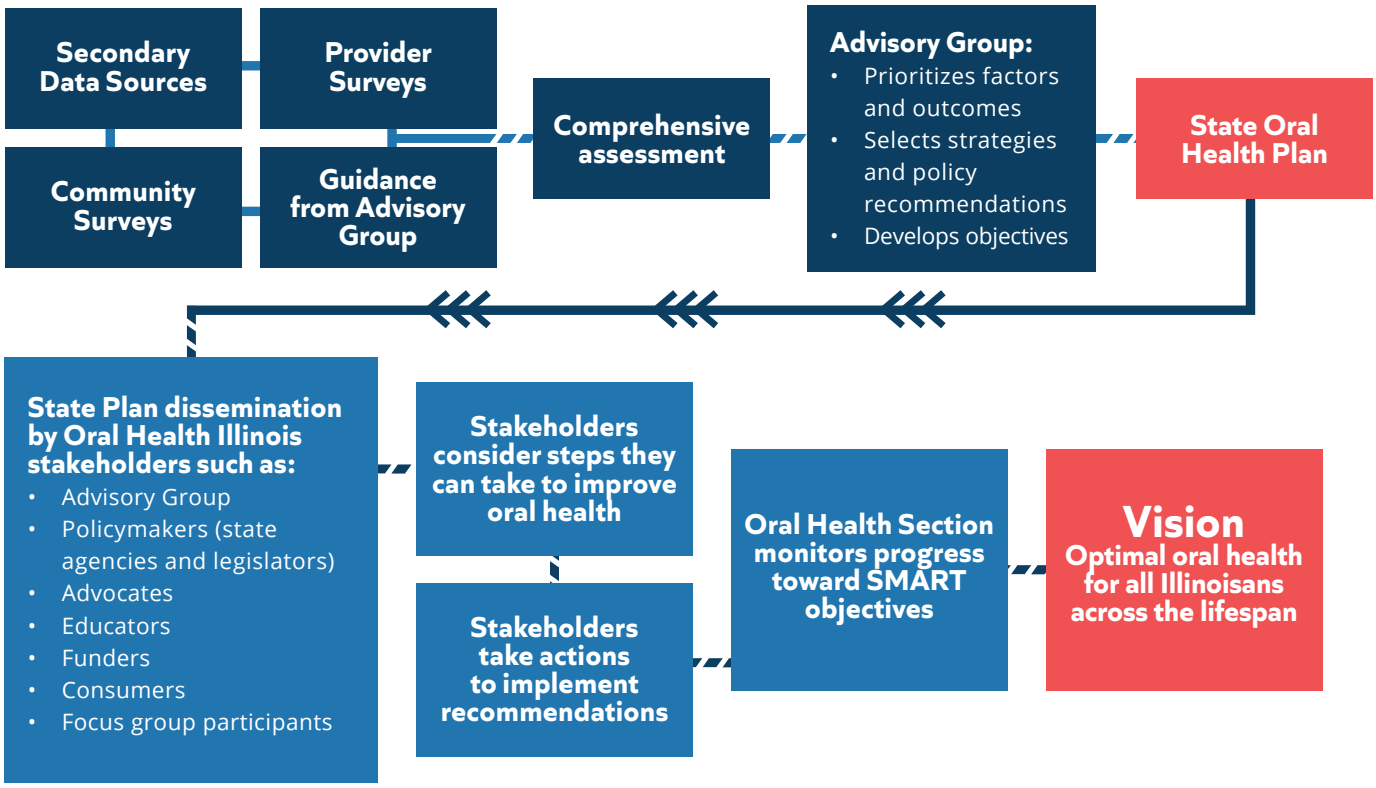


Figure 1. See Appendix (6) for assessment, planning, steps for dissemination of plan, and call to action for partners, etc.

What are the priorities addressed in the Illinois Oral Health Plan?

The IOHP V is the result of a comprehensive, collaborative effort to prioritize oral disease prevention and treatment in Illinois. The IOHP V focuses on efforts in four strategic areas with three overarching goals and two objectives. Each objective has an activity at the state, regional, and community levels. The priority areas align with the CDC's four domains of chronic disease prevention.



Illinois Oral Health Action Plan (4-3-2-1 Framework)

4. PRIORITIES
Community Programs Linked to Clinical Services, Health Care System Interventions, Policies, Systems, and Environmental Approaches, Epidemiology and Surveillance

3. GOALS
Workforce and Infrastructure, Enhanced Care Coordination and Quality, and Prevention and Education

2. OBJECTIVES
Addressing Social Needs and Translating Data into Action

1. ACTION STEP
at three different levels; state, region, and community

How will the Illinois Oral Health Plan be Implemented?

Collaboration from partners is key to ensuring all Illinoisans have optimal oral health across the lifespan. The IOHP V will be promoted by the IDPH Oral Health Section (OHS) and the Illinois Oral Health Coalition (IOHC). The IOHP V is designed to be implemented by public and private partners at the state and local levels. The IDPH OHS and the IOHC intend to share information with stakeholders to track progress through IOHP V communication updates. **We invite stakeholders from every corner of the public health system, public health, clinical care, education, advocacy, philanthropy, policy, and community organizations to play a vital role in moving this plan from vision to action.**

To advance the Illinois Oral Health Plan V, IDPH-OHS and IOHC can:

- **Develop and execute a dynamic communications strategy** to promote the IOHP V, including clear and consistent messaging for stakeholders and the public.
- **Identify and act on emerging opportunities and challenges** by collaborating with the advisory committee to adjust priorities and strategies as needed.
- **Monitor and evaluate the implementation of key action steps,** tracking progress toward intended outcomes and using data-driven insights to guide continuous improvements, ensuring the state plan remains responsive and impactful.
- **Share targeted progress highlights** with stakeholders and the public to celebrate milestones, foster engagement, and build momentum for continued advancement.

To advance the IOHP V, State partners can:

- **Embrace one or more IOHP V Plan priorities** as a focus to their organization's work.
- **Collaborate with cross-sector partners** to advance IOHP V priorities, with a focus on the action steps described in the plan.
- **Allocate resources toward evidence-based action steps** in the IOHP V and tailor those resources to Illinoisans most at risk for poor outcomes.

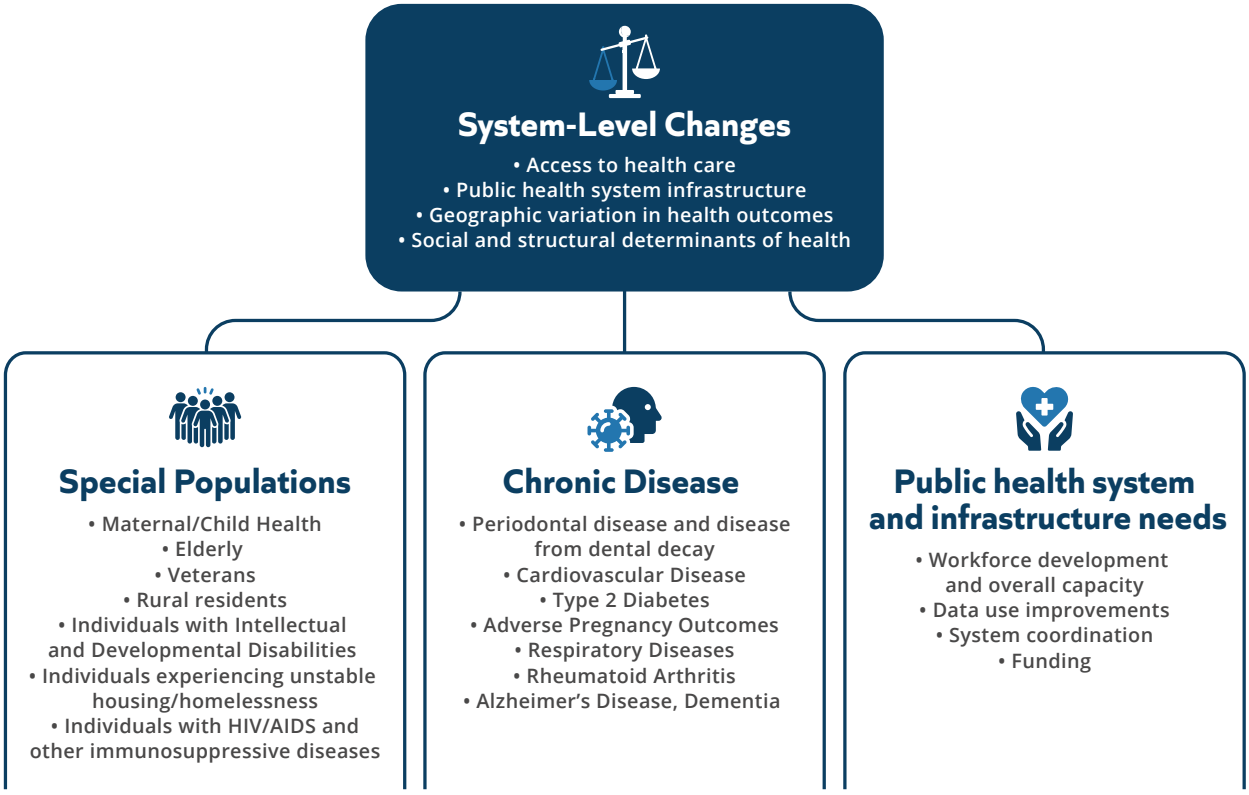
Illinois Oral Health Action Plan: Pathway to Impact

Foundational Principles

Careful consideration was taken during the strategic planning process. Several foundational elements guided every phase of this oral health plan, including assessment, planning, investment, implementation, and evaluation. Shared ownership during all phases is important for maximizing collective impact*. The underlying theme among each goal, objective, and strategy is the need for partnerships to make actionable change. The dental community alone cannot and will not resolve these issues.

Multi-sector collaborations serve as the "backbone" to the IOHP V for a shared commitment, shared measurement, continuous communication, and mutually reinforcing plans of action. Identifying common themes among traditional and non-traditional partners along with community members was imperative to write relevant and actionable goals and objectives to encourage buy-in of the IOHP V. Once feedback from varioius stakeholders was collected, this plan was intentionally written to build upon and connect with other state plans.

The IOHP V is a living document that aligns with other Illinois state plans and links oral health to other health conditions. The *2023-2028 Illinois State Health Improvement Plan* (SHIP) is a foundational principle of the IOHP V. The SHIP presents the goals, objectives, and recommended strategies into three categories: five priority areas, health inequities, and public health system infrastructure needs. Together, these categories address core health issues and factors that impact health. The IOHP V has adopted the initiatives that pertain to oral health to work in a common direction. The specific adoptions of the SHIP are listed below:



**Collective impact refers to the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem at scale. Chapter 2., Section 5. Collective Impact - Main Section | Community Tool Box*

Strategic Framework

While there are many ways to improve oral health, and every initiative is worthwhile, the specificity around each goal and objective in this iteration of the IOHP V was designed to encourage actionable and measurable initiatives. The feedback received from regional meetings, surveys, and the advisory committee discussions guided the top priority areas. The Strategic Framework replicates the Centers for Disease Control and Prevention Four Domains of Chronic Disease Prevention. The descriptions for each priority are have been tailored to align with oral health. The four priority areas are:

1. **Epidemiology and Surveillance**- Provide data and carry out studies to guide, prioritize, deliver, and monitor programs and population health which includes leveraging existing and new systems to support data collection and analysis, data exchange, and quality improvement.
2. **Policies, Systems, and Environmental Approaches**- Make healthy behaviors easier and more convenient for more people.
3. **Health Care System Interventions**- Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors. This priority focuses on internal infrastructures within and across healthcare systems, local health departments, federally qualified health centers, private providers, rural health clinics, and safety net clinics.
4. **Community Programs Linked to Clinical Services**- Ensure that people with or at high risk of chronic diseases have access to quality community resources to best manage their conditions. This priority is not limited to healthcare concerns and emphasizes the importance of receiving appropriate medical treatment and/or support in a timely manner.

Based on the discussions held during the regional meetings and survey responses, the goals were categorized into three areas:

1. **Workforce and Infrastructure**, which includes leveraging existing workforce models already in place, exploring new models of care, and improving finance and reimbursement rates, all of which address workforce shortages to increase access to care and reduce barriers.
2. **Enhance Care Coordination and Quality**, which includes strengthening care coordination and mechanisms and fostering a collaborative approach among medical and dental providers to improve overall health.
3. **Prevention and Education**, includes educating providers and the general public on the importance of oral health and other oral health initiatives.

Strategic Areas of Focus

PRIORITY #1: Community Programs Linked to Clinical Services

Ensure that people with or at high risk of chronic diseases have access to quality community resources to best manage their conditions. This priority is not limited to healthcare concerns and emphasizes the importance of receiving appropriate medical treatment and/or support in a timely manner.

Goal #1: Improve oral health status and self-care practices through enhanced care coordination and quality.

Objective #1	Action steps for Oral Health Plan partners		
1.1.1 Support funding and reimbursement opportunities for community-based programs linked to oral health services by private and public insurers and partners.	**Statewide** Enhance statewide coalition and other professional organizations (e.g., IOHC, OHF, ICAAP, etc.) efforts for oral health advocacy, collaboration, and education on the importance of coverage benefits, care coordination, and integration with community-based programs.	**Region** Develop a regional-based forum for sharing oral health updates/ initiatives. Engage stakeholders and regional health officers in strategic planning, implementation, and/ or feedback efforts for coverage benefits, care coordination, and integration with community-based programs. *Sectors represented (oral health, medical, behavioral health, employer groups, schools, LTC, prisons, insurers, etc.).	**Community** Increase individual and/ or family enrollment in dental and related medical coverage plans. Increase participation in community-based programming through consumer awareness, service integration, and improved accessibility to services/programs.

Objective #2	Action steps for Oral Health Plan partners		
1.1.2 Incorporate education into well child visits with a focus on education, screenings, referrals, and fluoride varnish.	**Statewide** Educate and train healthcare systems, non-dentist providers, and community-based programs on reimbursement models and care delivery that support oral health prevention, education, and treatment during well child visits and related encounters.	**Region** Use regional and community data to identify care gaps and prioritize interventions to support oral health prevention, education, and treatment during well-child visits and related encounters. Create regional referral systems or networks to connect families with dental providers, specialists, early intervention programs, and community resources. Explore pilot initiatives that implement electronic health record systems enabling pediatricians to make referrals to dental providers and/or oral health programs.	**Community** Provide workflow support to incorporate oral health screenings and preventive services into well-child encounters. Educate individuals and families about the importance of oral health screenings, treatment, and prevention services and the availability of these services during the well-child visits and related encounters.

Goal #2: Prevention and Education

Objective #1	Action steps for Oral Health Plan partners		
1.2.1 Plan and implement a culturally appropriate statewide public awareness campaign around oral health, oral health risk factors, and oral disease prevention tailored to communities and populations of interest.	**Statewide** Bring awareness of oral health to the public and other stakeholders by promoting oral health awareness campaigns (Children's Dental Health Month, World Oral Health Day, Mouth Cancer Action Month) and mapping oral health burden and resources.	**Region** Tailor oral health awareness campaign(s) and related messaging by region(s) or appropriate geographic area(s) (e.g., rural vs. urban, etc.) and based on SDOH and other risk factors utilizing HRSA's "A Healthy Mouth for Every Body Campaign Toolkit."	**Community** Increase tailored oral health education and outreach specific to designated target group(s) through multi-modal media channels (e.g., social media, print, PSAs, etc.) while showcasing existing community resources. Partner with schools, libraries, and community centers to disseminate culturally and linguistically appropriate oral health educational content.

Objective #2	Action steps for Oral Health Plan partners		
1.2.2 Identify evidence-based approaches to educate special populations and/or high-risk groups* on skills, services, and programs that ensure a healthy lifestyle (oral health education) and reduce the burden of oral disease (tobacco, vaping, oral cancer).	**Statewide** Explore systematic reviews, clinical guidelines, and studies from credible sources focused on special populations and/or high-risk groups.* Collaborate with insurance professionals, service providers, and other partners to distribute educational materials from trusted organizations, such as CDC and the National Institutes of Health (NIH). These materials should address relevant high-risk behaviors including consumption of sugar-sweetened beverages and the use of e-cigarettes or vaping products.	**Region** Enhance regional partnerships between state & local agencies, providers, insurers, managed care organizations, and community-based organizations to increase education and awareness of oral-systemic health connections and knowledge that most oral diseases can be prevented with simple and consistent oral hygiene care.	**Community** Partner with schools to incorporate oral health education in grades K-12, such as the CDC's Whole School, Whole Community, Whole Child (WSCC) model, which integrates oral health education into broader health curricula. Enhance collaboration between community leaders, medical and dental providers, and educators to understand the unique needs and barriers faced by special populations and/or high-risk groups.

**Children enrolled in Head Start programs, pregnant women, long-term care (LTC) residents, persons with disabilities, persons with chronic disease (e.g., diabetes, etc.), persons at risk or experiencing poor nutrition, persons who use tobacco, persons experiencing homelessness, persons uninsured or underinsured, etc.).*

Goal #3: Workforce and Infrastructure

Objective #1	Action steps for Oral Health Plan partners		
1.3.1 Increase the number of organizations and businesses that implement policies, systems and, processes for sharing and/or making connections to community resources based on dental and health-related social needs (HRSNs).*	**Statewide** Strengthen the oral health infrastructure through funding, surveillance, technology, and workforce capacity to improve patient navigation to meet identified needs and/or health risks (e.g., tobacco prevention, nutrition, and chronic disease preventative and disease management programs.	**Region** Connect existing local or regional collaboratives to support connections between oral health, HRSNs, and community programs and services.	**Community** Increase awareness of and access to oral health and related resources among individuals, families, high-risk populations, and service/program providers (e.g., food banks, child care programs, and mental health services). Eat.Move.Save. Resources

Objective #2	Action steps for Oral Health Plan partners		
1.3.2 Drive workforce development and intervention models designed to improve oral health outcomes for all Illinoisans with a focus on Medicaid recipients and uninsured persons through role, scope, or service/program delivery site expansion.	**Statewide** Pilot and evaluate effective workforce models of care delivery (Community Health Workers, Public Health Dental Hygienists, Expanded Dental Assistants, Dental Therapy) to increase access to oral health care, prevention, education, and connection individuals to social/community programs and services. Utilize data to engage and educate policymakers to address regulatory barriers and expand the scope of practice for dental professionals.	**Region** Expand and/or implement evidence-based workforce models like Community Health Workers (CHWs), Public Health Dental Hygienists (PHDHs), Expanded Function Dental Assistants, and Dental Therapists. Incorporate innovative service or program delivery approaches, such as mobile clinics, telehealth, or integrated care models.	**Community** Implement models of care that meet community needs and address gaps in care. Ensure models minimize known barriers to care, such as location, cost, and hours of operations and are inclusive of cultural and other social factors.

**HRSNs include but are not limited to the following: tobacco cessation, nutrition, chronic disease management, etc.*

PRIORITY #2: Healthcare System Interventions

Improve the delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors. More specifically, this priority focuses on internal infrastructures within and across healthcare systems, local health departments, federally qualified health centers, private providers, rural health clinics, and safety net clinics.

