

Appendix A

The Surgeon General's Report on Oral Health

On May 25, 2000, Surgeon General David Satcher released *Oral Health in America: A Report of the Surgeon General*. In addition to a lack of awareness of the importance of oral health among the public, the report found a significant disparity between racial and socioeconomic groups in regards to oral health and ensuing overall health issues. Based upon these findings, the Surgeon General called for action to promote access to oral health care for all Americans, especially the disadvantaged and minority children found to be at greatest risk for severe medical complications resulting from minimal oral care and treatment. The report called for a national partnership to provide opportunities for individuals, communities, and the health professions to work together to maintain and improve the nation's oral health.

Oral Health in America: A Report of the Surgeon General charted a broad course of action including:

- Enhancing the public's understanding of the meaning of oral health and the relationship of the mouth to the rest of the body
- Raising the awareness of the importance of oral health among government policy makers to create effective public policy that will improve America's oral health
- Educating non-dental health professionals about oral health and disease topics and their role in assuring that patients receive good oral health care

It also recommended an expansion of the science base to determine the people and populations most at risk for serious oral health conditions, an acceleration of the application of research findings into targeted and effective health prevention methods, and promotion of their adoption by the public and health professions.

Three years later, on Tuesday, April 29, 2003, the U.S. Department of Health and Human Services released the *National Call to Action to Promote Oral Health*. The report was designed to encourage the public and private sectors to work together to improve oral health and prevent oral disease for all Americans. Released by Surgeon General Richard Carmona at the 2003 National Oral Health Conference in Milwaukee, Wisconsin, the *Call to Action* identified the following five action areas:

- Change perceptions of oral health care
- Overcome barriers to care by replicating effective programs and proven efforts
- Build the science base and accelerate science transfer
- Increase oral health workforce diversity, capacity and flexibility
- Increase collaboration

Since the release of the Surgeon General's report and the *Call to Action*, the dental public health community nationwide has rallied around the five action areas in order to improve oral health for all Americans.

*Sources: The United States Health and Human Services website at: <http://www.surgeongeneral.gov/library/oralhealth/>; U.S. Department of Health and Human Services. *National Call to Action to Promote Oral Health*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003.*

Appendix B

Illinois Oral Health Plan I Executive Summary 2002

The State of Oral Health in Illinois:

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

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

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

Five Policy Goals and Illinois-Specific Priorities

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

Policy Goal I

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

Illinois Priorities

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

Policy Goal II

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

Illinois Priorities

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

Policy Goal III

Remove known barriers between people and oral health services.

Illinois Priorities

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

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

Policy Goal IV

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

Illinois Priorities

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

Policy Goal V

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

Illinois Priorities

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

Appendix C

The Illinois Oral Health Plan Outcomes

Policy Goal I

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

Illinois Priorities

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

Recommendation 1

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

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

Successes to date

Multiple efforts under way, including ECC Education Program DOH (see Recommendation 2); Health Literacy Training, Oral Health Conference, Mid-winter Meeting; Oral Cancer Prevention Program, with DOH grants.

Recommendation 2

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

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

Successes to date

IDPH Health Educator, IDPH Epidemiologist; data collected; statewide comprehensive training program for WIC and Head Start, MCH Block Grant; CDC Infrastructure Grant, HRSA Grant; IL Head Start Oral Health Plan development

