



# Dental Public Health Activities & Practices

**Practice Number:** 16002  
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## SECTION I: PRACTICE OVERVIEW

### Name of the Practice:

Statewide Coalition Development – IFLOSS Coalition: Communities Working Together to Improve Oral Health

### Public Health Functions:

Policy Development – Collaboration & Partnership for Planning and Integration  
 Policy Development – Oral Health Program Policies  
 Policy Development – Oral Health Program Organizational Structure and Resources  
 Assurance – Population-based Interventions  
 Assurance – Oral Health Communications  
 Assurance – Building Linkages & Partnerships for Interventions  
 Assurance – Building Community Capacity for Interventions

### HP 2010 Objectives:

21-10 Increase utilization of oral health system.  
 21-14 Increase number of community health center and local health departments with oral health component.  
 21-16 Increase the number of states with State-based surveillance system.

### State:

Illinois

### Region:

Midwest  
Region V

### Key Words:

Coalition development, community capacity building, partnerships

### Abstract:

The IFLOSS Coalition is a statewide public-private partnership of key stakeholders concerned about oral health in Illinois and whose goal is to improve oral health. The coalition, founded in 1998, includes the following members: the Illinois Department of Public Health (including Division of Oral Health), social service agencies, other State agencies, dental clinics, the dental society and dental hygiene association, and organizations representing federally qualified health centers, school nurses, consumers, children with special needs, people with developmental disabilities and migrant workers. In order to address oral health issues, the coalition meets quarterly to discuss issues, develop strategic plans for the State, and make recommendations for policy development and activities including marketing oral health, safety net facilities, prevention, workforce, infrastructure development, legislation, policy development and community capacity building. The Coalition has approved By-Laws, established a dues structure, became incorporated, submitted an application for a 501C3 status, and developed a strategic plan. The coalition and its partners realized many successes, which included having increased Medicaid reimbursement rates, developed oral health data elements, assisted communities in building capacity for access to oral health care, and established a Marketing Plan to raise the public awareness about the importance of oral health.

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## SECTION II: PRACTICE DESCRIPTION

### **History of the Practice:**

In June of 1998, the Illinois Department of Public Health (IDPH), Division of Oral Health (DOH) provided time at a statewide oral health conference for dental clinic directors and those interested in providing oral health care to the under-served to meet informally and to network. A large group of primarily public health administrators gathered, and after a lively discussion asked the DOH to provide more time to meet in the near future. By November a formal meeting for anyone interested in oral health care took place and the IFLOSS Coalition was formed.

### **Justification of the Practice:**

Illinois communities were concerned about access to oral health care, as identified in their local oral health plans. Communities that had once remained paralyzed by frustration, began to plan and implement programs to improve oral health. The community activists were anxious to meet, network and share information that would assist them in their communities.

The coalition developed the following recommendations and distributed them through partners to state leaders and agency directors:

#### To the Governor and General Assembly

- Include a \$3 million line item in the Department of Public Health budget dedicated to prevention (sealants and fluoridation), access to oral health care (education) and surveillance.
- Increase funding to the Illinois Department of Public Aid by \$20 Million (\$10 Million State/\$10 Million Federal match) to increase reimbursement rates to 90 percent of usual and customary fees, focusing on services most often used; to expand coverage to include reimbursement for adults, especially pregnant women and other special populations such as individuals with disabilities; and to increase the funding level of grants to public health clinics to at least \$50,000 per year for four years.

#### To the Department of Public Aid

- Appoint two local health department administrators to the Medicaid Advisory group.
- Revise public health clinic grant conditions of award to allow clinic development and operation based on community needs and plans - for instance, part-time operation, serving special populations, and mobile clinics.
- Develop a grant for public health clinic maintenance.
- Allocate EPSDT dental funds to community health agencies.
- Assure provider participation throughout the state.
- Assure payment for claims within 30 days.
- Discontinue use of radiographs to verify claims (increase audits for suspected abuse).
- Assure the capability and willingness to produce utilization data reports by provider and location upon request by health departments.
- Include the reasons claims are denied on utilization reports.
- Decrease the amount of information requested on the provider applications.
- Develop a quality assurance component to the program.
- Assure a strong oral health education and prevention component to programs.

#### To the Department of Public Health

- Designate oral health as a core component of public health.
- Add oral health as an area to address in the IPLAN process.
- Develop and implement a statewide and community-based oral health education and awareness campaign.
- Work with interested communities to encourage mandatory school oral health examinations, provide oral health screenings in Well Baby Programs, and collect data on emergency room visits for dental problems.
- Establish an oral health surveillance system.

### To the Department of Human Services

- Expand funding for oral health care through Pediatric Primary Care and oral health grant programs funded by Maternal and Child Health Block dollars to communities through the Illinois Department of Public Health.