Goal #1: Improve oral health status and self-care practices through enhanced care coordination and quality.

Objective #1	Action steps for Oral Health Plan partners		
2.1.1 Increase the proportion of pregnant individuals who receive an oral health examination or preventive or periodontal services during pregnancy and education on oral health for their children from birth to age 5.	**Statewide** Collaborate with healthcare providers and payers (private and public) to educate prenatal care providers on the importance of screening pregnant patients for oral health conditions, prenatal nutrition, and assessment of oral hygiene habits.	**Region** Increase the number of pregnant and postpartum persons accessing the WIC program.	**Community** Connect pregnant women with community resources by working with providers (e.g., obstetricians), caregivers and promoting apps and other resources. Increase the number of pregnant individuals who have identified a dental home for their unborn child (e.g., give the name of a dentist/pediatric dentist).

Objective #2	Action steps for Oral Health Plan partners		
2.1.2 Expand sustainable medical-dental integration (MDI) models and support implementation across health care systems.	**Statewide** Assess which FQHCs have integrated electronic health records (EHRs). Identify top challenges (i.e., organizational, technical, financial, etc.) and opportunities (e.g., value-based care, etc.) related to the integration of medical and dental services and develop solution strategies that can be shared with partner organizations. Review existing successful MDI models, identify funding opportunities, and pilot programs that encourage MDI.	**Region** Highlight health care systems that have implemented MDI models such as co-location of services, integrated care teams and/or telehealth approaches. Highlight successes and challenges and educate both medical and dental providers on the effective screening, referral, and follow-up process within the MDI model (e.g., patient navigator, CHW, etc.).	**Community** Identify oral health champions within health care systems, FQHCs, and LHDs to design and implement an MDI or MDI-like model within their respective organization(s).

Goal #2: Prevention and Education

Objective #1	Action steps for Oral Health Plan partners		
2.2.1 Increase oral health training opportunities for non-dentist health care professionals on the importance of oral and overall health across the lifespan.	**Statewide** Integrate oral health education into existing curricula for medical providers. Work with state boards to include oral health education as a requirement for healthcare professional licensing and renewal, and incorporate oral health education sessions that offer continuing education credits to incentivize participation.	**Region** Build upon existing initiatives in Illinois to educate medical providers and non-oral health professionals through the following curricula: Smiles for Life, Bright Smiles from Birth, and continue to promote oral health training for CHWs.	**Community** Collaborate with dental or dental hygiene schools to work with medical and nursing schools to incorporate oral health education into their programs.

Objective #2	Action steps for Oral Health Plan partners		
2.2.2 Increase the number of community health workers (CHWs) who are certified and have completed the oral health training module.	**Statewide** Build partnerships by collaborating with statewide associations (ICHWA, IPHCA, IHA, IPHA, ICAHN, etc.) that employ and provide training to CHWs to expand and deliver oral health training and continuing education opportunities.	**Region** Expand existing CHW networks/forums to showcase success stories, offer mentorship, coaching, and technical assistance to CHWs who have completed the oral health training module.	**Community** Annually assess CHWs to ensure they have the resources and support they need to succeed in their community roles. Partner with healthcare organizations and community clinics to encourage CHWs to pursue oral health training.

STORY OF IMPACT

Sinthya is in her 40s and lives with her family. The last several years have been incredibly challenging as she has endured many serious health and personal challenges. She has battled cancer, which required surgery and radiation treatment. Sinthya was hit by an impaired driver, causing a broken leg and permanent damage to her foot. She still experiences chronic pain from this accident and relies on a cane to get around. Shortly thereafter, Sinthya's family home burned down and she and her three children were displaced for nearly a year. Then, she and her husband separated, adding to the stress Sinthya experienced. Despite all of this, Sinthya maintained a positive outlook. Sadly, Sinthya's dental health was another challenge. All her teeth had to be extracted in 2020 to undergo radiation treatment for the cancer. Her health at that time prevented her from continuing her job as a project manager and she was unemployed for a long period of time. Now, she works as a part-time, making a minimal wage and relying on food assistance. Though Sinthya truly wanted to be able to smile again, dental treatment seemed far beyond her reach. Thankfully, two generous donated dental services volunteers partnered to help Sinthya. A general dentist and dental laboratory donated full upper and lower dentures. Thanks to these caring dental professionals, Sinthya's dental health was restored and she has a brand new smile!

-Personal Story from Dental Lifeline

Goal #3: Workforce and Infrastructure

Objective #1	Action steps for Oral Health Plan partners		
2.3.1 Drive workforce development and intervention models at all levels (dentists, dental hygienists, and dental assistants) designed to improve oral health outcomes for all with a focus on Medicaid members and uninsured persons.	**Statewide** Work with the Center for Rural Health to improve accuracy of dental HPSA provider shortage designations by developing partnerships with payers to access up-to-date practice hours and location information. Maximize the number of dentists and dental hygienists who receive support through the National Health Service Corps Loan Repayment Program and increase the number of dentists who receive support through the Illinois Loan Repayment Program.	**Region** Collaborate with large hospital systems, academic institutions, and FQHCs to increase dental residency programs to improve health care capacity in shortage areas. Utilize existing collaboratives to develop and deploy recruitment materials and provide training and technical assistance to rural and/or high-need communities around strategies to recruit and retain oral health providers.	**Community** Highlight successful programs and showcase them for others to adopt regionally. Empower under-resourced community members to collaborate with local health centers to add in-house dental services.

Objective #2	Action steps for Oral Health Plan partners		
2.3.2 Expand the use of minimally invasive dentistry (MID*).	**Statewide** Increase awareness among state oral health coalitions, state oral health programs, state professional associations, and state policymakers of the benefits of minimally invasive dentistry state, private, public insurers realize cost benefits and much less traumatic for young children-education piece. Expanding age group-reimbursed sealants on primary teeth.	**Region** Increase educational opportunities (training, technical assistance, etc.) among dental providers on evidence-based dentistry (EBD) practices. Increase organizational infrastructure to implement processes and workflows to support adopting EBD practices.	**Community** Craft plans and messages to empower local advocates and families/individuals to use their influence to support MID goals with decision makers and promote the benefits of MID throughout the community.

**Definition of MID: A philosophy of care that emphasizes prevention and seeks to preserve as much healthy tooth structure as possible.*

PRIORITY #3: Policies, Systems, and Environmental Approaches

Make healthy behaviors easier and more convenient for more people.

Goal #1: Improve oral health status and self-care practices through enhanced care coordination and quality.

Objective #1	Action steps for Oral Health Plan partners		
3.1.1 Increase locations where people can access oral health care.	**Statewide** Work with state policymakers and funders to increase resources for safety net dental clinics and school-based health centers (SBHCs) to offer dental services. Explore employer-based service delivery models and opportunities to include oral health-related education, screening and/or treatment.	**Region** Connect healthcare and dental providers/provider groups to expand hub-and-spoke models of care to reach communities with limited access to oral health care.	**Community** Engage state and local policymakers, oral health providers, and other partners to increase the number of portable dental programs or mobile units that provide comprehensive care (especially in areas with no safety net dental clinic or too few Medicaid providers). Locations include schools, nursing homes, adult day centers, older adult living centers, and other group homes.

Objective #2	Action steps for Oral Health Plan partners		
3.1.2 Increase preventive, clinical, and community oral health interventions.	**Statewide** Showcase the long-term financial benefits of preventative dental care and highlight compelling evidence linking oral health to overall well-being as a strategy to encourage private payers to adopt comprehensive health insurance coverage that includes both medical and dental care. Develop a business case and engage large and mid-sized employers to discuss employee benefits packages (e.g., offering comprehensive medical, dental, etc.) and preventative screenings, services, etc.	**Region** Elevate oral health as a priority area within hospital systems, insurance providers, and other community health organizations	**Community** Increase clinical capacity at FQHCs and LHDs through the use of trained PHDH, EFDA, or dental case managers in clinical teams.

Goal #2: Prevention and Education

Objective #1	Action steps for Oral Health Plan partners		
3.2.1 Increase the number of local organizations/ businesses that implement institutional policies and systems change to support nutrition education and access to nutritious foods.	**Statewide** Promote policy measures to address sugar-sweetened beverages and their negative impact on oral and overall health. Team up with schools, healthcare providers, and industry leaders (e.g., beverage manufacturers and associated partners) to align strategies for reducing consumption, such as promoting low-sugar drinks or encouraging school nutrition guidelines.	**Region** Leverage cross-sector collaboration to partner with local workforce development organizations to embed nutrition and oral health education into their training programs. State and local agencies can provide nutrition education programs as part of public assistance, such as Supplemental Nutrition Education Program-Education (SNAP-Ed).	**Community** Local school districts can partner to implement school-based nutrition education programs where students, parents, and caregivers can learn together about healthy eating through nutrition education curricula. Recruit individuals with varied skill sets, such as dietitians, chefs, educators, health coaches, and community health workers to support organizations and schools in integrating nutrition initiatives into their operations.

Objective #2	Action steps for Oral Health Plan partners		
3.2.2 Collaborate with local water authorities to adjust fluoride levels in public water supplies. This involves educating the community about the benefits of fluoridation and addressing any concerns.	**Statewide** Educate policymakers on water fluoridation policies and safe practices at the state and local levels.	**Region** Partner with local health departments, dental associations, and community leaders to provide accurate information about the benefits of water fluoridation.	**Community** Solicit feedback at the local level to address fluoridation concerns through evidence-based research, and tailor messaging to specific demographics and community needs.

Goal #3: Workforce and Infrastructure

Objective #1 3.3.1 Increase the number of dental providers enrolled in Medicaid by enhancing reimbursement rates and streamlining the enrollment process, ensuring better access, and supporting dental providers' ability to deliver sustainable and effective treatment.	**Action steps for Oral Health Plan partners**		
	Statewide Collaborate with state Medicaid leaders to establish an annual statewide report detailing providers, locations, and types of oral health services delivered to Medicaid members, while identifying gaps in the Medicaid dental provider network to inform future improvements. Identify funding for basic health care (e.g., promote using Medicaid to cover regular dental cleanings) and advocate for insurance coverage for developing technologies and pharmaceuticals for disease management.	**Region** Have Medicaid-enrolled dentists bring together providers in peer group settings/forums to support expanded provider enrollment. Work with Medicaid / DentaQuest to create a peer work group and support dentists as they enroll-especially in low-access areas of the state. Assist providers and connectors of health care in fully understanding Medicaid program and its dental benefits.	**Community** Partner with local dental societies, community health organizations, and dental providers to raise awareness about the benefits of Medicaid enrollment.

Objective #2 3.3.2 Support workforce investments focused on representing racial, ethnic, and geographically underrepresented minorities at all levels of the oral health workforce (e.g., community health worker, dental assistant, dental hygienist, dentist, and specialist providers).	**Action steps for Oral Health Plan partners**		
	Statewide Incorporate avenues and career opportunities for dental professionals within CHW trainings, professional development sessions, etc. Increase awareness of and enrollment in Health Care Workforce Repayment Programs.	**Region** Engage statewide association chapters (e.g., ISDS, IDHA, etc.) to assist in promoting dental careers within high schools, workforce development centers, community colleges, universities, and equivalent settings. Partner with general education programs and courses to consider fields in oral health.	**Community** Partner with Area Health Education Centers (AHECs) and American Dental Education Association (ADEA) to encouraged dental careers and/or continuing education opportunities within local communities (with a focus on underserved communities and recruitment of underrepresented minorities).

PRIORITY #4: Epidemiology and Surveillance

Provide data and carry out studies to guide, prioritize, deliver, and monitor programs and population health which includes leveraging existing and new systems to support data collection and analysis, data exchange, and quality improvement.

The Illinois Oral Health Plan V sets the stage for key strategies and action steps and tracking progress toward identified priorities. By establishing objectives and related indicators, oral health stakeholders, partners, and communities across the state can monitor progress and impact. This section outlines 24 key indicators that will be used to measure improvement across the priority areas outlined within the IOHP V Through this process, the IDPH Oral Health Section will be able to determine new benchmarks where needed and monitor how well programs work, including whether goals and objectives are being met. This section of IOHP V is crucial as it will provide objective information on many independent strategies that will be tried to meet stated goals, objectives, and action steps. Short- term, intermediate, and long-term targets further solidify the bold goal that collective efforts will have an impact; specifically, to address and reduce health-related disparities across all levels of oral disease prevention. This includes the shift from extractive and restorative to preventive care which includes sustained effective self-care practices.

Evaluation efforts will be implemented and serve as a mechanism to inform necessary revisions and/ or enhancements to the IOHP V. This will further support the identification of additional opportunities for public health actions by the state, region, and community stakeholder groups. Annual review of indicators will be completed and shared with stakeholders to assess whether measurable objectives are improving in status and to identify policy, systems, and process solutions that can be leveraged to achieve desired oral health outcomes.

Community-Clinical Linkages

Indicator(s)	Source	Data Year(s)	Baseline
A. Improved nutrition, reduced consumption of sugar-sweetened beverages			
1. Sugary Drinks Consumption (Sugary drinks < 1 time per day)	BRFSS	2022	32.1%
PRIORITY AREA(S)**			
Black, Non-Hispanic (adults)	BRFSS	2022	43.9%
Hispanic, All Races (adults)	BRFSS	2022	39.1%
High school students (grades 9 – 12)* *Not drinking soda	YRBSS	2021	74.3%

Community-Clinical Linkages (continued)

Indicator(s)	Source	Data Year(s)	Baseline
B. Reduced use of tobacco and related products			
1. Smoking Status (current smoker) Adults HS students	IL BRFSS / YRBSS	2022 2021	12.4% 2.5%
2. E-cigarette/vaping status (current use) Adults HS students	BRFSS / YRBSS	2022 2021	5.2% 16.7%
PRIORITY AREA(S)**			
Low-Income (adults <$15K) (current smoke)	IL BRFSS	2022	27.8%
High school students (11th graders) (current use of e-cig/ vaping products)	YRBSS	2021	22.9%
Adults with a disability (current smoke)	IL BRFSS	2022	17.7%
C. Increase screening, referral, and treatment, connected to community programs, to prevent oral health problems			
1. Oral Health problems within the last year (1 – 17-year-olds).	National Survey of Children's Health	2022	14.4%
2. Number of children with dental sealants.	Baseline will be updated when available (See priority area(s) below)		
3. Number of school-based health centers that provide dental sealant services / topical fluoride services.	IDPH		12%/12%
4. Number of school-based health centers that provide any oral health services.	IDPH	2016	26.0%
PRIORITY AREA(S)**			
Children enrolled in Head Start (unmet treatment need)*	IL Head Start PIR	2023	72.9%
Third-grade children (untreated caries)	HSHG	2018/2019	22.2%
WIC children (0 – 5)	Developmental Indicator		
WIC pregnant women	Developmental Indicator		
D. Increase workforce and infrastructure support for oral health			
1. Number of community health workers (CHWs) trained in oral health concepts	IDPH Workforce Activities Report	2023	121

**The number of daycare programs visited by HFS's Al-Kids Dental Program, can provide this data approximately every other year.*

Health Care System Interventions

Indicator(s)	Source	Data Year(s)	Baseline
A. Increase screening, referral, and treatment to prevent oral health problems			
1. Dental visit within the past year (adults)	BRFSS	2022	65.9%
PRIORITY POPULATION BASED ON CURRENT LOW PERCENT OF ACCESS**			
People with low Income (<$15K)	BRFSS	2022	39.6%
Children enrolled in Medicaid (ages 1-20)	Illinois HFS (CMS-416)	2023	41.2%
Pregnant persons (Dental visit)	PRAMS	2022	60.7%
Persons with diabetes	BRFSS	2022	68.0%
Older adults (65+)	BRFSS	2022	70.5%
B. Reduce ED visits and related hospitalizations			
1. ED non-traumatic dental conditions	IL Public Health Community Map	2020 – 2022	59.2 per 10,000
PRIORITY AREA(S)**			
Emergency Department Visits for NTDC Children (ages 0 – 18) Adults (ages 19 to 64) Older adults (ages 65+)	IL Public Health Community Map	2020-2022	42.5 per 10,000 73.4 per 10,000 28.8 per 10,000
Medicaid Medicare Private		2020-2022	52.3% 11.8% 21.0%
C. Increase oral health workforce infrastructure and policy			
1. Number of non-oral health licensed professionals completing the "Smiles for Life" curriculum.	Illinois Smiles for Life	2023	131
2. Number of medical providers who completed "Bright Smiles From Birth II" training.	Illinois Smiles for Life	2023	257
3. Number of general dentists completing oral surgery training.	Developmental Indicator		
4. Number of oral health professionals practicing within a medical setting (e.g. ED, primary care, urgent care, etc.).	Developmental Indicator		
PRIORITY AREA(S)**			
Medicaid providers	TBD	TBD	TBD
WIC providers	TBD	TBD	TBD

Policies, Systems, and Environmental Approaches: Community Water Fluoridation

Indicator(s)	Source	Data Year(s)	Baseline
A. Maintain and increase access to fluoridated community water			
1. Proportion of community water systems fluoridated at or above 0.7 mg/L.	CDC My Water's Fluoride	2024	98 .2%
B. Increase dental prevention, treatment, and/or referrals in non-traditional setting(s)			
1. Number of plans that cover prevention, treatment, and/or referrals delivered in non-traditional settings (schools, churches, long- term care, home health, CBOs, etc.).	Department of Insurance	NA	Developmental Indicator
2. Number and types of organizations that bill and receive reimbursement for dental prevention, treatment, and referrals (schools, employers, etc.).	Developmental Indicator		
C. Increase oral health workforce infrastructure and policy			
1. Number of pipeline programs for dental assistant dental hygienists, dentists, and oral health specialists (e.g.,oral surgeons, etc.).	Developmental Indicator		
2. Number of FTE dental providers practicing in Dental HPSA.	IDPH Center for Rural Health	2023	239.0 FTE
3. Number of dentists participating in Medicaid (submitting **more than 50** claims/per year).	Illinois HFS	2023	1,877
4. Number of oral surgeons enrolled and participating in Medicaid. (number of Pediatric dentists in Illinois and participating in Medicaid with 50 or more claims per year).	Illinois HFS	2023	117
5. Number of public health dental hygienists in public health settings.	IDPH PHDH Activity Report	2023	55
6. Number of patient encounters with a PHDH	IDPH PHDH Activity Report	2023	10,900
PRIORITY AREA(S)**			
TBD	TBD	TBD	TBD
TBD	TBD	TBD	TBD

*** Priority areas were identified based on current oral health data that indicated lowest access to care or highest health burden among sub-groups when compared to the overall baseline for the corresponding indicator.*

Tracking Progress on the State Oral Health Plan

Continuous monitoring of key metrics, utilized to evaluate the Illinois Oral Health Plan V, remains a cornerstone of its implementation. Measures of success have been identified and summarized within Priority #4: Epidemiology and Surveillance and are in alignment with the Illinois Oral Health Surveillance System (IOHSS) plan that includes monitoring state-specific, population-based oral disease burden and trends, measuring changes in program capacity, as well as community water fluoridation quality. This information is vital to assist organizations throughout the state to plan, to implement, to evaluate appropriate interventions to improve oral health. It is important to underscore that in the Illinois Oral Health Plan V: *Optimizing Oral Health - A Cohesive Approach with Community Innovation*, some objectives and respective action steps are not measurable with the current systems. As such, strategies around building data collection components will be included. This includes enhancing existing supports and identifying and addressing data infrastructure, staffing, partnerships, and technology gaps. In addition, continuous monitoring strategies will be identified focusing on translating data into action. For example, setting or identifying benchmarks and/or thresholds that can serve as indicators of success.