<p><i>Recommendation 3</i> Promote regular dental exams for children. At a minimum</p> <ul style="list-style-type: none"> ■ Encourage dental exams for young children beginning at age 1 ■ Investigate the possibility of requiring a dental exam prior to school entrance and before entering grades K, 5 and 9; propose policy changes as necessary 	<p>Successes to date HFS MCH Handbook guidance to change from year 2 to year 1 for first dental visit; Public Act Requirement passed and implemented; Dental examinations for all children entering K, 2, and 6; Lt. Governor Pat Quinn champions oral health</p>
<p><i>Recommendation 4</i> Provide prenatal education to all pregnant women with an emphasis on the relationship between maternal oral health and pre-term low birth weight, and between maternal oral health and infant oral health, and the benefit of establishing positive oral health behaviors in infancy.</p>	<p>Successes to date Comprehensive training for WIC and Head Start; March of Dimes Prematurity Project</p>
<p><i>Recommendation 5</i> Implement comprehensive school health curricula with an oral health education and prevention component in all Illinois schools to assure that children are healthy and, therefore, better able to learn</p>	<p>Successes to date Cavity Busters Curriculum pilot underway</p>
<p><i>Recommendation 6</i> Encourage or require protective mouthguard use in school or other sports programs for those sports at high risk for oral or facial injury.</p>	<p>Successes to date Project Mouthguard, DOH</p>
<p><i>Recommendation 7</i> Maximize the capacity of local health departments to dedicate existing resources for oral health education.</p>	
<p><i>Recommendation 8</i> Provide pediatricians, nurses, emergency room physicians and other medical professionals, and the institutions where they are educated and trained, with information on oral disease prevention and treatment.</p>	<p>Successes to date Illinois Chapter of the American Academy of Pediatrics Bright Smiles Project; HFS, UIC, ICAAP, DOH Research Medicaid reimbursement; Michael Reese Health Trust funding</p>
<p><i>Recommendation 9</i> Implement and maintain a public/private statewide partnership that focuses on the prevention and control of oral and pharyngeal cancer.</p>	<p>Successes to date NIH and PHHS Block Funding to support local efforts; Oral Cancer Prevention Program, DOH</p>

Policy Goal II

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

Illinois Priorities

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

<i>Recommendation 1</i> Increase the representation of students from under-represented minorities at the UIC College of Dentistry, the SIUE School of Dentistry and dental hygiene schools and programs.	Successes to date RWJ Foundation Grant to UIC COD
<i>Recommendation 2</i> Increase the number and types of community-based experiences available to students of dentistry and dental hygiene.	Successes to date RWJ Foundation Grant to UIC COD, SIUC Community Dental Clinic and ICHF Grant
<i>Recommendation 3</i> Integrate information and training experiences into the dental and dental hygiene education curricula that will allow these dental health professionals to treat a diverse public.	Successes to date RWJ Foundation Grant to UIC COD, SIUC Community Dental Clinic and ICHF Grant
<i>Recommendation 4</i> Expand the continuing education opportunities for currently practicing dentists and dental hygienists in the area of dental public health.	Successes to date Multiple efforts IFLOSS, IFDH, IL Oral Health Conference
<i>Recommendation 5</i> Establish a process for the systematic collection of oral health workforce capacity in Illinois. Once established, assess the distribution of and potential need for dental specialists, particularly pediatric dentists.	Successes to date Illinois dental workforce census completed in fall of 2004 & 2006; Public Act DPFPR may require dentists to complete census; Board Certified Faculty in Dental Public Health; Division of Prevention and Public Health at UIC COD

Policy Goal III Remove known barriers between people and oral health services.

Illinois Priorities

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

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

<p>Recommendation 1 Increase Medicaid funding to raise reimbursement rates to a minimum floor of 75 percent of the 50th percentile of fees charged by private dental practices.</p>	<p>Successes to date Partially met Preventive Care; Memisovski Decision</p>
<p>Recommendation 2 Expand the scope of services provided to Medicaid beneficiaries to include, at a minimum:</p> <ul style="list-style-type: none"> ■ Preventive services particularly for adults (cleaning [prophylaxis], periodic exams) ■ Periodontal (gum) procedures, particularly for pregnant women ■ Endodontics (root canal) procedures for posterior (back) teeth ■ Partial dentures ■ Operating room costs/anesthesia for persons with developmental disabilities who require sedation 	<p>Successes to date No cuts to Medicaid program; Center for Health Care Strategies; Purchasing Inst.; RWJF Project</p>
<p>Recommendation 3 Increase the proportion of low-income children and pregnant women - both insured and uninsured - and the proportion of persons who live in geographically underserved areas who receive dental examinations, preventive oral health services and restorative care.</p>	<p>Successes to date KidCare and All Kids; utilizing dental sealant grant program to enroll kids into KidCare and All Kids</p>
<p>Recommendation 4 Increase access to dental services for persons with developmental disabilities.</p>	<p>Successes to date Expand Milestone Clinic</p>