### **Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:**

The Coalition is led by public health administrators and assisted by the DOH. Today, the mailing list includes approximately 300 organizations and individuals with more than 80 active participants. The key players are the Illinois Department of Public Health (including DOH), social service agencies, other State agencies, dental clinic directors, the dental society and dental hygiene association, and organizations representing federally qualified health centers, school nurses, consumers, children with special needs, people with developmental disabilities and migrant workers.

The Coalition approved By-Laws, established a dues structure, became incorporated, submitted an application for a 501C3 status, and developed a strategic plan determining that solutions to oral health problems lie within community efforts, prevention programs, increasing public clinic facilities, integration with primary health care, Medicaid reforms, increasing the workforce, marketing oral health and partnering between the public and private sector.

The Coalition established three workgroups: Reimbursement, Clinics, and Marketing & Data. The workgroups plan interventions that focus activities on legislation, policy development and community capacity building to reach the goal of improved oral health in Illinois.

The Coalition meets quarterly in a central Illinois location. There are semi-annual meetings in southern Illinois to accommodate activity and networking for those communities without excessive travel. The Coalition sends regular mailings and meeting reminders. At each meeting participants have time to talk about their programs and ample time to network with each other. Each meeting has a special presentation and attempts to accomplish at least one specific task to assure productive time that is worthwhile to the members.

The Coalition has recently procured free office space and received funding to employ a coordinator, a special projects coordinator and a management firm for administration.

The coalition and its partners together have realized the following successes:

- Raised Medicaid reimbursement rates & added limited restorative Adult Services;
- Added public health representation to the Medicaid Advisory Committee;
- Developed a set of oral health data elements, creating a link to Medicaid data and a single point of data distribution through the Division of Oral Health;
- Assured requests for all seven pilot Clinic Development Grants;
- Created a Used Equipment Sharing system through the Illinois Public Health Association Website;
- Compiled an electronic Clinic Development Manual;
- Completed a survey of all public health clinics in the state that provides statistical data and useful information about resources and referral;
- Assisted communities in developing dental HPSA Designations and the loan repayment program;
- Developed a Marketing Plan to raise the public awareness about the importance of oral health and educate health professionals and governmental leaders about access to oral health care, and;
- Became a viable charitable and advocacy organization.

### **Budget Estimates and Formulas of the Practice:**

IFLOSS Coalition budget: \$67,719. Funding source for the IFLOSS Coalition is from the CDC's infrastructure grant awarded to Illinois Department of Public Health. The IFLOSS Coalition funding assists the statewide partnership to continue to build capacity to assess oral health needs, plan oral health improvement interventions and assure engagement of stakeholders, especially communities. The Coalition will assist the DOH to implement a statewide oral health and education program and the oral health surveillance system as well as assist community efforts to expand access to care for under-served populations. The budget will support travel, educational publication development and printing, mailing of educational publications to local health departments and community based organizations, town meetings convened to assess oral health in the community and assistance in the implementation of a statewide oral health surveillance system.

### **Lessons Learned and/or Plans for Improvement:**

Leadership by non-oral health stakeholders is one reason why this coalition is unique and a success.

**Available Resources - Models, Tools and Guidelines Relevant to the Practice:**

- IFLOSS Coordinator Job Description
- IFOLSS Special Projects Coordinator Job Description
- Coalition Bylaws

## SECTION III: PRACTICE EVALUATION INFORMATION

### **Impact/Effectiveness**

*Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?*

The IFLOSS Coalition has realized many successes, including:

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### **Efficiency**

*Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?*

Prior to employing staff, the Coalition activities were accomplished by volunteers who incorporated Coalition duties with their jobs. This was cost effective but not efficient. With funding and Coalition staff, the Coalition will be able to flourish.

### **Demonstrated Sustainability**

*Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?*

The Coalition staffs are responsible to seek funding to continue to support Coalition activities. The Coalition is utilizing a successful state coalition as a model - the Illinois Maternal and Child Health Coalition.

### **Collaboration/Integration**

*Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?*

Yes, the Coalition participant list is extensive with a wide variety of organizations and agencies represented. The new Coalition staff is charged to garner additional participants from arenas not currently represented, such as the faith community and additional businesses.

### **Objectives/Rationale**

*Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?*

Yes. The Coalition supports efforts in advancing the following HP 2010 objectives:

- 21-10 Increase utilization of oral health system
- 21-14 Increase number of community health center and local health departments with oral health component
- 21-16 Increase the number of states with State-based surveillance system

### **Extent of Use Among States**

*Is the practice or aspects of the practice used in other states?*

Many states have reported establishing statewide oral health coalitions. The actual number of states with such a coalition is not known.