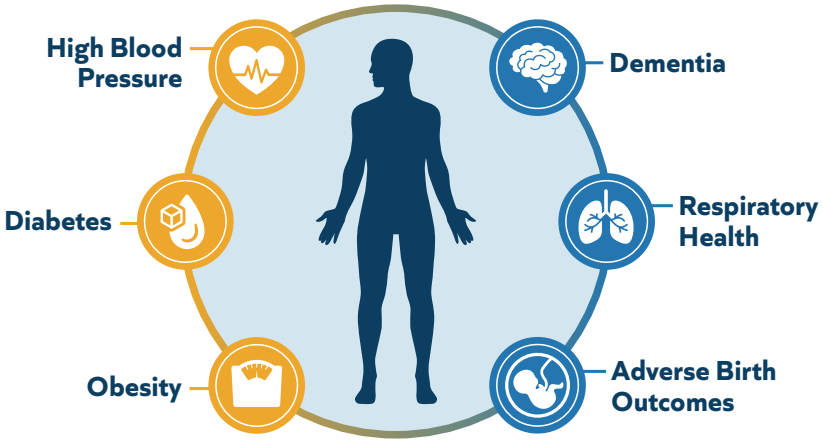
Key oral health outcomes are listed below and serve in a monitoring capacity that simultaneously shows the impact of IOHP V focused attention. Annual updates will be published in the Illinois Oral Health Surveillance Brief (Fall 2025).

Important ongoing issues and New Challenges to Oral Health Care in Illinois and the US:

The intent of the IOHP V is to outline actionable steps stakeholders can take to improve oral health for Illinoisans; however, it is also worth acknowledging overarching challenges that affect oral health outcomes. These emerging challenges include,but are not limited to, changes in federal priorities and the possibility of Medicaid funding reductions, which could significantly impact access for child and adult dental care. Comprehensive medical and dental coverage and access needed to maintain overall health and reduce poor health outcomes related to cardiovascular, diabetes, and pregnancy complications. Water fluoridation challenges may become an issue in Illinois as debates and questions surrounding the fluoridation of public water supplies have surfaced in the nation and resulted in the elimination of water fluoridation. Ongoing issues include low immunization rates of HPV, and a lack of impactful, priority messaging around self-care for the public. In addition, there is no clear path forward for Illinois to fully implement diagnostic coding for oral health care services. Advancing this initiative requires a broader national,federal, and professional society focus to establish best practices and drive meaningful adoption. Lastly, strengthening data collection regarding workforce trends is a continuous priority to better understand the maldistribution of dental workforce shortages and opportunities for workforce planning to meet changing population needs and demands in the future.

Impact of Oral Health

Oral health is the health of a person's mouth, teeth, and gums, and how well a person can use them to eat, speak, and smile. Oral health plays a vital role in overall health and does more than just ensuring strong teeth, healthy gums, a beautiful smile, and individual confidence. Good oral health and hygiene can provide the ability for pain-free chewing, eating, and drinking and can improve overall health. Poor oral health has been scientifically linked to multiple chronic diseases, such as diabetes, oral cancer(s), obstructive sleep apnea, osteoporosis, rheumatoid arthritis, and cardiovascular disease. A routine oral examination can often reveal early signs of several chronic diseases. The mouth is the gateway to overall health and, as such, also links to various conditions not commonly thought of as dental-related, such as high-risk pregnancy, obesity, kidney disease, Alzheimer's disease, lung disease, and stroke. Damaging bacteria from the mouth may enter the bloodstream, potentially causing inflammation in other organs such as the heart, kidneys, and brain. Chronic inflammation from advanced gum disease (periodontal disease) can weaken the immune system, creating greater susceptibility to other diseases. This connection between oral health and overall health further demonstrates the critical need for appropriate oral care for all individuals as untreated oral health issues can lead to pain and infection that can negatively impact quality of life and, if left untreated, can have life-threatening consequences.



STORY OF IMPACT

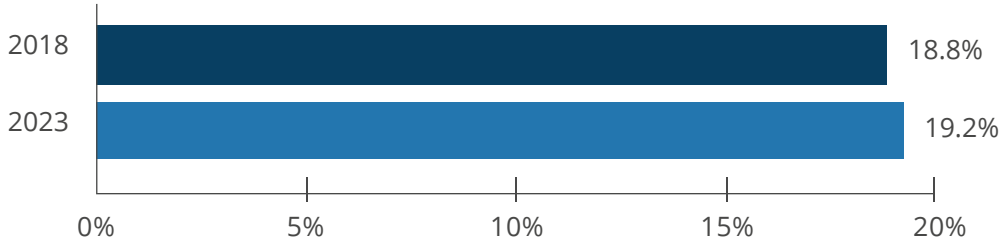
Ken is in his 70's and a widower who lives alone. He lost his wife of 49 years to a stroke two years ago. Ken has COPD and requires an inhaler. Unfortunately, his dental health was a significant concern: he was missing teeth and many of the rest were decayed and broken. With such few teeth, eating was incredibly difficult, and Ken was losing significant weight. Unfortunately, Ken could not afford the treatment needed to address his deteriorating dental health. Formerly a truck driver, he no longer works due to his age and health. He survives on food stamps, his Social Security benefit, and a small pension. With high housing expenses including expensive home repairs, Ken's bills exceeded his income. Dental treatment was far beyond his reach. Thankfully through the support of Dental Lifeline Network, a generous donated dental services general dentist came to Ken's aid, extracting nine teeth, smoothed his jawbone, and donated a full upper and lower denture. Thanks to this caring volunteer, Ken received donated treatment that restored his dental health and had a significant impact on his life. He wrote to share what this amazing gift meant to him: "Fixing my teeth has not just helped me medically, but also in repairing my spirit after the loss of my wife. Thank you to everyone who has helped me."

-Personal Story from Dental Lifeline

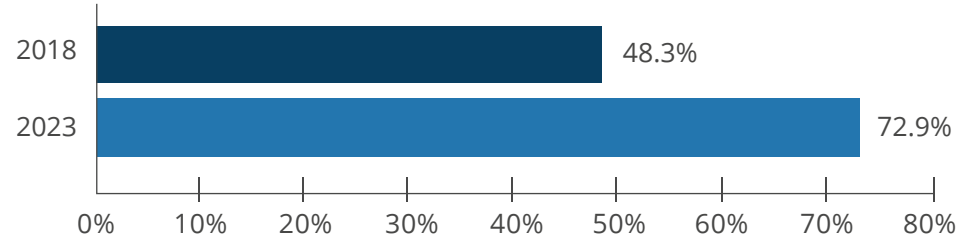
Oral Health Outcomes in Illinois

Children (<18 yrs of age) – While dental disease is preventable through good nutrition, drinking fluoridated water, oral hygiene practices, and regular dental visits, tooth decay (dental caries or cavities) is still the most common chronic childhood disease. Unfortunately, many children suffer from painful tooth decay that can impact learning and life in many ways. Children may miss school because of problems with their teeth or in their mouths. Oral pain can make it hard for children to focus on schoolwork or get enough sleep and may lead to disappointments in school. Dental disease results in pain and the inability to chew comfortably, which may contribute to a decrease in weight gain and growth. In the 1–17-year age group the proportion of children who have had oral health issues, such as toothaches, bleeding gums, decayed teeth, or infection in the last 12 months is a trend that appears to be rising.

CHILDREN DIAGNOSED AS NEEDING ORAL TREATMENT BY THE END OF THE PROGRAM ENROLLMENT YEAR.



CHILDREN THAT WERE IDENTIFIED AS NEEDING ORAL OR DENTAL TREATMENT AND DID NOT RECEIVE IT.



Adults (18-64 yrs of age) – More than half of the adults in the U.S. and Illinois are currently experiencing some form of dental disease, either dental caries (tooth decay), gingivitis (early gum disease), or periodontal disease (advanced gum disease involving supporting bone). These dental diseases can potentially cause pain, local and distant infection, inflammation, a decreased ability to chew, and can result in missed hours from school or work. This does not affect all adults equally, as factors such as income, education, and geographic location may contribute to the severity of the disease. According to the latest Behavioral Risk Factor Surveillance System (BRFSS) survey of the adult population in Illinois, more than 1 in 4 adults have had one or more permanent teeth removed due to dental disease.

Older Adults (65 yrs of age and older) - Daily oral hygiene, access to oral health services, and oral health education are key factors that can support good oral health status among older adults. According to the Centers for Disease Control and Prevention (CDC), 25% of people 65 and older have no remaining teeth. In Illinois, almost 1 in 10 older adults reported that they have had six or more permanent teeth removed or lost all of their teeth. The characteristics of older adults should also be considered as oral health policies and workforce models are developed. Services need to be comprehensive to address complex social and health needs and be able to be tailored to provide appropriate education and deliver care that addresses known challenges among this population such as transportation, medical co-morbidities, and housing status (home bound, assisted living, long term care, etc.). Investing in a system that can address the changing needs of older adults and use an integrated and comprehensive approach for service delivery is worthwhile.

Special Populations- Some populations require additional oral health education, screening, monitoring, and tailored services due to their circumstances.

Pregnant women

The proportion of expectant mothers receiving dental cleaning is rising. Routine dental examinations can help prevent dental disease in the pregnant patient and set the stage for appropriate oral care and health in the infant. Pregnancy hormones can lead to gingivitis, pain and may make home care uncomfortable, leading to an increase in periodontal disease and potentially tooth loss. Periodontal disease is also associated with pre-term birth and low birth weight. Dietary changes can also lead to an increase in dental caries, and these bacteria may then be transmitted to the infant.

Individuals with intellectual and developmental disabilities

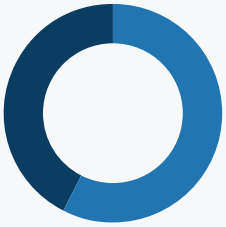
Several daily routines and common home care practices to maintain good oral health can be more difficult for those with disabilities. Conditions such as limited mental capabilities, mobility problems, neuromuscular issues (e.g., rigid chewing muscles), uncontrolled body movements, cardiac disorders, gastroesophageal reflux, and visual impairments make it hard to maintain daily oral health among this population group. Common oral health problems encountered by individuals with special health care needs and disabilities include malocclusion, oral malformation, damaging oral habits, trauma, and injury. Added to these conditions is difficulty performing daily and effective tooth brushing and flossing. These challenges result in an increased prevalence of dental caries, periodontal issues, and problems with chewing and speaking.

Veterans

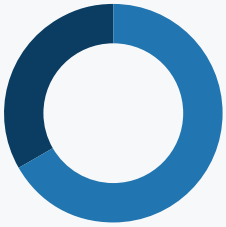
Veterans face unique challenges when it comes to oral health. Many experience higher rates of dental issues like periodontitis, missing teeth, and filled teeth compared to non-veterans. This is often linked to factors such as chronic medical conditions like diabetes and hypertension, which are more prevalent among veterans. Access to dental care is a significant hurdle. Dental benefits through the U.S. Department of Veterans Affairs (VA) are not universally available to all veterans. Eligibility is typically limited to those with service-connected dental conditions, disabilities, or specific circumstances like being a former prisoner of war. This leaves a large portion of the veteran population without adequate dental care.

Persons living in rural communities:

Oral health in rural communities faces significant challenges, often leading to disparities compared to urban areas. Rural residents are less likely to have visited a dentist in the past year compared to urban residents.



57.6% of rural adults reported a dental visit in a recent survey

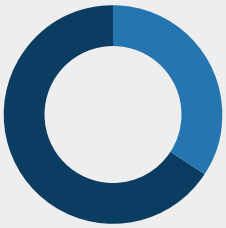


66.7% of urban adults reported a dental visit in a recent survey

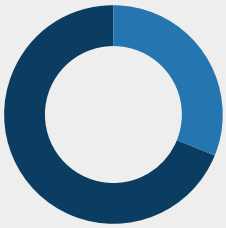
Long distances to dental clinics make accessing care difficult for many rural residents. Approximately 67% of rural areas are designated as Dental Health Professional Shortage Areas (HPSA), meaning there are insufficient dental providers to meet the population's needs. In addition, higher rates of smoking and smokeless tobacco use in rural areas exacerbate oral health issues. Improving oral health in rural areas is vital to addressing health disparities and enhancing the overall well-being of these communities.

Older adults, especially those living in nursing homes or facilities

Oral health is essential to healthy aging, yet a "silent epidemic of oral diseases" disproportionately burdens older adults residing in long-term care facilities. Access to dental care in these settings is near non-existent, and oral health data for the target population is scarce. By 2030, 1 in 5 adults will be older than 65, and an estimated 1.9 million across the US will require nursing home care.



34.3% of Illinois adults over 65 do not visit a dentist or dental clinic.



31.2% of Illinois adults over 65 have lost more than 6 teeth due to tooth decay or gum disease.

As oral health is connected to systemic health, oral disease prevention, treatment, and quality of life, the ramifications of poor dental hygiene are serious. According to *Oral Health In Nursing Homes: What We Know and What We Need to Know*, oral disease impacts physical well-being, psychological and social well-being, and quality of life. Evidence supports findings that oral disease puts individuals at an increased risk of vascular disease, chronic obstructive pulmonary disease (COPD), pneumonia, diabetes, malnutrition, dementia, and cognitive impairment, in addition to oral cancer. Placing a priority on oral health and dental hygiene is fundamental to ensure the quality of care and life of geriatric residents.

Individuals experiencing unstable housing/homeless

The oral health needs of individuals experiencing homelessness or unstable housing are significant and often unmet. Common issues include untreated tooth decay, gum disease, and missing teeth, and many rely on emergency dental services rather than preventive care, leading to higher rates of tooth extractions and advanced oral health issues.

Other Groups

Additional attention is also required for people with HIV/AIDS and other immunosuppressive diseases (conditions that weaken or suppress the immune system) due to high risk of infections to include oral diseases that weaken or suppress the immune system) due to high risk of infections to include oral diseases.

Progress From Previous Oral Health Plans

Throughout each iteration of the IOHP, a set of goals, objectives, and action steps has been carefully constructed to engage and energize oral health stakeholders. It is our intent that the IOHP will create and support a centralized focus on shared priorities and that stakeholders (to include state, regional, and community partners) will utilize the IOHP V to inform their own organizational or community strategies and collaborative efforts.

The Illinois Oral Health Plan IV: *Eliminating Inequalities in Oral Health* (2021) provided a focus for action that resulted in several initiatives, including but not limited to the following: Oral Health Workforce Survey Report

This report assisted IDPH and partners in gaining a better understanding of the oral health workforce, workforce shortages, and capacities in Illinois. The information gathered from the assessment was used to expand the capacity of the oral health workforce through training, innovative workforce models, and other strategies that improve oral health.

PHDH Toolkit, Annual Activity Report, and Expansion Program

The PHDH toolkit is designed to provide federally qualified health center (FQHC) dental directors and public health dental hygienists with resources that may help implement the work of a PHDH in the various settings that Illinois law allows. Integrative settings addressed in the toolkit include Head Start and WIC, school-based oral health programs, portable and mobile dental programs, and interprofessional collaborative practice opportunities. Each PHDH who has rendered services must submit an annual summary report to the OHS providing the location of where services were performed, including the signature of the collaborating dentist. The OHS compiles and publicizes the PHDH service data annually on the IDPH OHS website. Data is utilized to support future grant funding and other initiatives to increase access to care and understanding the obstacles in oral healthcare. In addition, a PHDH expansion program was implemented within nine dental clinics . HRSA grant funding was utilized to support the implementation and expansion of PHDHs, peer support, technical assistance, and other supports were provided.

STORY OF IMPACT

Our agency's largest setback with dental care is the availability of providers who accept the medical card and lack of access to transportation to be seen. Our community has access to several dentist however there is a long waiting period to be seen and then families may need a referral to be seen at another provider's office because of the type of dental work is needed. Families then become frustrated due to another long wait for an appointment and having to travel to larger cities for specialized care with the potential of having additional appointments. Many of our providers in the area do not do sedation dentistry for children and accept medical card which has caused some families to visit dental offices in Indiana because they can be seen quicker, offer the type of services needed and accepts Illinois medical card. Through conversation with our WIC clinic families they seem to know the importance of oral care however there is the lack of follow up through to make dental appointments because they are booking so many months in advance. Our agency has been lucky that we have had the implementation of a Community Health Dental Worker that can assist families in making dental appointments, provide dental health education, provide new dental supplies and also apply fluoride within the WIC office. Families have been very receptive to children receiving fluoride treatment and feel this is a stepping stone while waiting to be seen by the dentist. Our agency's Community Health Dental Worker also visits local schools to provide dental health education along with dental supplies.

-WIC Frontline Staff

Illinois Oral Health Surveillance System, Plan, and Annual Briefs

The Illinois Oral Health Surveillance System (IOHSS) is a comprehensive plan to foster collaboration among health care professionals, community organizations, policymakers, and the public. Its primary goals are to identify population needs, protect and promote oral health across the state, and monitor the impact of these efforts. This initiative provides updated data sets through annual briefs (IOHSB), which highlight key indicators and trends to collectively address challenges and monitor progress within the state's oral health system. These briefs serve as an accessible and up-to-date repository of oral health data, aiming to inform, inspire, and mobilize leaders in improving oral health conditions . Statewide indicators are organized into domains such as oral health outcomes, access to care, oral disease, behavioral health risks, infrastructure, oral health workforce, and population health.

The Illinois Public Health Community Map provides a range of measures that include oral health data, as well as information on asthma, behavioral health, cardiovascular disease, diabetes, emergency department visits, HIV/AIDS, injuries, maternal and child health, preventable hospitalizations, readmissions, and the social and environmental factors affecting oral health status. Select county-level oral health measures are featured in the Illinois Public Health Community Map (Community Map).

Oral Health Trainings for Community Health Workers

The Oral Health Trainings for Community Health Workers (CHW) were developed to improve the oral health knowledge and status of community members living in Dental Health Provider Shortage Areas (HPSA) by expanding the role of CHWs. To expand the role of CHWs, efforts were focused on ensuring oral health is included as one of the core competencies in the statewide standardized CHW curriculum and developing oral health education training used as part of the certification requirements. The oral health education trainings include foundational oral health concepts of oral disease that reduce the risk of dental disease and their impact on chronic health conditions, self-care and prevention practices. They will help close the gap in oral health knowledge and begin to reintegrate oral health as a mainstream health issue. The comprehensive oral health curriculum is tailored to various delivery methods and can be utilized by a CHW instructor to train students enrolled in a CHW training program or as a self-study for CHW students enrolled in a CHW training program. Since 2024, more than 400 CHWs have completed the oral health training module and received their certificates.