<p><i>Recommendation 5</i> Increase funding for public health clinic start-up and maintenance grants and other safety net programs including community/migrant health centers and not-for-profit volunteer programs.</p>	<p>Successes to date Significant expansion of dental safety net</p>
<p><i>Recommendation 6</i> Replicate and expand the current IDPH school-based dental sealant program into new communities.</p>	<p>Successes to date New grantees - Kane, Brown, Christian, LaSalle, Madison, Wayne, Shawnee Health Services, Alton Community Unit #1, Berwyn Public Health District; Foundation funding Chicago DSGP</p>
<p><i>Recommendation 7</i> Implement a pilot case management system addressing the oral health care needs of low-income and uninsured individuals, specifically missed dental appointments, and lack of longitudinal information on the oral health care of Medicaid insured and uninsured persons.</p>	
<p><i>Recommendation 8</i> Replicate model programs that help insurance beneficiaries (both public and private) to understand their dental benefits and the value of those benefits.</p>	<p>Successes to date IFLOSS Compendium of Successful Programs</p>
<p><i>Recommendation 9</i> Pursue Illinois-specific funding for loan repayments for Illinois dental school graduates and graduates of dental hygiene training programs who agree to practice in a dental underserved shortage area or a rural area, or to serve an underserved population (e.g., persons with developmental disabilities) upon graduation. Focus resources on applications from rural areas, in an effort to improve retention in rural communities.</p>	
<p><i>Recommendation 10</i> Decrease the number of people in Illinois who are uninsured for dental services.</p>	<p>Successes to date KidCare and All Kids; PA; general supervision of dental hygienists in school based setting requires public health affiliation</p>

Policy Goal IV

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

Illinois Priorities

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

Recommendation 1

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

Successes to date

Illinois Oral Health Surveillance System developed; Healthy Smiles Healthy Growth Assessment of 3rd graders; Head Start data collection pilot

Recommendation 2

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

Successes to date

Health department training in data collection; IDPH Fluoridation Database Manager

Policy Goal V

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

Illinois Priorities

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

<i>Recommendation 1</i> Monitor the implementation and continued development of the Illinois Oral Health Plan.	Successes to date Monitoring underway; IRHA Forum; IOHP part of State Health Improvement Plan
<i>Recommendation 2</i> Develop a formal mechanism for leaders in dental education (dentistry, dental hygiene, dental residency training programs) to convene on a routine basis and discuss strategies, synergies and opportunities.	Successes to date Dental Educators Forum
<i>Recommendation 3</i> Identify funding streams to assure the long-term development and institutionalization of the IFLOSS Coalition.	Successes to date Increased membership; multiple chapters of Coalition; Policy and Legislation Committee; IRHA - Oral Health Work Group; significant foundation support for oral health service delivery; IFLOSS assures oral health in Adequate Care Task Force

Appendix D

Illinois Oral Health Plan I

Evaluation Report Summary, February, 2006 - Background and Methods

In July 2005, the Illinois Department of Public Health, Division of Oral Health contracted with the Illinois Prevention Research Center (IPRC) located at the University of Illinois at Chicago, School of Public Health, Institute for Health Research and Policy to conduct program evaluation and provide technical assistance to the ongoing oral health activities in the state. The framework for the evaluation of the IL Oral Health Plan is based primarily on two sources, the CDC's *Framework for Program Evaluation in Public Health* and suggested strategies offered by representatives of the CDC, Division of Oral Health during their site visit to Illinois in early 2005. Data for this summary come from a series of 3 statewide *Stakeholder Forums* and 107 *Illinois Oral Health Plan Development and Implementation Surveys*. *Stakeholder Forums* were conducted as collaborative efforts between the oral health division of the state health department and the following entities:

- Illinois Dental Education Forum (March 28, 2005 – Springfield, IL)
- Illinois Rural Health Association Oral Health Forum (April 13, 2005 – Effingham, IL)
- Illinois State Dental Society Access to Care Committee Forum (July 6, 2005 – Springfield, IL)

Administration of the *Development and Infrastructure Survey* took place with the following:

- Illinois Dental Education Forum participants
- Illinois Rural Health Association Oral Health Forum participants
- Illinois State Dental Society Access to Care Committee Forum – members
- Illinois State Dental Hygienists Association – Board members
- Illinois State Dental Hygienists Association – House of Delegates
- Illinois Public Health Association Conference participants
- Illinois State Oral Health Conference participants