Integrating Oral Health in Primary Care Learning Collaborative

To support the Integrating Oral Health in Primary Care Learning Collaborative, the initiative provided opportunities for shared learning and technical assistance through-

15
Webinars

2
Virtual Annual Meetings

13
Rounds Of Check-In Calls With Project Teams

Illinois participated in the *Integrating Oral Health Care and Primary Care Learning Collaborative: A State and Local Partnership* aimed to integrate oral health care with prenatal care. This initiative included state and local components across nine states. Locally, the PCC Community Wellness Center, a community health center (CHC) providing prenatal care, was selected to take part in the project. PCC focused on integrating oral health care into prenatal care at the CHC level. The project's goal was to increase access to oral health care by: (1) assessing and improving system-level capacity for integrating oral health and primary care for pregnant women at the state level, and (2) embedding interprofessional oral health core clinical competencies into primary care settings at the CHC level.

Despite challenges, PCC made significant strides in integration, including:

- Providing oral health training for prenatal providers, team members, and clinic staff.
- Developing clinical workflows to support integration.
- Encouraging interprofessional training and collaboration.
- Incorporating oral health risk assessments, screenings, fluoride varnish applications, education, and dental referrals into many more prenatal care visits.

Expansion of Risk Assessment and Fluoride Varnish by Non-Dentist to Age 6

In collaboration with the Illinois Chapter, American Academy of Pediatrics the Bright Smiles from Birth II project aims to improve the oral health of infants and younger children by providing outreach, training, education, and incorporating oral health intervention into the workflow of primary health care providers that care for infants and younger adults who do not see a dentist regularly . Primary care providers can register for a one-hour training course to provide preventive services including oral evaluations or screenings, risk assessments, parent or caregiver counseling, fluoride varnish application and procedures to support referrals to ongoing dental care. Primary care providers who complete Bright Smiles from Birth training may receive continuing education credit and are eligible to receive Medicaid reimbursement for applying fluoride varnish on children's teeth up to age 6. Since the launch of the program, more than 600 primary care staff across the state have completed the training.

Realignment of Oral Health Prevention and Promotion

The Oral Health Prevention and Promotion (OHPP) program was re-formulated to be more community-driven by providing support at the local level and reaching disparate populations with limited access to dental care. The primary goal is optimal oral health through effective promotion, prevention, and timely access to care. Project grants were directed to the Illinois Maternal and Child Health Action Plan Oral Health Logic Model to focus on oral health promotion and prevention components through WIC, Family Case Management (FCM), and CHW programs or school-based programs. Awarded applicants develop project work plans that collaborate with local resources and staff to achieve short, intermediate, and long-term outcomes.

Accomplishments Since Previous OHP

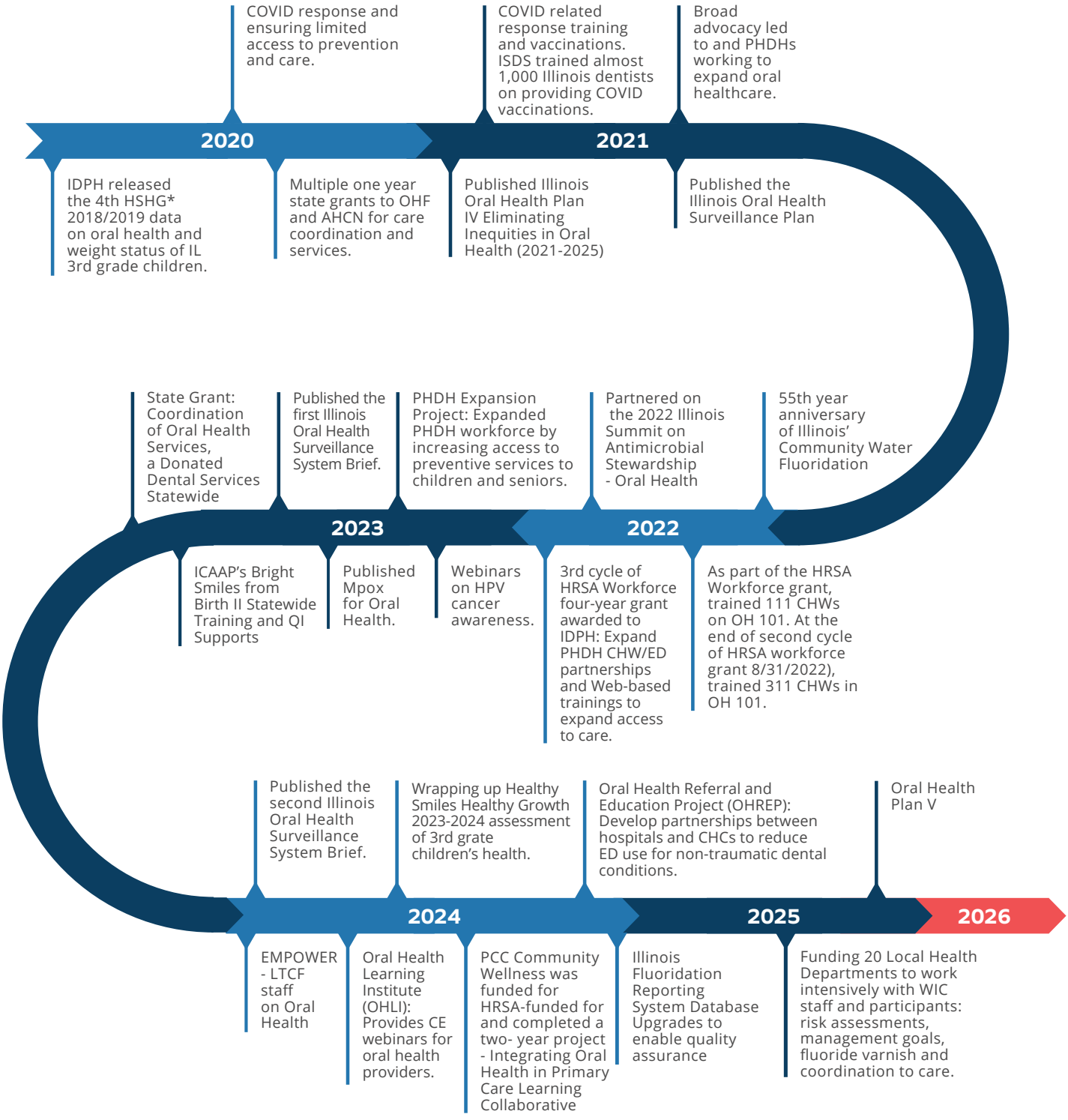


Figure (2) Illinois Oral Health Plan Historical Timeline.

Background

History of Medical-Dental Segregation

Oral health is crucial to overall health, and the connection is typically well-known. However, historically, oral health was not always considered in health care and policy making conversations, interventions, or overall correlations to health impact and outcomes. The segregation of medicine and dentistry dates back to the mid- 1800s, as dental schools and medical schools were established independently from one another. Dental treatments were viewed as an elective service versus a critical aspect of health. Today, abundant research is available explaining the connection between the oral cavity and chronic conditions, with the common underlying theme of inflammation.

Despite this research, systematic and continual fragments in the health care system deter true medical-dental integration. In large part, the private dental delivery system is physically and electronically separated from primary medical care. It gives rise to system-level challenges associated with health care integration, such as service delivery, provider communication, and patient access and record systems. Dental insurance plans are not embedded as part of a medical plan, and health care reform milestones have reinforced this separation. The most recent U.S. healthcare reform, the Affordable Care Act (ACA) in 2010, made dental coverage an essential health benefit for children 18 and under. This means insurers must offer dental benefits for children, either as part of a health plan or through a separate dental plan, but parents/custodians are not required to purchase dental coverage. For adults, dental care was excluded as an essential health benefit

STORY OF IMPACT

Many of us can agree that it's difficult to be caregivers for our parents when they are sick, frail or elderly. We try, as best as we can, to be their advocates and support for anything that comes their way. Things can get trickier for those who are Spanish or other language speakers in our communities. When I was 13, I was a caregiver for my mother. Like many children, I was a language broker for her while visiting her medical providers. I will never forget the day that I had to interpret for my mother when her medical provider was giving her a diagnosis of having Acute Leukemia and that her prognosis was not promising. Later in my late teens, I helped my father navigate access to medical services after having two strokes. Not having access to quality, culturally sensitive and timely healthcare all had an influence on their quality of life. I remember vividly when my father, out of desperation with an infected tooth, reached into his mouth to extract the tooth that was keeping him from eating and sleeping. What followed was what I considered a medical emergency. The bleeding was so substantial it was pooling in the bathroom sink.

In my community, my story was not unique. The problem that exists today, is the same that existed before - healthcare is a luxury that so many cannot afford. Meeting diverse folks, where they are at, with respect to all the social determinants of health that contribute to their livelihood is a vital part of improving health outcomes. The truth is, I continue to see my mom and dad in the face of our migrant friends that we serve at RefugeeOne as well as the faces of homeless veterans I served at Goldie's Place. I believe we can do better as we aim for interventions and strategies that help build a more equitable healthcare system.

-Community Dentist

Prioritizing Oral Health

Illinois faces significant challenges in access to care and overall oral health. To address these challenges, policies, services, and programs must be tailored to populations with the greatest need, including individuals with disabilities, lower incomes, those living in rural areas, and historically communities with limited resources. These groups may experience obstacles that limit their access to essential oral health services, programs, and overall healthcare. Through deliberate planning and implementation action, these obstacles can be reduced, ensuring better health outcomes for all.

The IOHP V provides oral health partners with an informed, collaborative roadmap that supports local implementation of sustainable, evidence-based programs and initiatives to advance oral health across the state.

Advancing Oral Health Together for all Illinoisans

Illinois continues to work toward improving oral health across communities. While challenges such as fragmented service delivery, payment models, workforce shortages, and access to care exist, meaningful progress can be achieved through collective efforts at the community, state and federal levels. The way individuals live, learn, work, and play has a profound impact on overall health, including oral health. The World Health Organization identifies several non-medical factors that shape health outcomes, such as economic stability, education, access to healthcare, neighborhood conditions, and social connections. Additionally, factors like job opportunities, language access, literacy, and food availability influence healthcare access and decisions. By strengthening partnerships among public health initiatives, schools, healthcare providers, transportation programs, and workforce development efforts, Illinois can continue to expand opportunities for individuals and families to receive quality oral healthcare. By fostering collaboration and strengthening community-driven solutions, Illinois can create sustainable programs that enhance access to quality oral healthcare and promote lasting improvements in overall health. Continued investments in state and local funding, policies, and infrastructure can help expand these initiatives, ensuring communities receive the resources needed to support better oral health outcomes.

Examples of Indicators Potentially Related to Oral Health

Demographics

Population with limited English proficiency, Urban and rural population

Social and Economic Factors

Per capita income Population with no high school degree, Unemployment rate, Uninsured adults

Physical Environment

Food access, - low Housing vacancy rate, Use of public transportation

Clinical Care

Access to primary care, Access to dentists, Population living in a health professional shortage area

Health Behaviors

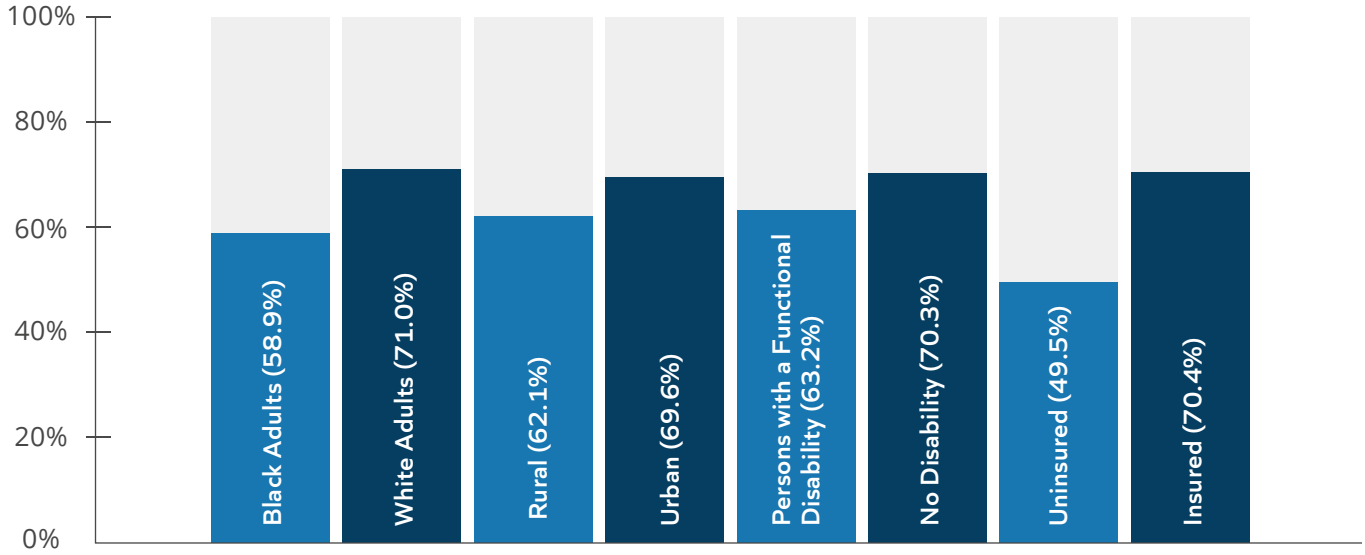
Fruit/vegetable consumption, Tobacco usage - current smokers, Soda expenditures

Health Outcomes

Poor dental health

Due in part to inconsistencies and gaps in oral health insurance coverage, dental care often poses significant financial challenges for individuals and families compared to other health care services. This barrier creates a continued divide related to oral health education, access to preventative and acute dental services, and comprehensive health care. Additionally, the COVID-19 pandemic exacerbated barriers to care. Many Illinoisans lost employer-sponsored dental coverage, delayed dental treatment due to office closures and/or suspension of school-based and other community- based programs, experienced changes in behavioral health, and changes in diet including increased consumption of processed foods with high sugar content.

In 2020, the following Illinoisans were significantly less likely to report having a dental visit within the past year:



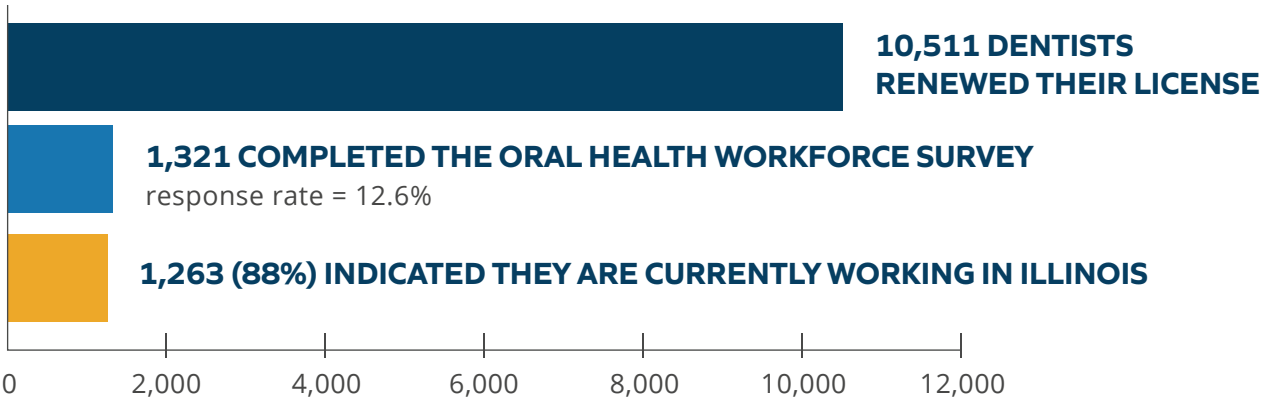
Dental clinics, specifically FQHCs and local health departments (LHDs), are still reeling from the effects of COVID-19, particularly in relation to staffing shortages. According to the 2022 Oral Health Workforce Survey Report, 14% of practices have staff vacancies. As a result, there is a greater need for preventive and restorative services with fewer providers offering care.

In addition to the significant disruptions in healthcare services from COVID-19, it is natural to have outgrown the Oral Health Plan IV: *Eliminating Inequities in Oral Health* due to the economic, political, and cultural changes over the last five years. The input during this process validated this and the goals, objectives, and strategies reflect a cohesive direction to support the oral health needs of Illinoisans over the next five years. The OHS will leverage the current OHS staffing and infrastructure, data monitoring, strategic partnerships, and evaluation efforts as the framework for the IOHP V. The state wide goals and objectives in the IOHP V focus on opportunities to address challenges and SDOH through partnership-driven strategies and actionable steps at the state, region, and community levels.

Oral Health Landscape in Illinois

This section provides an overview of the Illinois oral health landscape highlighting the strengths of its infrastructure and the areas that need stakeholders' and legislators' attention. The data and research shown in the upcoming sections directly reflect the in-depth conversations held during the regional meetings to articulate the goals and objectives of the IOHP V. The IDPH Oral Health Section (OHS) encourages stakeholders to utilize the contents provided herein to support current or future funding opportunities, identify areas for collaboration, integration, and/or crossover , strategic planning efforts, program planning and monitoring, and to support healthcare and community innovation and efficiencies.

In 2021/2022, the IDPH OHS conducted an Oral Health Workforce Survey to monitor the characteristics of the state's oral health workforce, specifically trends among clinically active dentists and dental hygienists and areas of workforce shortages. The full report can be found here.

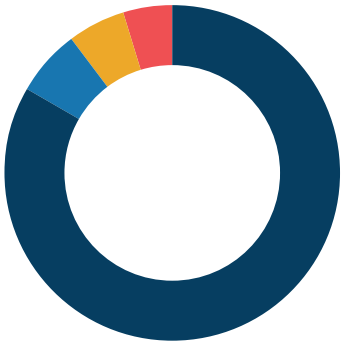


Survey Respondents Age Groups

- 35-44 Years (19.6%)
- 55-64 Years (29.1%)
- >65 Years (24.1%)

Planning to Stop Practicing

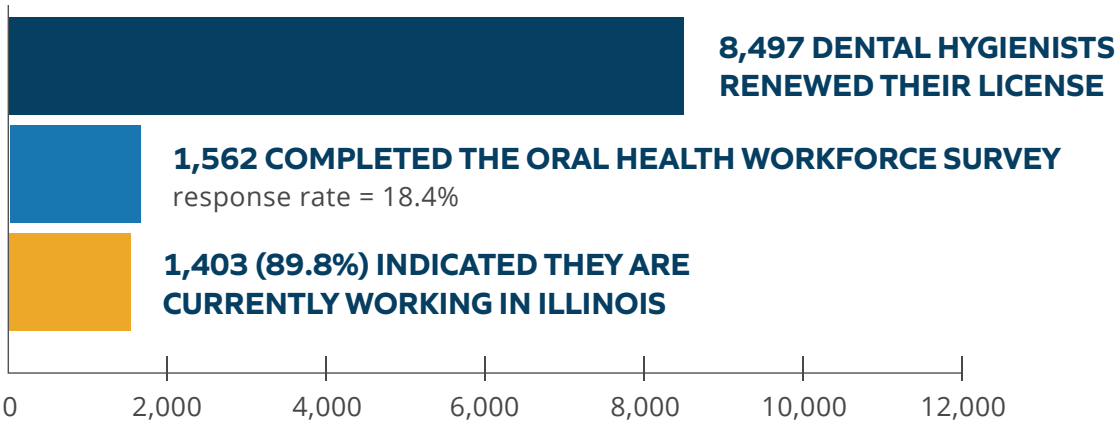
- In 1-5 Years (30.2%)
- 6-10 Years (20.2%)
- In 20+ Years (23.4%)



Practice Settings

- Private/Group Practice (83.4%)
- Other (6.4%)
- FQHCs (5.5%)
- Health Care Business/ Corporation (4.7%)

Despite this smaller dataset, this reflects the national average of dentists in the United States working in privately owned, non-governmental settings (90%).



Survey Respondents Age Groups

- 24-34 Years (25.1%)
- 45-54 Years (23.9%)
- 55-64 Years (25.5%)

Planning to Stop Practicing

- In 1-5 Years (24.6%)
- 6-10 Years (24.6%)
- In 20+ Years (25.1%)

While the nature of this project lends itself to a few limitations, tracking workforce data and trends over time is critical to assist in developing appropriate strategies and policies to ensure the workforce fulfills citizen demands.

Oral Health Plan Coverage (Financing and Reimbursement)

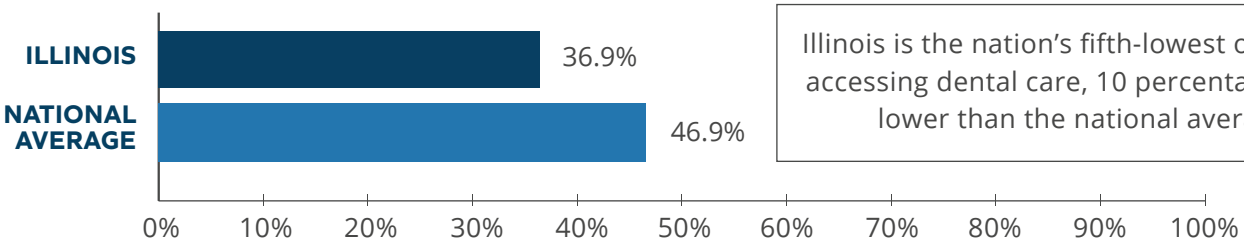
In Illinois and nationally, the oral health care system is split between a private delivery system and a safety net system, which serves different populations through different financed settings. In the United States, dental insurance is heavily tied to employment, and for many, an elective benefit. The private delivery system, where the majority of dental services are rendered, compromises mostly small dental offices that primarily serve patients with employer-based, privately purchased dental insurance or out-of-pocket payment for services. People who are unemployed, self-employed, or retired are expected to purchase their own dental plans or pay out of pocket.

While safety net programs are available, each has its set of challenges. Medicare does not cover necessary dental services such as routine dental cleanings or prevention services, periodontal care, fillings, tooth extractions, and dentures. Medicare may cover certain dental services in specific inpatient or outpatient dental services directly related to certain medical treatments that are covered and is linked to the

success of the necessary medical treatment. For example, an oral exam and dental treatment before a heart valve replacement may be covered under Medicare, or a tooth extraction before a patient begins chemotherapy. Individuals and families without complete dental coverage plans often struggle to maintain regular, preventive oral health services. As a result, lack of access to dental care leads to delayed treatment, increased costs stemming from untreated dental issues, increased reliance on emergency department visits and utilization of hospital resources, as well as reduced productivity at work or school, all of which can negatively impact one's overall health. Not to mention the physical pain and diminished sense of self-confidence an individual may experience due to the appearance of their smile.

Under Medicaid, Illinois is categorized as offering "extensive" benefits for dental care and is ranked as one of the better states for dental coverage in the US.

On paper, Illinois residents on Medicaid may appear to have access to care; however, according to the most recent Illinois Oral Health Surveillance Brief, in 2023, only **18%** of dentists actively participate in Medicaid (50+ claims submitted/year). This can be attributed to Illinois being ranked as the one of the nation's lowest fee-for-service reimbursement rate for child dental services (at 24% of dentists' usual charge), deterring dentists from enrolling in the Medicaid program.

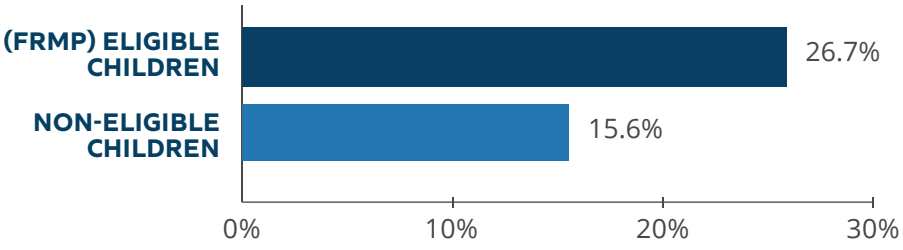


Illinois is the nation's fifth-lowest of children accessing dental care, 10 percentage points lower than the national average.

Rate of dental care utilization for Medicaid-enrolled children aged 1-20 years

This health disparity is intensified by reduced utilization of oral health services by Medicaid-enrolled children under 6 years of age. In 2022, the Illinois Department of Healthcare and Family Services (HFS), the agency that oversees the state's Medical Assistance Plan or Medicaid, reported that only **40.5%** of the almost 1.5 million school-aged children enrolled in Medicaid/CHIP had dental service in that year, let alone an evidence-based preventive dental service (EBPDS).

The Illinois Medicaid program has improved over the years through broad advocacy efforts that have increased coverage and reimbursements. However, this information is challenging to convey to dentists and specialty providers such as oral surgeons who are not enrolled in Medicaid plans. Recent coverage improvements include periodontal care, caries-arresting silver diamine fluoride, and increased rates for sedation. Pregnant, disabled, and low-income Illinoisans burdened by oral disease have access to a more comprehensive plan and can prioritize their oral health. To fulfill this vision, we need more oral health provider members. Dental providers who participate in the Medicaid Dental Program receive quicker and more accurate reimbursements. We can work together to make our communities healthier and the program better. Medicaid Dental Program representatives are ready to help you enroll.

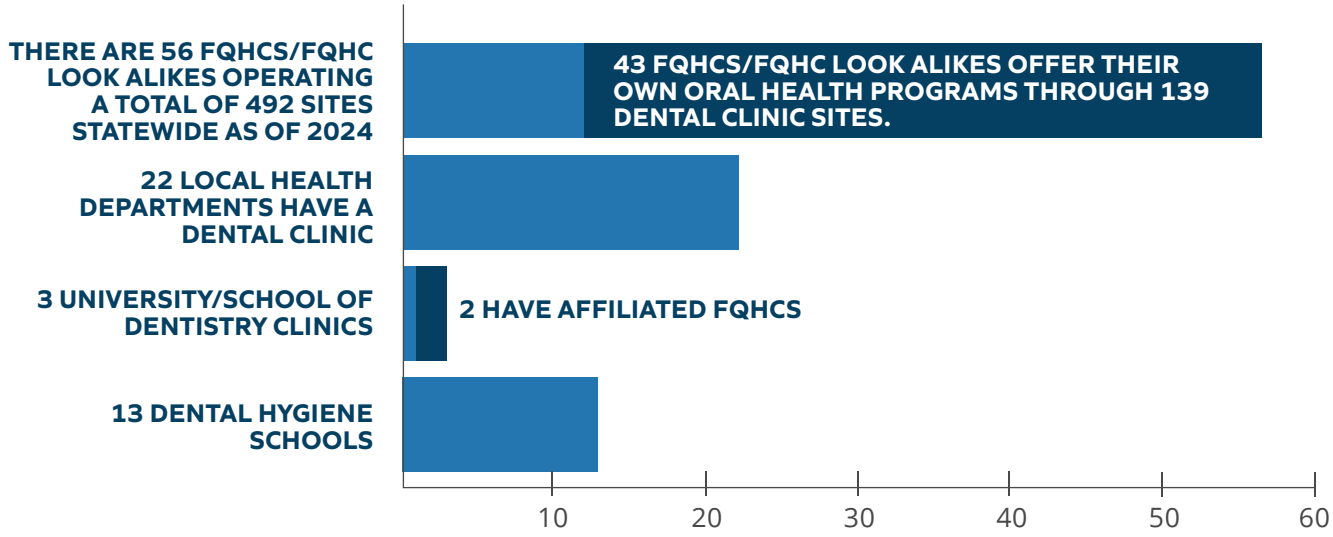


Untreated dental caries in third-grade children

Negative trends persist regarding the prevalence of untreated dental caries in third-grade children. IL children eligible for the Free and Reduced Meal Program (FRMP) had a higher rate of untreated decay (26.7%) compared to non-eligible children (15.6%).

Safety-Net Dental Practices

The safety net system comprises a fragmented set of providers, including FQHCs, local health departments, other community clinics and clinics in dental school and dental hygiene programs. Together, this network serves a variety of vulnerable and unserved populations. The safety net system relies on public and private financing, including Medicaid, Children's Health Insurance Program (CHIP)/All Kids, government and volunteer programs, private grants, and out-of-pocket payments.



Health Center Program Look-Alikes describe organizations that provide primary care services in underserved areas, provide care on a sliding fee scale based on ability to pay, and operate under a governing board that includes patients.

Dental and dental hygiene schools are excellent options for uninsured or underinsured populations; however, these clinics are not intended to serve as "dental homes." Patients are encouraged to become established patients at another dental practice.

Access to Care in Rural Communities

There are 102 counties in Illinois, and 79 are categorized as dental care health profession shortage areas (HPSAs). According to HRSA, the Health Resources and Services Administration, this translates to more than 2.1 million Illinois residents (about 18% of the state's population) currently living in HPSAs. An additional 408 practitioners are needed to remove those designations. The Chicagoland and its surrounding counties generally have an adequate supply of dentists; however, this does not guarantee their enrollment as a Medicaid provider. For Illinois residents outside of the Chicago area on Medicaid, extensive travel and long wait times make dental care incredibly challenging.

Research indicates a correlation between rural origin and eventual rural practice. A key barrier to health care access and oral health services for these populations is the well-documented shortage of health care providers in rural communities. There was discussion at the regional meetings to consider alternative models and policies to address access to dental care in rural communities. While the goals and objectives of this plan cannot shoulder these advocacy and policy issues alone, there are opportunities to initiate these critical conversations and collaborative efforts. This is an issue all oral health stakeholders must take ownership of and act upon to initiate change. The Rural Health Information Hub and the National Rural Health Association suggest implementing the following strategies to optimize the use of rural health professionals:

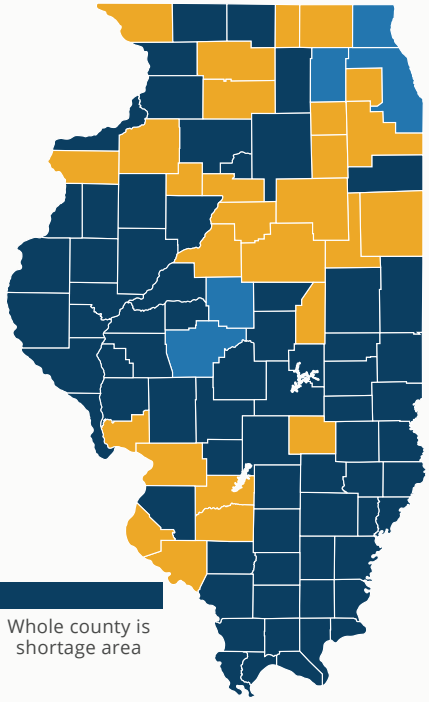
- Use interprofessional teams to provide coordinated and efficient care for patients and extend each provider's reach.
- Ensure that all professionals are practicing to the full extent of their training and allowed scope of practice.
- Change policy to allow expansions to existing scopes of practice if evidence shows that the healthcare workers can provide comparable or better care.
- Remove barriers to the use of telehealth to provide access to remote healthcare providers.
- Implement rural health rotations or provide Rural Oral Health seminars to showcase the benefits of working in rural communities in dental and dental hygiene schools.
- Improve loan repayment programs for graduating dental practitioners to incentivize employment and encourage a sustainable workforce recruitment and retention program in safety net practices.

Dental HPSAs (2022), by Shortage Score

74 TOTAL DENTAL HPSAs IN IL
(April 2025)

69 WHOLE COUNTY
5 PARTIAL COUNTY

HPSA designations are developed for use by the National Health Service Corps to determine priorities for the assignment for clinicians. The darker blue shaded areas indicate a higher HPSA score, and therefore greater priority.



None of county is shortage area | At least a part of county is shortage area | Whole county is shortage area

# BY POP TYPE		# BY URBANICITY	
Low Income Population HPSA	57	Rural	44
Medicaid Eligible Population HPSA	20	Non-Rural	28
Geographic Population	2	Partially Rural	7

Source: data.HRSA.gov.

School-Based Programs

School-based oral health programs are an important and effective public health approach in promoting the oral health of children and adolescents. This program provides eligible school children exams, sealants, cleanings, and fluoride. Eighty to 90% of dental decay in children ages 5 - 17 occurs in the pits and fissures of teeth, mainly on the chewing surfaces. Placing dental sealants on molar teeth significantly lowers the probability that decay in those teeth will occur. The program also helps families comply with the mandatory school dental examinations for children in kindergarten, second, sixth, and ninth grades. Types of settings where age-appropriate prevention services are rendered are daycares, Head Start, Early Head Start, preschool, elementary, and high schools.

Public Health Dental Hygienist (PHDH) Model

A public health dental hygienist (PHDH) is a registered dental hygienist who can provide early care to patients in a public health setting, such as an FQHC; a federal, state, or local public health facility; Head Start; a WIC facility; a certified school-based health center; or a school-based oral health program. In 2023, legislation added the following public health settings: prisons, skilled nursing, and long-term care facilities. Organizations that fall within the categories of these newly approved public health settings collaborating with local dental offices to utilize the PHDH model and/or adopt their own PHDH model to increase access to care, providing opportunities for prevention and early intervention in the disease process.

When a PHDH works collaboratively with a dentist, they expand their scope of practice, allowing the PHDH to improve access to care for the most vulnerable and underserved populations. In 2024, 10,453 children, older adults (65+ years of age), individuals with intellectual and developmental disabilities, and persons and families falling below 300% of the federal poverty level were served by PHDHs in various settings. In 2023, the school-based programs were the top entity to utilize the PHDH model, followed by FQHCs and local health departments. WIC programs and other state-licensed facilities have also shown benefit from the further expanded use of the PHDH model.

When comparing PHDH services between 2023 and 2024, service encounters increased across all pediatric age groups:

123+
encounters aged Birth to 5 years

292+
encounters aged 6-13 years

284+
encounters aged 14-18 years

The increases highlight the growing impact of PHDH's expanding access to oral healthcare for children, but a need to focus on expanding the PHDH model access to care for those ages 19-65+ years of age including those residing in long-term care facilities remains.

The 2024 PHDH activity reports slightly decrease with 10,453 encounters compared to 10,900 in 2023, which is attributed to 2024 being a license renewal year and a delay in applying for the PHDH program after September 30, 2024. However, in 2024, the total number of PHDHs providing care increased to 71 from 42 in 2023, reflecting a 41% increase in the number of PHDH providing care in the public health setting.

Illinois Head Start Association

The Illinois Head Start Association consists of Head Start and Early Head Start programs that assist high-need families connect with community resources and transition their children to elementary schools in alignment with K-12 education. According to the Illinois Head Start Associations' Data Dashboard, every county in Illinois has a Head Start location. These locations serve 24,530 families and 27,385 children and pregnant women. COVID-19 shut down most in-person Head Start programs, resulting in changes to staffing, families, and the totality of the early learning landscape. However, the demand for Head Start, Pre-K programs, and childcare will remain high, requiring significant outreach to high-risk communities and families. According to the Head Start Collaboration Needs Assessment (2021), a main priority of Head Start programs and staff are to connect families to resources that were exacerbated by the pandemic (e.g., food, shelter, clothing, transportation, childcare, internet access, and health and social services, including mental and emotional health needs). The need for dental education and care continues to be of paramount importance in Head Start programs, particularly in rural communities. There is an opportunity to build partnerships with the Illinois Head Start Association, use CHWs as an educational resource, and connect families to oral health services in their communities.

Community Water Fluoridation

Community water fluoridation is the most effective and efficient public health measure to prevent cavities in children and adults, regardless of race or income level. The Illinois Fluoridation Statute, enacted by the legislature in 1967, required the state's community water systems to adjust fluoride levels to optimal levels, which at the time was 0.9 to 1.2 parts per million. The law was amended in 2016, requiring community water systems to adjust their fluoride to 0.7 parts per million. This was based on the updated analysis of the amount of fluoride received from all sources, including toothpaste and mouth rinses. Illinois is one of only 13 states that have mandatory water fluoridation laws. According to the National Rural Health Association, Illinois is ranked third out of 50 states in fluoridation rate. Current data from IDPH OHS shows that 1,658 of 1,842 community water systems are fluoridated. There are several reasons why some are not required to do so, including that they have naturally occurring levels within the optimal safe range, serve a small population or are privately owned. The IDPH OHS works closely with the Illinois Environmental Protection Agency to monitor community water suppliers and to provide education and technical expertise for water supply operators to maintain optimal fluoride levels through community water fluoridation programs. The Illinois Fluoridation Operations and Data Manager (FO/DM) will ensure CWS information is validated and that discrepancies will be addressed promptly by reviewing and updating written policies/processes as well as working with the staff of the CDC Water Fluoridation Reporting System (WFRS).

Summary

Despite the challenges posed by a fragmented health care system, modest oral health improvements have been seen among Illinoisans (2018 and 2021): decrease in adults reporting tooth loss (from 27.9% to 24.6%), hospital admissions due to non-traumatic dental conditions (NTDC) (from 5,221 to 3,364), and a 33% increase in the overall PHDH encounters (from 8,219 in 2022 to 10,900 in 2023). These improvements are attributed to the strong oral health stakeholder groups and partners in Illinois. However, despite the number of safety net dental clinics and programs available in Illinois, a large portion of the state's population live in areas with an inadequate number of dental providers, an even smaller proportion participate in Medicaid, and Medicaid-enrolled children have among the nations' lowest rates of dental care utilization. Medicaid patients are not the only group suffering from a lack of access to care. Other vulnerable populations include: the elderly, pregnant women, individuals with special needs, people from ethnic or racial minorities, LGBTQ+ people, veterans, and rural residents. In Illinois, it has been a long-standing advocacy effort to increase Medicaid reimbursement rates without success. While these advocacy efforts should continue, it is worthwhile to consider alternative, cost-effective models and initiatives to improve access to dental prevention services to reduce the incidence of oral disease among the most vulnerable populations.

Fast Facts on Oral Health Landscape in IL

ILLINOIS HAS 56 FQHCS AND LOOK-A-LIKES

10,900

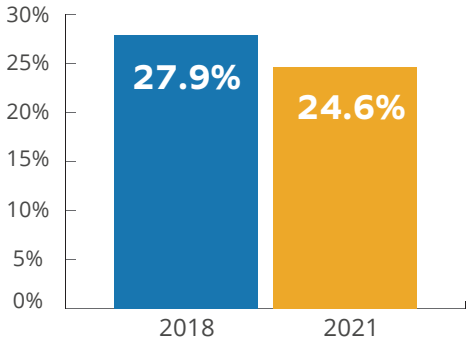
children, older adults (65+ years of age), individuals with intellectual and developmental disabilities, and persons and families falling below 300% of the poverty level were served by PHDHs in 2023.