Recommendations

Based on the results of the *Stakeholder Forums*, the findings from the *Development and Implementation Survey* and interactions with staff of the Illinois Department of Public Health, Division of Oral Health, the following recommendations are suggested:

- Overall, the plan has been received and viewed as a positive step for oral health planning and programming in Illinois both in its development and implementation
- The Stakeholder forums were viewed as a positive method for obtaining direct and specific feedback from the groups involved
- Specific recommendations from the Stakeholder Forums should be included in the next State Oral Health Plan
- Increase emphasis on inclusion of special population needs including the elderly and rural residents with regard to oral health care access
- For the next plan, it was highly recommended that specific 'benchmarks' be included as baseline measures to ensure and demonstrate progress. Issues concerning prioritization of activities and the costs associated with implementing these were also suggested
- The plan is often used for grant writing, strategic planning, legislative advocacy and as a community health planning tool
- Concern remains about the role of the RDH within the practice community including recommendations for the expansion of the role
- There is a strong desire for the continued and expanded role of the oral health educational sector in the planning process
- There should remain an emphasis on 'getting the word out' on oral health through conducting local and regional meetings as often as possible
- The work of the Division of Oral Health is very much appreciated

Prepared by: Illinois Prevention Research Center, UIC Institute for Health Research and Policy under contract from the Division of Oral Health, Illinois Department of Public Health

Appendix E

Illinois Oral Health Plan II

Town Hall Meeting Questions

The Illinois Statewide Oral Health Plan Steering Committee is currently seeking input to help improve oral health services in Illinois. In order to collect information from Town Hall Meeting participants, please take a few minutes to respond to these questions. Your answers will be kept anonymous and aggregated with all respondents.

1. What specific problems are you having in accessing oral health services in your community? Please be specific about service and access issues.
2. Are vulnerable populations able to access services in your community (elderly, low-income, disabled, uninsured, rural residents, etc)? Please be specific about service and access issues.
3. What innovative oral health projects have been developed in the last five years in your community?
4. Do you have access to educational and public awareness materials for oral health services in your community?
5. What suggestions do you have to improve oral health care in your community?
6. Who are the oral health champions in your community? Why?