Since 2024, more than, **400 CHWs** have completed the oral health training and received their certificates.

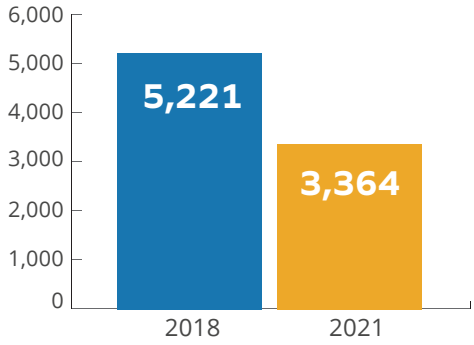
More than **600 primary care staff** have completed the Bright Smiles from Birth training.

98%

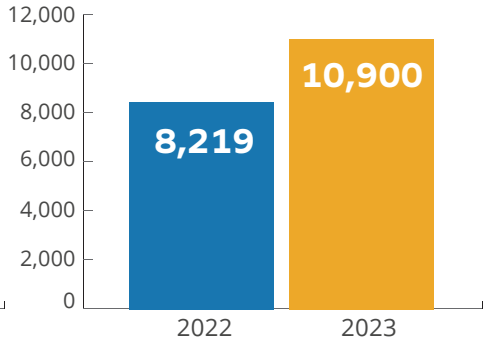
OF COMMUNITIES IN ILLINOIS HAVE FLUORIDATED WATER.



DECREASE IN ADULTS REPORTING TOOTH LOSS



DECREASE IN HOSPITAL ADMISSIONS DUE TO NON-TRAUMATIC DENTAL CONDITIONS (NTDC)



A 33% INCREASE IN THE OVERALL PHDH ENCOUNTERS

83%

of dentists practice in privately owned, non-governmental offices

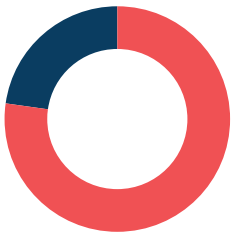
6.4%

of dentists practice in federally qualified health centers (FQHCs)

14%

of dentists participate in Medicaid

ILLINOIS IS RANKED AS THE NATIONS LOWEST FEE-FOR-SERVICE REIMBURSEMENT RATE for child dental services (at 24% of dentists' usual charge)



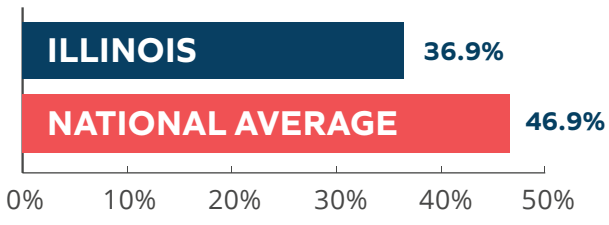
79/102

COUNTIES ARE CATEGORIZED AS DHPSA

14%

OF PRACTICES HAVE STAFF VACANCIES

ILLINOIS HAS THE NATION'S FIFTH-LOWEST RATE OF DENTAL CARE UTILIZATION FOR MEDICAID-ENROLLED CHILDREN aged 1-20 years: 36.9% of children accessing dental care, 10 percentage points lower than the national average (46.9%).



There is agreement that optimal oral health is essential to overall health, yet too many Illinois residents, especially children, older adults, individuals with disabilities, and rural and urban communities face preventable oral diseases and barriers to care. The time to act is now. We must work together, stakeholders from every corner of the public health system, including public health professionals, clinical care providers, educators, advocates, policymakers, philanthropists, community organizations, and individual community members to overcome challenges in services delivery and health care infrastructure. By aligning our efforts, sharing resources, and advancing policies and programs that prioritize prevention, access, and inclusion, we can build a healthier future for all. Your voice, leadership, and action are vital in ensuring every Illinoisan has the opportunity to achieve and maintain optimal oral health.

References

Administration of Community Living. (2024). Oral health. Retrieved from https://acl.gov/programs/health-wellness/oral-health#:~:text=Whether%20caring%20for%20natural%20teeth,at%20least%20two%20chronic%20conditions.

CareQuest Institute for Oral Health. Impacts Beyond the Mouth. Boston, MA; June 2020. DOI: 10.35565/CQI.2020.4002

CareQuest Institute for Oral Health. (2025). Veterans oral health. Retrieved from https://www.carequest.org/veteran-oral-health

Center for Disease Control & Prevention. (2025). Oral health data. Retrieved from https://www.cdc.gov/oral-health-data-systems/oral_health_data/oral-health-dashboard.html?cove-tab=1

Center for Health Care Strategies. (2019). Medicaid adult dental benefits coverage by state. Retrieved from https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix_091519.pdf

Chazin, S. & Glover, J. (2017). A community framework for addressing social determinants of oral health for low-income populations: Technical assistance brief. Center for Health Care Strategies, Inc. Retrieved from https://www.chcs.org/media/SDOH-OH-TA-Brief_012517.pdf

Health Resources & Services Administration. (2025). FQHCs and LALs by state. Retrieved from https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs

Doppalapudi, N. & Burugapalli, R.K. (2020). Barriers and enables in accessing dental care among homeless population in the U.S: A review. Austin Journal of Dentistry, 7(3): 1142. ISSN: 2381-9189.

Illinois Department of Public Health. (n.d.). Water fluoridation in Illinois. Retrieved from https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/prevention-wellness/oral-health/fact-sheets/water-fluoridation-in-illinois.pdf

Illinois Department on Aging. (2022). State Plan on Aging: FY 2022-FY 2024. Retrieved from https://ilaging.illinois.gov/content/dam/soi/en/web/aging/documents/state-plan-2022-2024-july2021-final-version.pdf

Illinois Department of Public Health. (2025). 2023 public health dental hygienist activity report. Retrieved from https://dph.illinois.gov/topics-services/prevention-wellness/oral-health/oral-health-workforce/phdh-activity-report-2023.html

Martin, Paige, Santoro, Morgan, Heaton, Lisa J., Preston, Rebecca, and Tranby, Eric P. Still Searching: Meeting Oral Health Needs in Rural Settings. Boston, MA: November 2023. DOI: 10.35565/CQI.2023.2007

Medicare.gov. (n.d.). Dental services. Retrieved from https://www.medicare.gov/coverage/dental-services#:~:text=In%20most%20cases%2C%20Medicare%20doesn,%2C%20organ%2C%20or%20kidney%20transplant.

Mouth Healthy. (2025). Dental plans offered through the Affordable Care Act (ACA). Retrieved from https://www.mouthhealthy.org/dental-care/aca-dental-plans#:~:text=The%20ACA%20made%20dental%20coverage,when%20you%20receive%20dental%20services.

National Rural Health Association. (2024). Illinois Oral Health Session Handout. Retrieved from https://www.ruralhealth.us/getmedia/be33ab27-c379-4243-b1cc-ed5b00019e16/Illinois-Oral-Health-Session-Handout.pdf

National Rural Health Association. (2025). Rural oral health seminar toolkit. Retrieved from https://www.ruralhealth.us/getmedia/6e329f41-e23d-4e4a-80f2-c3a37cfba5f6/2025-NROHI-Rural-Oral-Health-Seminar-Toolkit.pdf

Otto, M. (2017). Teeth: The story of beauty, inequality, and the struggle for oral health in America. The New York Press.

Rural Health Information Hub. (2025). Rural health workforce. Retrieved from https://www.ruralhealth.us/getmedia/be33ab27-c379-4243-b1cc-ed5b00019e16/Illinois-Oral-Health-Session-Handout.pdf

Rural Health Information Hub. (2025). The state of oral health in rural America. Retrieved from https://www.ruralhealthinfo.org/toolkits/oral-health/1/rural-oral-health-overview

Sifuentes AMF, Lapane KL. ORAL HEALTH IN NURSING HOMES: WHAT WE KNOW AND WHAT WE NEED TO KNOW. J Nurs Home Res Sci. 2020;6:1-5. PMID: 32524062; PMCID: PMC7286629.

Stanko Alpert, E., Simon, L.E., & Barrow, J. (2022). A call to measure the oral disease burden in nursing homes. Retrieved from https://www.healthaffairs.org/content/forefront/call-measure-oral-disease-burden-nursing-homes

Vujicic, M. & Fosse, C. (2022). Time for dental care to be considered essential in US health care policy. American Medical Association Journal of Ethics, 24(1), E57-63. https://doi.org/10.1001/amajethics.2022.57

Appendix 1: Regional Convenings Report

Eight in-person Oral Health Regional Meetings were held between September and November 2024. These meetings were held in Carbondale, Chicago, Glen Ellyn, Macomb, Rockford, Springfield, Urbana, and Wood River. Figure 2 displays the location and number of attendees at each meeting. Attendees included community members, medical and dental professionals, public health professionals, allied health personnel, and dental hygiene students.

Four challenge statements categorized the feedback from each meeting. . To write actionable objectives and strategies, the first challenge statement (What are the barriers, or what keeps you, your family, and others in your community from having good oral health?) was grouped with the second challenge statement (What strategies or policy recommendations would help you or residents in your community improve oral health?), as research demonstrates policies are the most effective way to improve social determinants of health. A concept map (Figure 1) demonstrates how the challenge statements were categorized into the identified goals for the IOHP V:

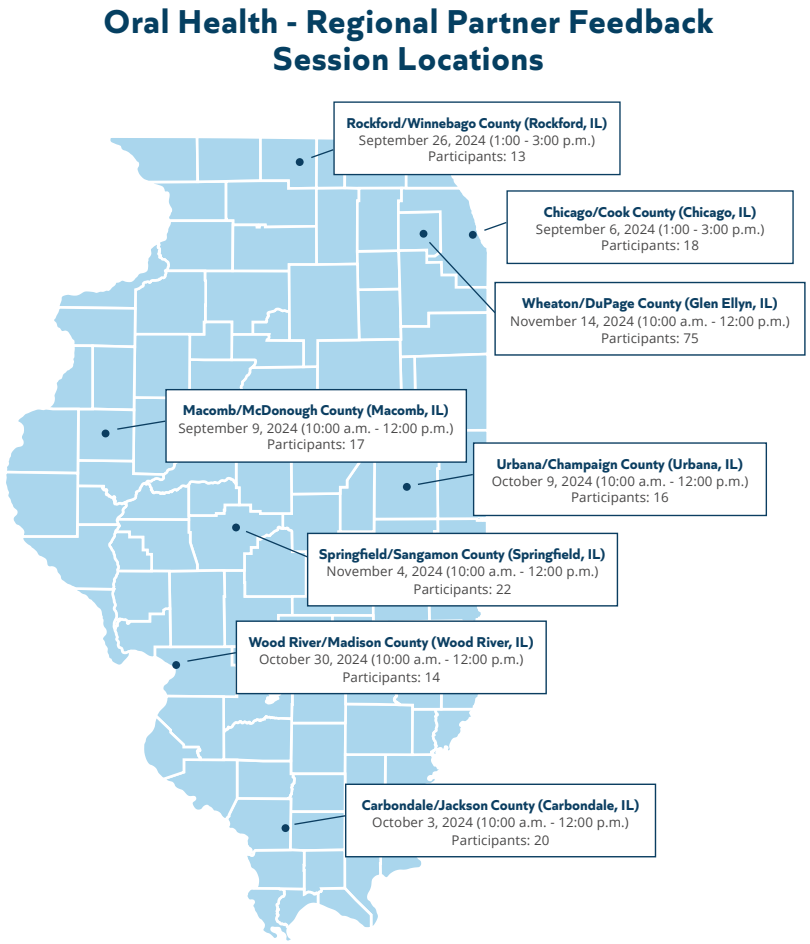
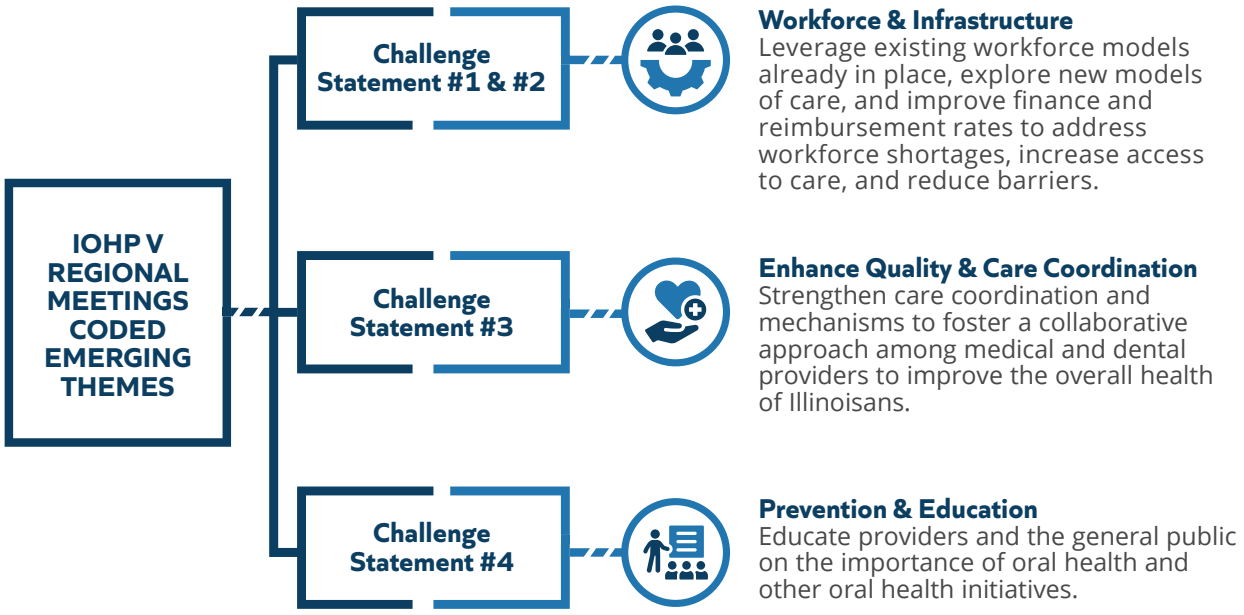


Figure 1. IOHP V Regional Meetings Coded Emerging Themes Concept Map



Feedback from each regional meeting was combined and categorized to identify emerging themes (see Table 1). The themes listed are in no particular order of importance and were used to identify the goals and strategies for the IOHP V.

IOHP V Regional Meeting Emerging Themes		
Workforce and Infrastructure	**Enhance Care Coordination and Quality**	**Prevention and Education**
Improve the PHDH Model to remove setting stipulations.	Reduce hospital re-admission rates and tie oral health education and prevention services hospital quality assurance (educate hospital administration on this concept).	Lead oral health education initiatives beginning at obstetric and prenatal visits.
Consider implementing a midlevel provider model.	Continue to educate medical providers and health professions students on the oral-systemic link.	Integrate oral health education at every grade level (K-12).
Advocate for better Medicaid reimbursement rates.	Search for funding opportunities that support medical-dental integration.	Create an oral health marketing campaign on the basics of oral hygiene and why dental services are important. Replicate a campaign similar to IDPH vaccine campaigns.
Continue to educate medical providers and health professions students on the oral-systemic link.	Adopt a dental hygiene model similar to that of a school nurse to ensure an RDH is on schools on staff.	Educate community members on the benefits of community water fluoridation.
Implement bi-directional data sharing.	Continue to adopt and promote the CHW model to focus on oral health education, serve as a resource, and improve oral health referrals.	Continue to build upon partnerships with WIC and form partnerships around nutrition.
Address social needs that hinder patients from attending dental visits, including transportation.		Expand Medicaid coverage to include application of dental sealants on 3- to 5-year-olds to avoid decay in primary teeth.

Table 1. IOHP V Regional Meeting Emerging Themes

The emerging themes were presented to the IOHP V advisory committee (AC). In addition to the input received from the regional meetings, the Advisory Council provided four recommendations:

1. **Establish an ongoing task force or advisory group and a report-generating system to ensure the IOHP V goals are met.** The IDPH OHS must identify where this work group should be housed. Encourage ownership of the IOHP V at the community level.
2. **Encourage ownership of the IOHP V at the community level.** The majority of goals are top down, we need to find the convergent sweet spot of input from communities, ownership from local leaders, and identify shared goals.
3. **Specify the type of data collection.** Ensure the data collected is meaningful to inspire action and change. Consider systems already collecting data that would benefit oral health (e.g., Medicaid claims).
4. **Medicaid Reimbursement Rates.** Encourage ongoing conversation and education among dental providers, public health officials, and HFS.

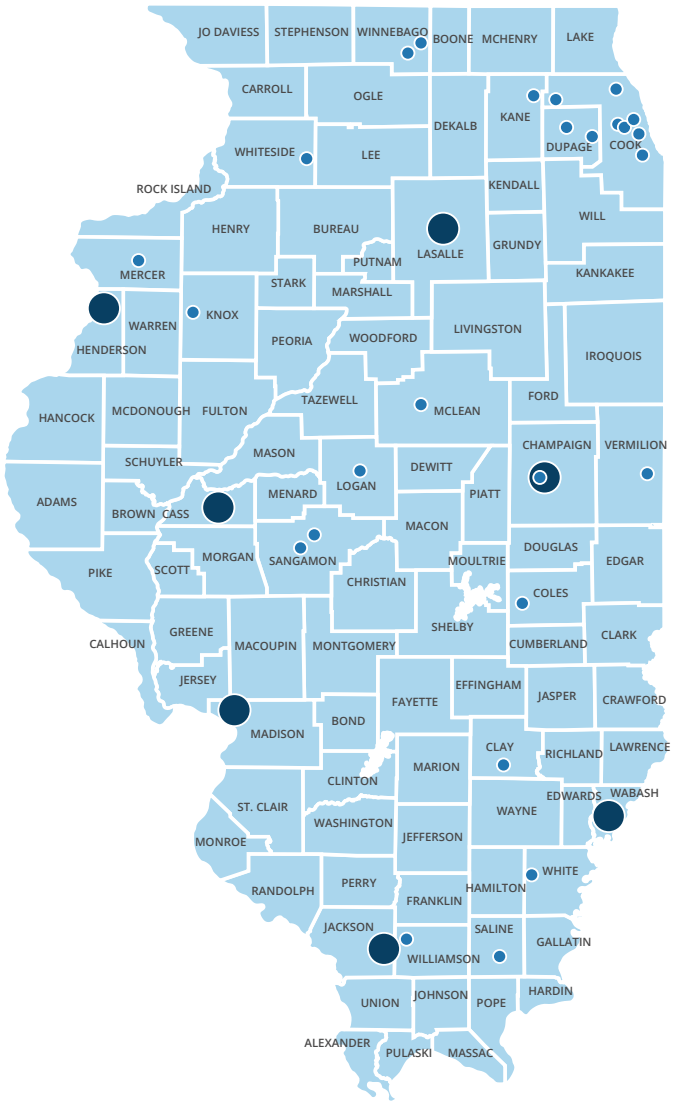
Appendix 2: Oral Health Partnership Feedback Survey – Results Summary

The Oral Health Partner Feedback (OHPF) survey was sent to partners through Survey Monkey® and was open from August – December 2024. The OHPF Survey was structured to collect feedback regarding the extent to which goals from the Illinois Oral Health Plan (IOHP) IV (2020 – 2025) were supported, sustainability of these activities, and challenges encountered while trying to support the IOHP IV goals.

Respondents were asked about their organization type and position; 34.1% represent a community health center / federally qualified health center, 18.2% represent a community-based organization / foundation, 11.4% represent an academic institution, 11.4% represent a state agency, and 2.3% represent a community member. Of the 52 respondents, 44 respondents also indicated their professional affiliation. The most common response of the survey options included program manager / director (40.9%), followed by oral health provider (38.6%), non-clinical advocate (20.5%), medical or other clinical provider (13.6%), and professional society/association member (9.1%).

Survey respondents were asked about their years of professional experience. The most common responses were 1-3 years (33.3%) and 10-20 years (33.3%), followed by both 4-9 years (16.7%) and 20+ years (16.7%). Respondents were represented from rural and urban areas of the state.

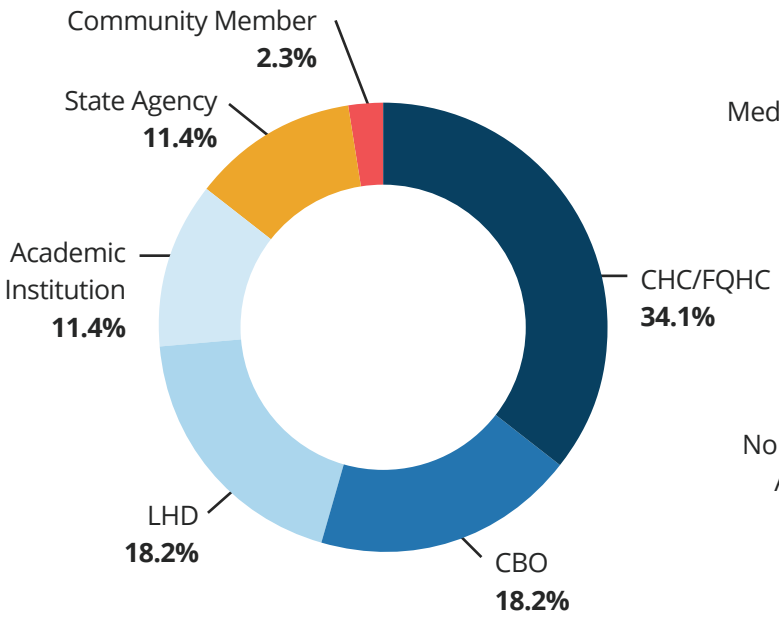
Oral Health - Regional Partner Feedback
IL Zip Code Locations of Survey Respondents



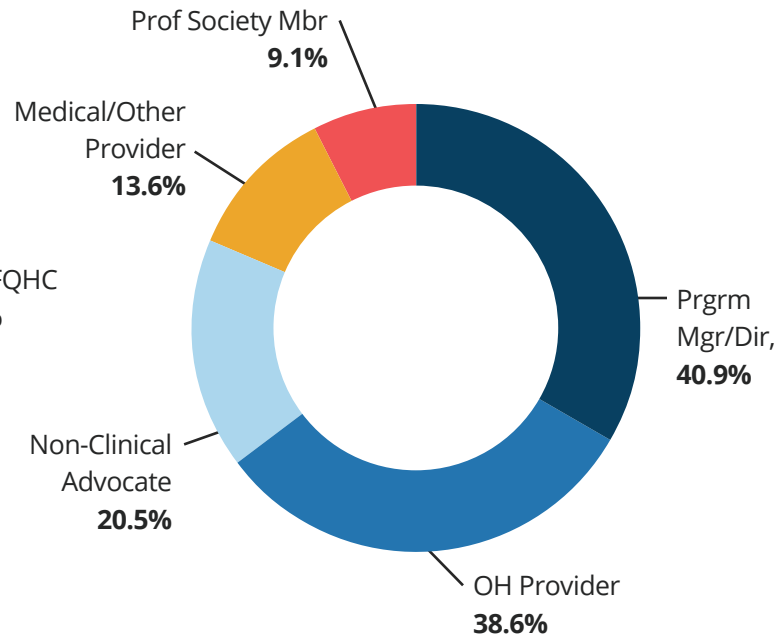
Zip Code Respondent Count

- Single Respondent Zip Code
- Multiple Respondent Zip Code

Organization Type (n=44)



Position/Title (n=44)



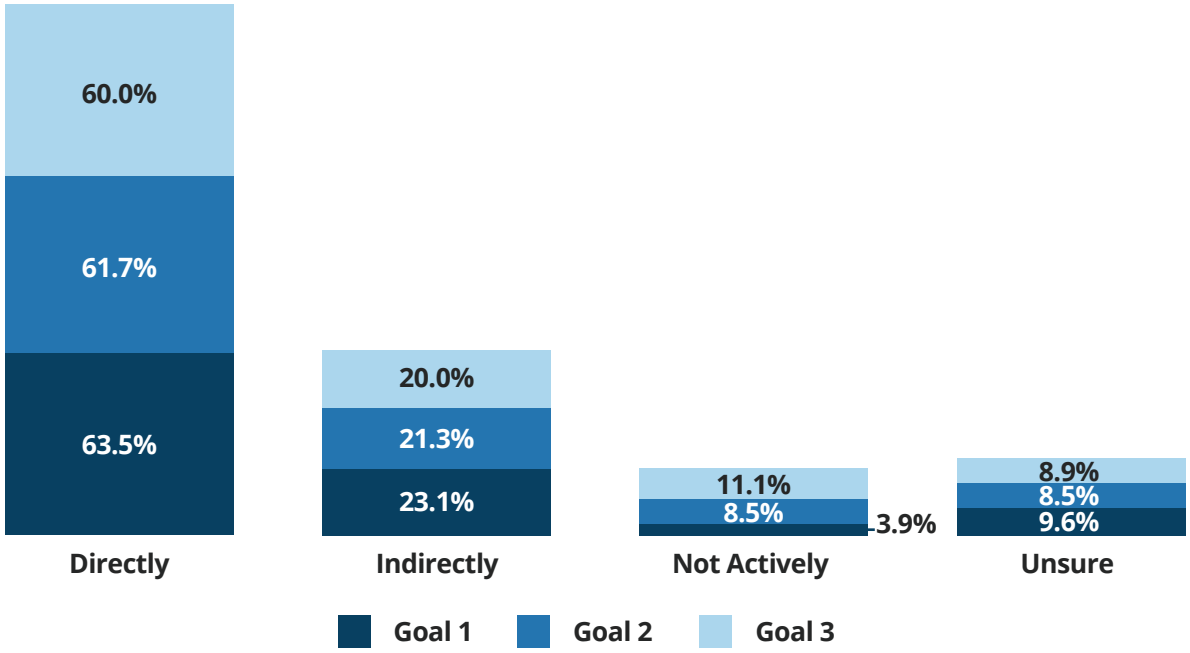
Organizational Support of IOHP IV Goals

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

Respondents were asked to indicate how their organization has supported the IOHP IV goals within the past 12 months. If respondents indicated either their organization directly or indirectly supported these goals, they were then asked a follow up question regarding how they have sustained these activities. Across all three goals of the IOHP IV, organizations responses for how they supported these most commonly included “directly”, followed by “indirectly”, and “unsure” or “not actively”. Also, a common theme was zero respondents chose the option “never supported” across all three goals. Of the respondents who were prompted to answer questions regarding sustainability of activities in support of the IOHP IV goals, across all three goals the most common responses were “yes” they can sustain the activities, followed by “unsure”, and “no.”

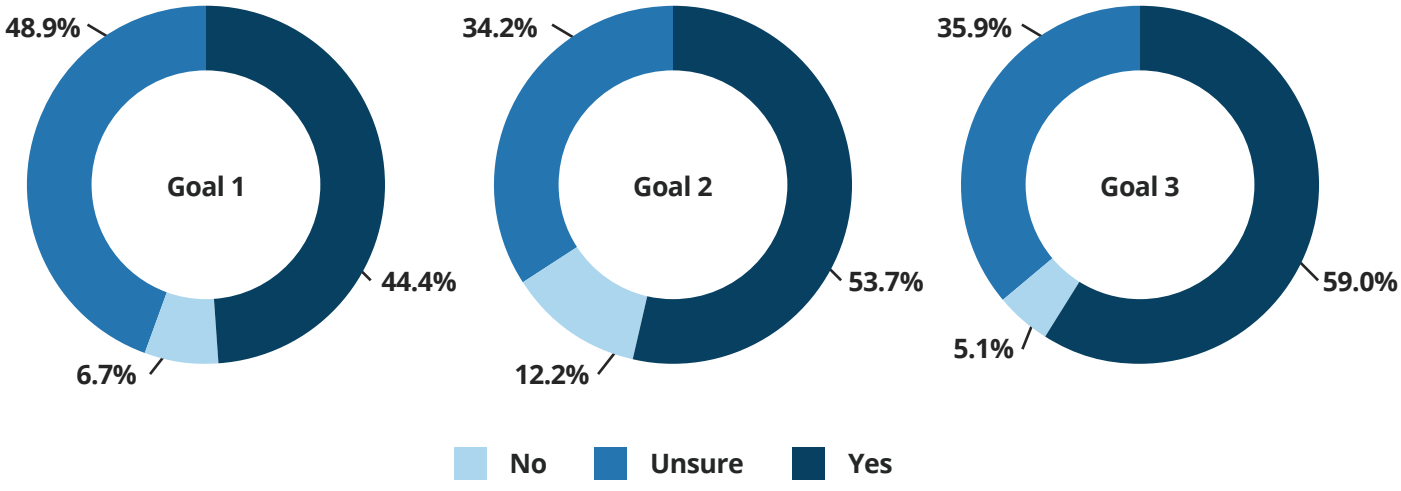
Type of Organization Support, by Goal Area

Understanding the extent to which organizations supported IOHP IV goals (within the past 12 months) serves as an indicator of awareness, utility, and saturation of the plan.



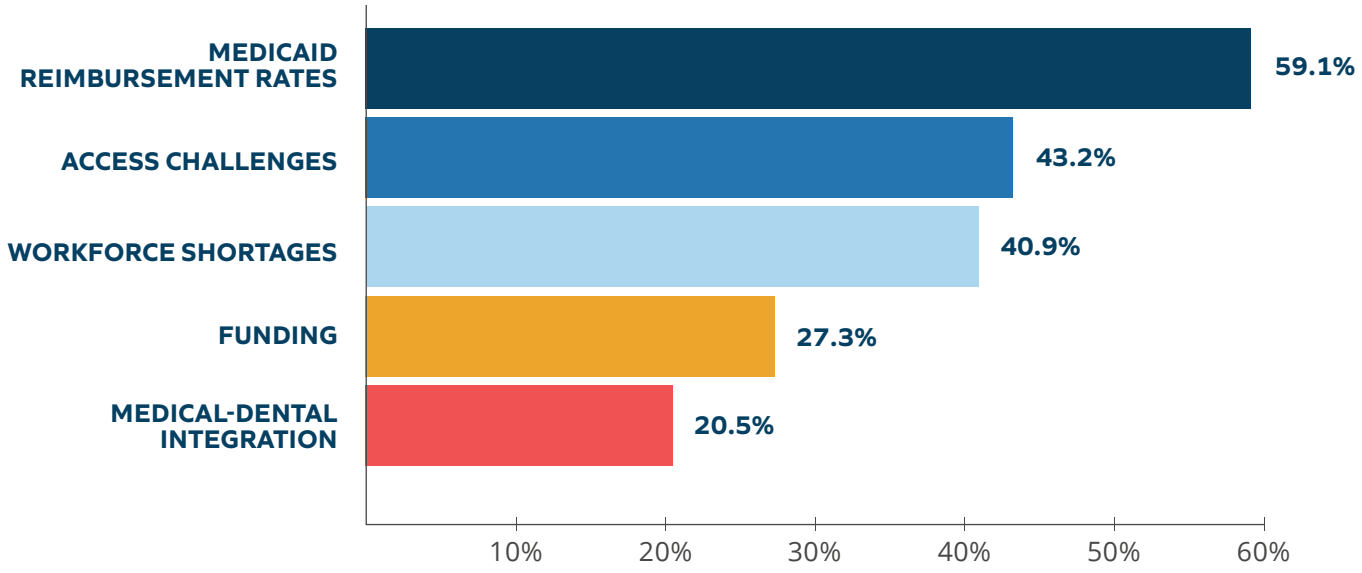
Sustainability, by Goal Area

Sustainability includes funding, organizational support, community support, etc. and other resources that are necessary for long term continuation of an organizational policy, process, and/or practice.



Top 5 Challenges Organizations Encountered While Supporting IOHP Goals

Respondents were then asked to rank several challenges that impacted them from supporting the IOHP IV goals in the past 12 months. Challenges were ranked from 1 to 5 with 1 being the least challenging and 5 being very challenging. 44 of the 52 respondents participated in this question. The common challenges with being ranked as "very challenging" included Medicaid reimbursement rates (59.1%), access challenges (43.2%), workforce shortages (40.9%), funding (27.3%), and medical-dental integration (20.5%).



Conclusion

The OHPF Survey results help inform the alignment of shared statewide oral health goals and helps identify the challenges that organizations faced when trying to implement or sustain these goals within their practice. Specifically, two out of three respondents indicated direct alignment with each of the three goal areas. That type of saturation indicates a majority alignment of statewide goals with partners. In addition, between 49% and 59% of respondents indicated sustainability of activities to support the three goal areas.

However, additional work is needed to close the gap in goal alignment with partners in a way that will maximize synergy and produce a collective impact across Illinois communities. The top challenges identified within the OHPF survey will be utilized to set the framework for the IOHP V (2026 – 2030). Additional and continual work is needed to further delineate a more granular way to implement strategies and activities that have broad impact, but that can also be tailored to meet local needs within the existing community infrastructure while ensuring equity. Lastly, The IDPH Oral Health Section will continue to solicit feedback from partners regarding awareness and utility of future IOHP and related activities.

Appendix 3: Partnership Survey

Thank you for your interest in taking part in a regional planning meeting for the Illinois Oral Health Plan V (IOHP)! Please take the time to answer the pre-registration questions below. By answering the questions below, it will help us prepare for the meetings in advance to tailor to the conversation and planning.

Please answer the following questions regarding the current iteration of the Illinois Oral Health Plan: IOHP IV (Eliminating Inequities in Oral Health (2021-2025):

1. Within the last 12 months, please indicate the extent to which your organization supported (directly, indirectly, not actively, never supported) any of the goals in the IOHP IV? (Matrix)

   Goal 1: Improve oral health status and self-care practices by addressing the promotion of social determinants of health. (Directly, indirectly, not actively, never supported)

   Goal 2: Align infrastructure and workforce to promote timely and equitable access to oral health care. (Directly, indirectly, not actively, never supported)

   Goal 3: Integrate and expand health promotion, primary prevention, and assurance of appropriate care. (Directly, indirectly, not actively, never supported)

2. Does your organization have the capabilities to sustain any activities you implemented in support of the goal(s) within the current IOHP after the Plan has ended? *Sustainability includes funding, organizational support, community support, etc. that are necessary for long term continuation of an organizational practice, policy, and/or process. If they responded directly or indirectly to any of the goals branch them to this question. List out each goal based on what goal they responded to in the first question.

3. In the last 12 months, what challenges have you encountered while supporting any of the goal(s) within the current plan (IOHP IV)? (Matrix) Please rate your answers on a scale from 1 to 5, 1 being not very challenging to 5 being very challenging.
   - Workforce shortages
   - Funding
   - Leadership buy-in
   - Community support
   - Staff training and education
   - Medical-Dental Integration
   - Access challenges
   - Medicaid Reimbursement rates
   - Other (please specify) – Open text

Please answer the following questions regarding the future iteration of the IOHP:

4. How would you like to learn about periodic updates about the IOHP V throughout the year? (Multiple choice)
   - Live Webinars
   - Pre-recorded (on-demand) webinars
   - Listserv notifications (newsletters, etc.)
   - Web-based updates (i.e., IDPH Oral Health Webpage, etc.)
   - Annual meetings/ conferences
   - I don't think our organization needs periodic updates related to the IOHP V
   - Other

Organizational/Professional Characteristics – The next questions are optional. This information will be used only for understanding select characteristics and how it relates to awareness or utilization of the IOHP.