Appendix F

Illinois Oral Health Plan I

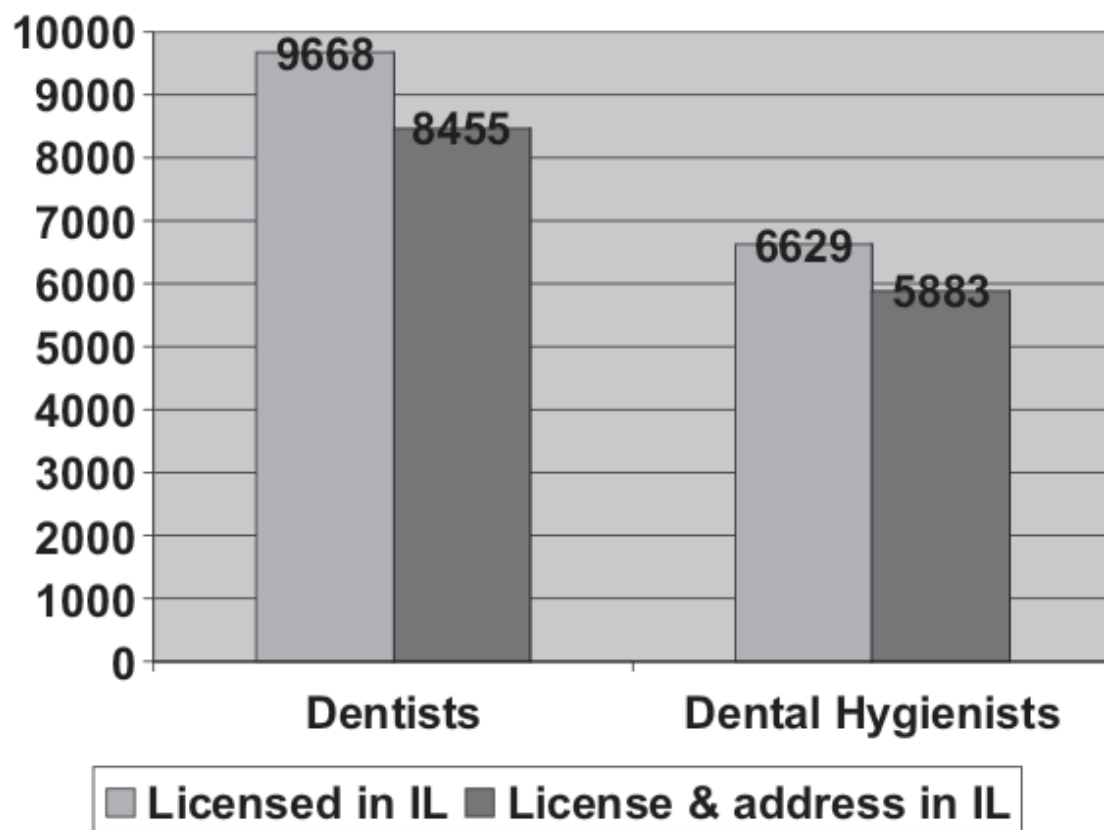
Town Hall Meeting Evaluation Tool

1. The meeting format provided opportunity for input from all participants.
Not at All 0 1 2 3 4 Very Much
2. The meeting facility was accessible and accommodating for the meeting.
Not at All 0 1 2 3 4 Very Much
3. The meeting facilitator encouraged participation and input from all participants.
Not at All 0 1 2 3 4 Very Much
4. The meeting adequately addressed the oral health needs of your community.
Not at All 0 1 2 3 4 Very Much
5. I felt my voice was clearly heard.
Not at All 0 1 2 3 4 Very Much
6. I had the opportunity to address the issues I felt are important.
Not at All 0 1 2 3 4 Very Much
7. The meeting allowed me adequate time to voice my opinion.
Not at All 0 1 2 3 4 Very Much
8. Please share any additional issues, thoughts, suggestions and recommendations you may have for the Statewide Oral Health Plan.

Appendix G

Registered Dentists & Dental Hygienists in Illinois in 2005

Dentists and Dental Hygienists by
License and Address in Illinois



Appendix H

IOHP II Town Hall Meeting Participants

Galesburg Town Hall Meeting

Brad Bennewitz, WGIL, Galesburg Radio Station
Ben Botkin, Register-Mail
Greg Chance, Knox County Health Department
Kim Forrin, Carl Sandburg College
Laura Fullerton, Knox County Health Department
Julie Ann Janssen, Illinois Department of Public Health
Karen Kistler, United Way
Mike Perry, WGIL, Galesburg Radio Station
Gail Ripka, Henry County Health Department
Kathleen Thacker, Illinois Department of Public Health
Melinda Whiteman, Henderson County Rural Health
Lauri Wiechmann, Carl Sandburg College
Linda Wikoff, Illinois Farm Bureau
Lori Williams, Illinois Rural Health Association

Carbondale Town Hall Meeting

Sandie Beebe, Southern Illinois University, Dental Hygiene
Lisa Bilbrey, IFLOSS Coalition
Joan M. Davis, Southern Illinois University
Ronda DeMattei, Southern Illinois University, Dental Hygiene
Julie Ann Janssen, Illinois Department of Public Health
Brooke Johnson, Southern Illinois University, Dental Hygiene Student
Jon Lam, Illinois Environmental Protection Agency
Charla Lautar, Southern Illinois University, Dental Hygiene
Sherri Lukes, Southern Illinois University, Dental Hygiene
Sandy Maurizio, Southern Illinois University, Dental Hygiene
Teri McSherry, Southern Illinois University, Dental Hygiene
Nancy Mezzarelli, Shawnee Health Services
Faith Miller, Southern Illinois University, Dental Hygiene
Jennifer Miller, Southern Illinois University
Julie Patton, Egyptian County Health Department
Judy Redick, IFLOSS Coalition
Kim Spruell, Franklin-Williamson Bi-County Health Department
Lori Williams, Illinois Rural Health Association
Marcy Wood, Southern Illinois University, Dental Hygiene Student
Bobbie Worthington, Southern Seven Head Start
Toni Kay Wright, Southern Illinois University Carbondale Head Start
Judy Zito, Southern Illinois University, Social Work