5. Please indicate your organization type/affiliation (Check all that apply):

- Community Health Center/Federally Qualified Health Center
- Community Based Organization/Foundation
- Private Practice
- Academic Institution
- State Agency
- Community Member
- Other: Please specify

6. Please select your professional affiliation (Check all that apply)

- Oral Health Provider
- Medical or other clinical provider
- Non-clinical advocate
- Program manager/director Instructor
- Professional society/association member

7. Please indicate the number of years you have been working in your current role:

- 1 - 3 years
- 4 - 9 years
- 10 - 20 years
- 20+ years

8. What is your highest degree (if a duel degree include both, if no degree enter “none”)? [free text]

9. Please provide the 5-digit zip code of your primary practice or organization:

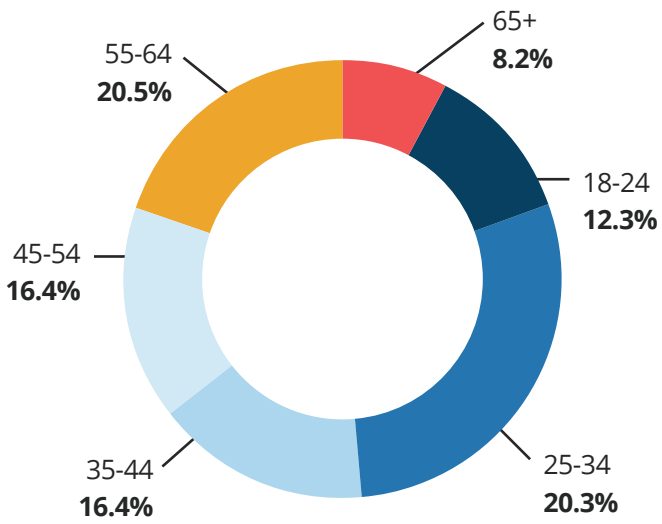
End of survey. Thank you for completing the survey! We appreciate your feedback. Please see the below meeting locations, times, and dates for all regional planning meetings. Please click here to register for the session of your choice. If you have any questions or issues with the registration process, please email: Megan Reutter (mreutterrdh@gmail.com)

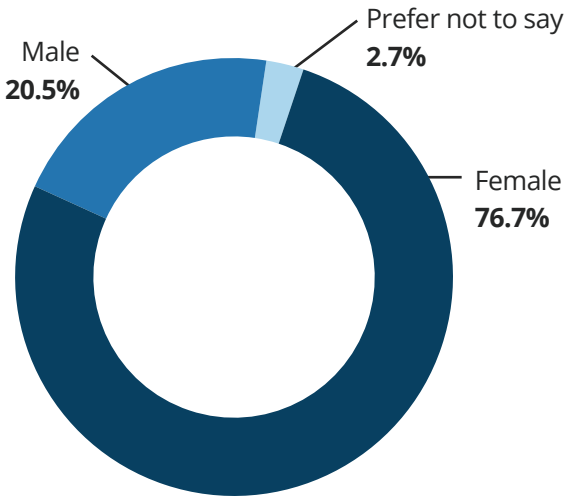
Region	Date	Time	Location/Bldg.	Address
Carbondale / Jackson County	October 3, 2024	10:00 a.m. - 12:00 p.m.	Southern Illinois Healthcare System Office	1239 East Main St., Carbondale, 62902
Chicago / Cook County	September 6, 2024	1:00 p.m. - 3:00 p.m.	Chicago Public Library - Little Italy Branch	1336 W. Taylor St., Chicago, IL
Macomb / McDonough County	September 9, 2024	10:00 a.m. - 12:00 p.m.	McDonough County PHD	505 E. Jackson St. Macomb, IL 61455
Springfield / Sangamon County	November 4, 2024	10:00 a.m. - 12:00 p.m.	A Natural Resources Building	One Natural Resources Way Springfield, IL 62702
Rockford / Winnebago County	September 26, 2024	1:00 p.m. - 3:00 p.m.	Winnebago Health Dept	55 North Court Street Rockford, IL 61103
Urbana / Champaign County	October 9, 2024	10:00 a.m. - 12:00 p.m.	Urbana-Free Library Lewis Auditorium	210 W. Green St. Urbana, IL 61801
Glen Ellyn/DuPage County	November 14, 2024	10:00 a.m. - 12:00 p.m.	College of DuPage Health and Science Center	425 Fawell Blvd Glen Ellyn, IL, 6013
Wood River/Madison County	October 30, 2024	10:00 a.m. - 12:00 p.m.	Madison County Health Department	101 E. Edwardsville Road Wood River, IL 62905

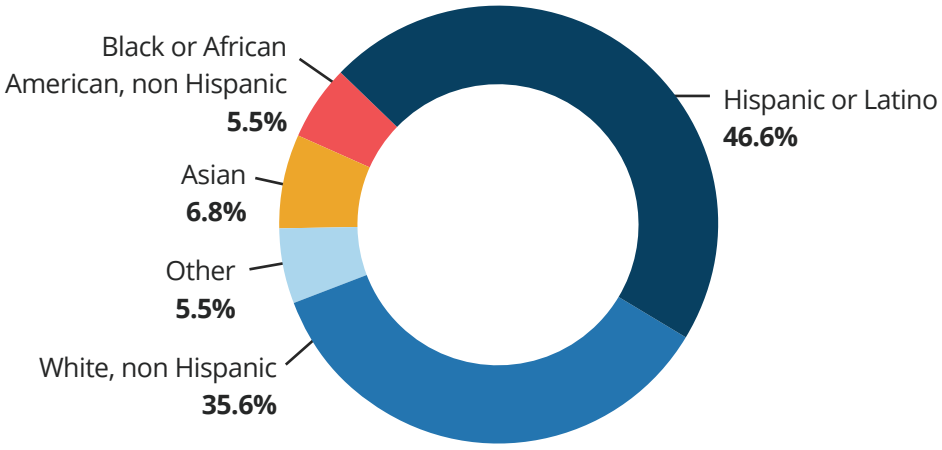
Appendix 4: Oral Health Consumer Feedback Survey - Results Summary

The Oral Health Consumer Feedback (OHCF) Survey was developed in Survey Monkey® in Spanish and English and was distributed through partners to further distribute or share with their patients. Surveys were open from August – December 2024 and were completed on-line and via paper format. The OHCF Survey was structured to collect feedback from consumers regarding their difficulties, needs, perceptions, and community needs when accessing oral health care; 62 people responded to the English version and 28 people responded to the Spanish version. See map on page 3 that illustrates zip codes represented herein.

Respondent Demographics (n=73)



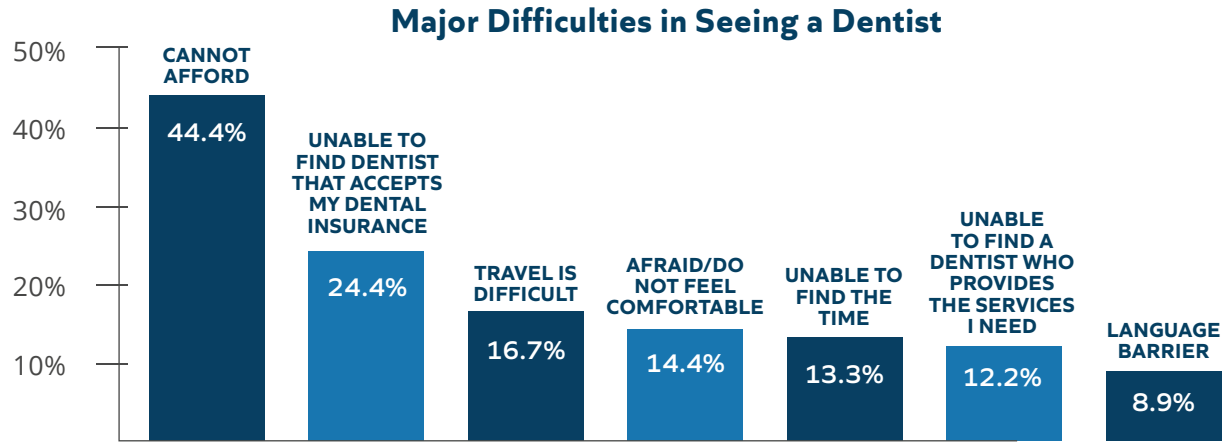




Survey respondents were asked demographic questions about their age, race, and gender (n=73), 23.3% of respondents indicated being 25-34 years of age, 20.5% 55-64 years of age, 16.4% of respondents 35-44 and 45-54 years of age respectively, 12.3% 18-24 years of age, and 8.2% 65 years of age or older. For gender, the majority of respondents indicated they were female (76.7%), followed by male (20.5%), and 2.7% of respondents indicated they would prefer not to say. For race, a little under half of respondents indicated Hispanic or Latino (46.6%), followed by White, non-Hispanic (35.6%), Asian (6.8%), Black or African American, non-Hispanic (5.5%), and Other (5.5%). For the respondents who indicated "other" as their race, responses included Albanian, Middle Eastern, and Mexicano.

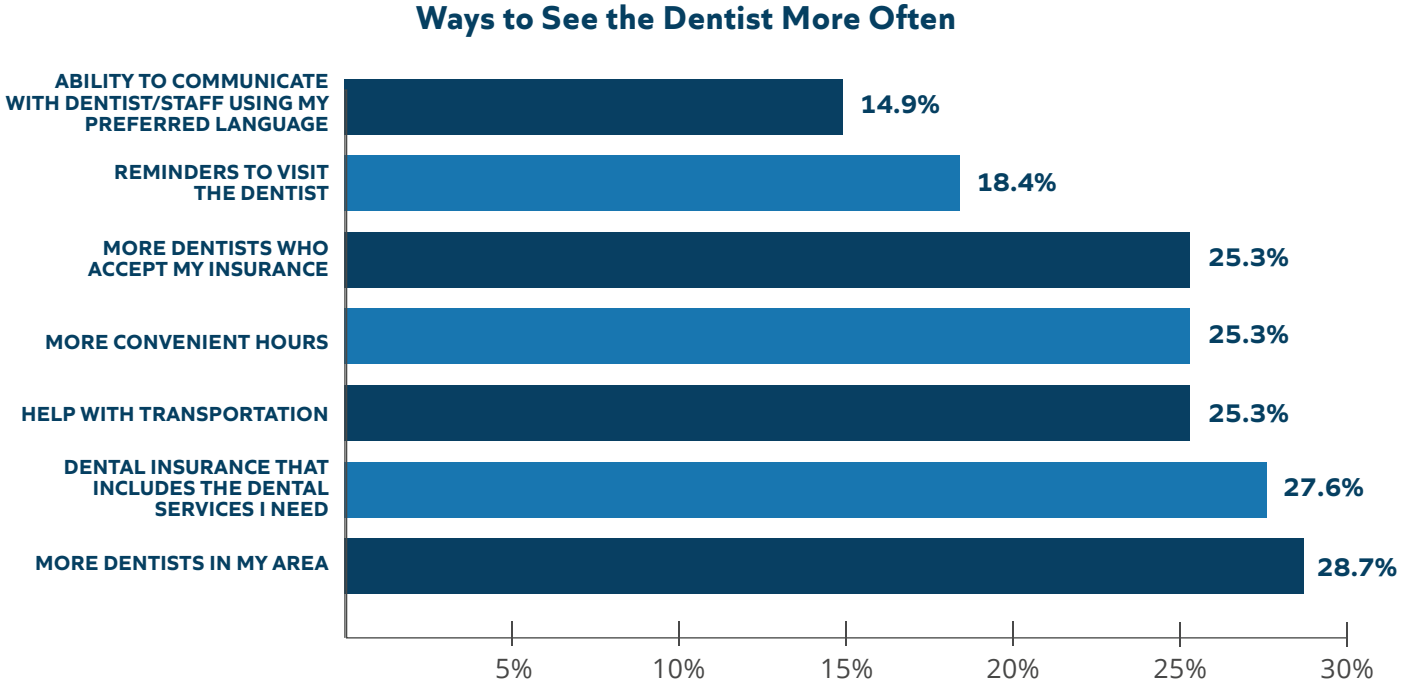
Access to Oral Health Care

Respondents were asked questions regarding access and experience of care; 1). difficulties in seeing a dentist, 2). Ways to improve the ability to see a dentist, 3). Individual experience during a dental visit, and 3). Opportunities to meet community needs. The most common difficulty mentioned by respondents was "I cannot afford to go to the dentist," (44.4%) followed by "It is too hard to find a dentist that accepts my dental insurance" (24.4%) and 16.7% indicated they cannot travel to a dentist easily; 35.6% respondents indicated they are not having any difficulties in seeing a dentist as often as they need to (data not shown).



**Respondents could select more than one response option for this question.*

In comparison to the difficulties indicated, respondents were asked about ways that would help them see the dentist as often as they need to. Top responses included, having more dentists in my area (28.7%), dental insurance that includes the dental services I need (27.6%), more dentists who accept my insurance (25.3%), more convenient hours offered by the dentist (25.3%), help with transportation to the dentist (25.3%), reminders to visit the dentist (18.4%), and ability to easily communicate with the dentist and staff in my preferred language (14.9%).



**Respondents could select more than one response option for this question.*

Respondents were then asked about their individual dental care experience. One out of nine respondents indicated they had an individual experience where they were not treated with dignity and respect. If the respondents indicated they were not treated with dignity and respect, they were asked to describe that experience.

When we compared the priority ranking, individuals indicated for their community versus their individual needs, we noted that the ranking for having more dental offices was very low as a community need but ranked #1 as an individual need. This could be due to the individual perception that community members are better able to access dental offices (possibly that take private insurance). Transportation was also rated as a higher individual need than that of the community as well as convenient office hours. However, the need for dental insurance (or insurance that covers all needed services) was a top priority for both the community and individual.

Quotes of experiences from respondents

"...the dentist gave me a fat lip from being too rough. I asked him multiple times to rest his hand somewhere else and to be more mindful of where my lips were. He ignored me."
"Had not been to dentist for a few years...was made to feel embarrassed."
"One dentist called me a big baby and said I should be ashamed of myself."

Now thinking about the people in the community where you currently live, what things would you want to see improved so they could see the dentist as often as they need?	Community Rank	Individual Rank
Dental insurance (89.7%)	1	2
Receiving quality oral health care when seeing the dentist (89.7%)	1	n/a
Patients being treated with respect at the dentist (89.7%)	1	n/a
Free or discounted oral health care (85.5%)	2	n/a
Oral health care in schools (84.6%)	3	n/a
Education about good oral health (79.5%)	4	5
Transportation (78.2%)	5	3
More specialty services (73.1%)	6	n/a
Education about fears of going to the dentist (70.5%)	7	n/a
More convenient hours (70.5%)	7	4
Oral health care in my primary care setting (70.5%)	7	n/a
More dental offices (67.9%)	8	1

Respondents were also provided an opportunity to offer additional feedback regarding their individual experiences when seeing a dentist via a free text format. Responses were coded into two categories, availability and affordability, and summarized as follows:

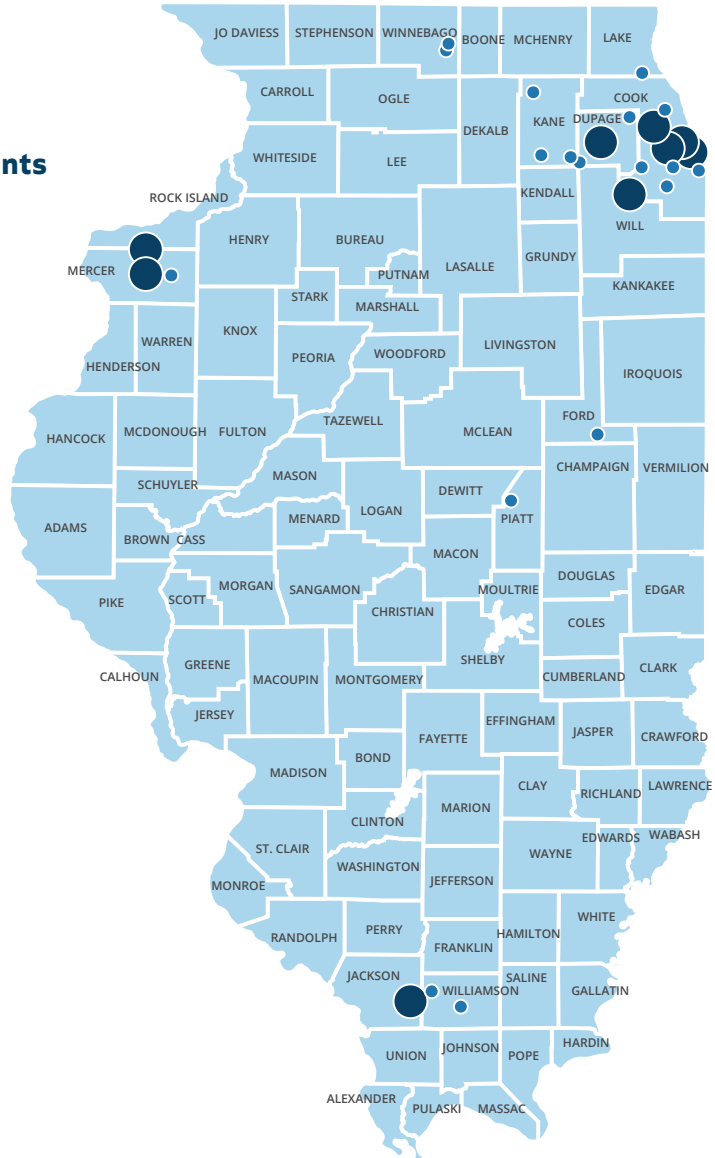
Availability
Long wait times and long wait lists.
Providers not accepting Marketplace insurance.
Traveling far for services.
Not enough providers / or dental offices in the area.
Providers in the area not accepting new patients.
Providers not accepting Medicaid.
Lack of providers who offers specialty services nearby.
Not enough providers that specialize in treating people who have disabilities.

Affordability
Medicaid does not cover expenses.
Medicare not covering certain services that are needed.
Dental insurance offered by an employer makes seeing the dentist affordable

Oral Health Consumer Survey
IL Zip Code Locations of Survey Respondents

Zip Code Respondent Count

- Single Respondent Zip Code
- Multiple Respondent Zip Code



Appendix 5: Community Survey

Oral Health Feedback – Consumer Survey

Thank you for your participation in the Illinois Oral Health Consumer Feedback Survey. The purpose of this survey is to gather feedback from adults (18 years or older) that live in Illinois and are from different communities. You will be asked questions about your ability to see a dentist as well as your individual experiences with oral health care. Your responses to this survey will remain anonymous. We anticipate the survey will take approximately 5 – 7 minutes to complete. We appreciate your feedback. (Include any other additional information/language for informed consent practices with asking for consumer feedback.)

Thinking about where you currently live and your current ability to see a dentist, please answer the following questions:

1. What are the major difficulties you have in seeing a dentist as often as you need? Check all that apply.

- I cannot find a dentist who provides the services I need
- I cannot afford to go to the dentist
- It is too hard to find a dentist that accepts my dental insurance
- I cannot find the time to go the dentist (e.g., cannot get time off from work; the dentist does not have convenient hours)
- I cannot travel to a dentist easily (e.g., do not have transportation; located too far away)
- I am afraid or do not feel comfortable going to the dentist
- No difficulties currently
- Other – Please specify

2. Which of the following choices would help you see a dentist as often as you need? Check all that apply.

- Help with transportation to the dentist
- Reminders to visit the dentist
- More dentists who accept my insurance
- More dentists in my area
- More convenient hours offered by my dentist
- Dental insurance that includes the dental services I need
- None of the above. I see the dentist as often as I need.
- Other – Please specify

3. Has there ever been a time where you did not go to the dentist because you felt you were not treated with dignity and respect?

- Yes
- No
- N/A

No – branch to describe when they were treated with respect.
Yes – describe their experience not being treated with dignity and respect.

4. Please describe a time where you felt you were treated with dignity and respect when seeing the dentist. Open text

5. What things would you want to see improved for people in your community to be able to see the dentist as often as they need to? Please rate each option based on the importance to you for your community from 1 to 5 with 1 being not very important and 5 being very important. (Will set-up as a matrix question from 1 to 5. 1 being not very important to 5 being very important.)

   - Transportation
   - Dental insurance
   - More dental offices
   - More specialty services (oral surgery, etc.)
   - Education about good oral health
   - Education about fears of going to the dentist
   - More convenient hours
   - Free or discounted oral health care
   - Receiving quality oral health care when seeing the dentist
   - Patients being treated with respect at the dentist
   - Oral health care in schools
   - Oral health care in my primary care setting
   - None, my community has what it needs for dental services
   - Other (please describe)

6. Is there anything else you would like to share regarding your individual experience seeing a dentist? [open text box]

Demographics – The next set of questions are optional. This information will be used only for understanding individual characteristics and how it relates to being able to see a dentist.

7. What is your age? (drop down for age ranges)

   - 18-24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65+

8. What is your gender? (Multiple choice)

   - Female
   - Male
   - Prefer not to say
   - Other

9. What is your race/ethnicity? (Multiple choice)

   - White, non-Hispanic
   - Black or African American, non-Hispanic
   - Hispanic or Latino
   - Asian
   - Native Hawaiian or Pacific Islander
   - American Indian or Alaska Native
   - Other

10. What is the 5-digit zip code of where you currently live or where you receive mail? (Fill in blank; validate for Zip)

End of survey – Thank you for your time, we appreciate your feedback. If you would like an opportunity to participate in one of our in-person feedback sessions, please click here (add link to regional meeting schedule and registration link). Feedback sessions are taking place from September-November 2024 across the state. This will allow you the chance to give more feedback on oral health needs in your community and learn more about oral health in Illinois.

Appendix 6: Pathway to Impact