Rockford Town Hall Meeting

Rosemary Bloom, Winnebago County Health Department
Anne Clancy, Illinois Department of Public Health
Ray Empereur, Rockford Regional Health Council
Matt Hunsaker, University of Illinois Chicago, Rockford
Julie Ann Janssen, Illinois Department of Public Health
Susan Krug
Vince Madama, Rock Valley College
Marie A. Narickis, Rock Valley College
Kathy Olson, Milestone Dental Clinic
Greg Ringler, Crusader Clinic
Juanita Varnes, Winnebago County Health Department
Yvette Walker, Illinois Dental Hygienists Association
Lori Williams, Illinois Rural Health Association

Downer's Grove Town Hall Meeting

Carleen Banks, YWCA, Child Care Resource and Referral
Kimberly Benkert, Western Suburbs Dental Hygienists' Society
Dr. Ed Chavez, DuPage Community Clinic
Bill Christiansen, DuPage County Health Department
Amanda Ciatti, DuPage Community Clinic
Anne Clancy, Illinois Department of Public Health
Jennifer Coyer, DuPage PADS (Public Action to Deliver Shelter, Inc.)
Sharon Crowder, DuPage County Health Department
Susanna Roberts Davison, Kane County Health Department
Beth Emke, DuPage County Health Department
Lino Goreia, DuPage County Health Department
Julie Ann Janssen, Illinois Department of Public Health
Regine A Oair, University of Illinois
Beverly Parota, DuPage County Health Department
Beth Pitcher, Delta Dental of Illinois
Mary Ellen Schaefer, DuPage County Senior Services
Elaine Schram, DuPage County Health Department
Mila Tsagalis, DuPage County Health Department
Lori Williams, Illinois Rural Health Association
Lynne Williams, Delta Dental of Illinois
Ellen Weissbrodt, Glen Ellyn Community Resource Center

Champaign-Urbana Town Hall Meeting

Jerry Andrews, Macon County Health Department
Lisa Bell, Central Illinois Dental Educational Services
T.M. Blunt, Champaign-Urbana Public Health District
Karen Bojda, Central Illinois Dental Educational Services
Olivia Brown, Champaign County Health Care Consumers
George Carlisle, Champaign County Health Care Consumers
Paulette Coliner, Champaign County Health Care Consumers
Katie Coombes, Champaign County Health Care Consumers
Marilyn Cray, Dental Director
Monika Dubiel
Mary Emmons, Parkland College
Susan Farner, University of Illinois
Julie Ann Janssen, Illinois Department of Public Health
Allison Jones, Champaign County Health Care Consumers
Nezar Kassem, Illini District Dental Society
Claudia Lennhoff, Champaign County Health Care Consumers
Susan Maurer, Champaign County Board of Health
Nancy Mings, Carle Clinic - Pediatrics
Chinwe Ntamere, University of Illinois
Ken Powell, Campaign for Better Health Care
Larry Rogers, Champaign-Urbana Public Health District
Ann Roppel, Illinois Department of Public Health
John Short

Pam Simmons, Champaign-Urbana Public Health District
Jan Thom, Central Illinois Dental Educational Services
Amanda Vlak, University of Illinois
Rev. Robert West
Lori Williams, Illinois Rural Health Association
Dianna Wilson, Head Start
Val Woodruff
M. Ziemoeit, Fit WithZ
Marcia Zumbahlen, Private Infant Mental Health Specialist

Chicago Town Hall Meeting

William Baldyga, Institute for Health Research and Policy
Susan Bauer, Community Health Partnerships of Illinois
Mary Pat Burgess, Chicago Department of Public Health
LaDawn Burnett, Office of Lieutenant Governor
Dr. Gerald Ciebien, Chicago Dental Society, Access to Care Committee
Amy Day, Dental Dreams
Shelly Duncan, Illinois Primary Health Care Association
Bob Egan, Illinois Children's Healthcare Foundation
Dr. Caswell Evans, University of Illinois, College of Dentistry
Megan Fitzpatrick, American Dental Hygienists' Association
Tanya Ford, Illinois Primary Health Care Association
Tasha Gentry, Firman Community Services
Tasha Gibson, Firman Community Services
Danny Hannad, University of Illinois, College of Dentistry
Barbara Hernandez, Firman Community Services
Charles Holland, St. Bernard Hospital
Tyrone Hudson, Firman Community Services
Tyrone Humphrey, Firman Community Services
Dr. David Itzkoff, Special Care Dentistry Association
Dr. Linda Kaste, University of Illinois, College of Dentistry
Dr. Lewis Lampiris, DDS, MPH
Elizabeth Lippitt, Oak Park/River Forrest Infant Welfare Clinic
Edwin Mangram, Lawndale Christian Health Center
Catherine McNamara, Oak Park Health Department
Khatija Noorallah, University of Illinois, College of Dentistry
Kena Norris, Illinois Primary Health Care Association
Dr. Sharon Perlman, Illinois State Dental Society
Ann Roppel, Illinois Department of Public Health
Amber Ryan, University of Illinois, College of Dentistry
Dr. Susana Torres, Lawndale Christian Health Center
Lori Williams, Illinois Rural Health Association
David Wolle, Dental Dreams
Christine Wu, University of Illinois, College of Dentistry

Maryville Town Hall Meeting

Lisa Bilbrey, IFLOSS Coalition
Sheryl Byrnes, Riverbend Head Start/Early Head Start
Mary Christen, Illinois Department of Public Health
Julie Clark, Ford-Iroquois Public Health Department
Beth Darling, Madison County Health Department
Dean Harbison, Illinois Department of Public Health
Matthew Hoffman, Village of Maryville
Dr. Poonam Jain, Southern Illinois University, School of Dental Medicine
Julie Ann Janssen, Illinois Department of Public Health
Patrick C. Presson, Village of Maryville
Lynne Rose, Lewis & Clark Community College
Andrea Schroll, Illinois Department of Public Health
Hardy Ware, East Side Health District

Appendix I

Attendees, IOHP II Oral Health Summit

Jaime Appelwick, Cass County Health Department
Dr. Cynthia Barnes Boyd, University of Illinois at Chicago, Neighborhoods Initiative
Lisa Bell, Central Illinois Dental Services
Karen Berg, Illinois Maternal and Child Health Coalition
Lisa Bilbrey, IFLOSS Coalition
Dr. Ann Boyle, Southern Illinois University, School of Dentistry
Honorable Rich Brauer, State Representative
Clifford A. Brown, DDS, Dental Sealants & More
Mary Pat Burgess, School-Based Oral Health Program, City of Chicago, Department of Public Health
Mary Christen, Illinois Department of Public Health
Dr. Gerald Ciebien, Chicago Dental Society
Gerri Clark, University of Illinois, Division of Specialized Care for Children
Julie Clark, Ford Iroquois Public Health Department
Dr. Chauncey Cross, Illinois State Dental Society
Beth Darling, Madison County Health Department
Phillip V. Davis, Ph.D., Southern Illinois University, School of Medicine
Amy Day, McGuire Woods
Deb Donnelly, Whiteside County Health Department
Nancy Eisenmenger, Carle Foundation Hospital
Dr. Caswell Evans, University of Illinois at Chicago, College of Dentistry
Alice Foss, Don Moss & Associates
Leslie Frederick, UIC Division of Specialized Care for Children
Robyn Gabel, Illinois Maternal and Child Health Coalition
Dr. Hershall Garrett, East Side Health District
Marc Gibbs, Illinois Department of Public Health
Marilyn Green, Department of Human Services
Sunanda Gupta MD, MPH, University of Illinois at Chicago
Bobby Hall, Department of Children and Family Services
Dionne Haney, Illinois State Dental Society
Robin Hannon, St. Clair County Health Department
Janel Hanson, Rock Island County Health Department
Wanda M. Hansen, Illinois Dental Hygienists Association
Beth Hines, Centers for Disease Control, Division of Oral Health
Roger Holloway, Illinois Hospital Association
Dr. Matt Hunsaker, National Center for Rural Health Professions
Dr. David Itzkoff, Special Care Dentistry/Shapiro Center
Dr. Poonam Jain, Southern Illinois University, School of Dental Medicine
Julie Janssen, Illinois Department of Public Health
Rebecca Jeppesen, Hispanic Dental Society
Greg Johnson, Illinois State Dental Society
Michael C. Jones, Illinois Department of Public Health

Dr. Linda Kaste, University of Illinois at Chicago, College of Dentistry
Vincent D. Keenan, Illinois Academy of Family Physicians
Susan Kerr, Illinois Children's Healthcare Foundation
Patti Kimmel, Department of Health and Human Services
Honorable Renee Kosel, State Representative
Alan J. Kveton, Berwyn Public Health District
Dr. Charla Lautar, Southern Illinois University at Carbondale
Vanessa Lentz, Smile Illinois Mobile Dentists
Dr. Jerry Marshall, Tazewell County Health Department
Debra McElroy, Kane County Health Department
Mary S. Moss, Pike County Health Department
Dale Nickelson, D.D.S., M.S., UIC Dentistry, Elgin Well Child Clinic
George M. O'Neill, Jr., Shawnee Health Service
Elizabeth Patton, East Side Health District
Julie Patton, Egyptian Public and Mental Health Department
Velma Payne, East Side Health District
Dr. Karen Peters, University of Illinois at Chicago
Judy Redick, IFLOSS Coalition
Cathy Reed, Southern Illinois University at Carbondale, Head Start
Ann L. Roppel, Illinois Department of Public Health
Lynne Rose, Lewis & Clark Community College
Tonya Sandstrom, Sangamon County Public Health Department
Deborah Saunders, Department of Health and Human Services
Maria Silvis, University of Illinois at Chicago
Teresa Smith, Cass County Health Department
Jeff Stauter, McGuire Woods
Kent Tarro, Macoupin County Public Health Department
Dr. David R. Trost, Miles of Smiles, Ltd.
Alejandra Valencia, University of Illinois at Chicago
Kenneth Vaughn, 1st Family Dental
Sangeeta Wadhawan, Illinois Department of Public Health
Dr. Ken Webb, Macon County Health Department
Renee Wendt, Macoupin County Health Department
Melinda Whiteman, Henderson County Rural Health Center
Marcia Widolff, Whiteside County Health Department
Lori Williams, Illinois Rural Health Association
Phyllis J. Wood, Egyptian Public and Mental Health Department
Toni Kay Wright, Southern Illinois University Carbondale Head Start
Brenda Yarnell, Ph.D., United Cerebral Palsy, Land of Lincoln
Katie Zinn, Illinois Department of Public Health
Judy Zito, Southern Illinois University
Ellie Zoerink, Macomb School District #185

Appendix J

Acronyms and Definitions

CCDPH	Cook County Department of Public Health
CDC	Centers for Disease Control and Prevention
CDPH	Chicago Department of Public Health
CDS	Chicago Dental Society
CPPH	Chicago Partnership for Public Health
DCFS	Illinois Department of Children and Family Services
DER	Dental Emergency Responder
DHS	Illinois Department of Human Services
DEMRT	Disaster Emergency Medicine Readiness Training Center
ECC	Early Childhood Caries
EPSDT	Early Periodical Screening Diagnosis and Treatment Program
FPL	Federal Poverty Level
HFS	Illinois Department of Healthcare and Family Services
HRSA	Health Resources and Services Administration
HPRC	Health Policy and Research Center
IAHEC	Illinois Area Health Education Center
ICAAP	Illinois Chapter of the American Academy of Pediatricians
IDPFR	Illinois Department of Financial and Professional Regulation
IDHA	Illinois Dental Hygienists' Association
IDPH	Illinois Department of Public Health
IEPA	Illinois Environmental Protection Agency
IFLOSS	This is not an acronym; IFLOSS is a statewide oral health coalition
IOHP	Illinois Oral Health Plan (2002)
IOHSS	Illinois Oral Health Surveillance System
IPHCA	Illinois Primary Health Care Association
IPLAN	Illinois Project for Local Assessment of Needs
IRHA	Illinois Rural Health Association
ISBE	Illinois State Board of Higher Education
ISDS	Illinois State Dental Society
ISMS	Illinois State Medical Society
PHFI	Public Health Futures Illinois
SIU	Southern Illinois University
SIUC	Southern Illinois University at Carbondale
SIUE	Southern Illinois University at Edwardsville
UIC	University of Illinois at Chicago
UIC COD	University of Illinois at Chicago College of Dentistry
USDA	United States Dietary Authority, Department of Agriculture
WIC	Women, Infants and Children's Program

Definitions

Public Health

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

Dental Public Health

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

Oral Health

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

Community Oral Health

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

Public Health Workforce

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