

# *IL Oral Health Plan II*

## **Policy Goals, Illinois Priorities, Recommendations and Strategies**

### **Policy Goal 1**

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

#### ***Illinois Priorities for Policy Goal 1***

- A. Educate the public, health professionals and decision-makers about the relationship between oral health and systemic health with an emphasis on:
  - Prevention of early childhood caries.
  - Oral healthcare for pregnant women.
  - Behaviors that assure good oral health, such as daily oral hygiene, routine dental checkups, community water fluoridation and fluoride use, dental sealants, proper nutrition, injury prevention and being tobacco free.
  - Oral health care for individuals with special health care needs, including individuals with disabilities or chronic disease, infants, and seniors, including those in long-term care facilities. General dentists can provide many routine dental procedures and services to these populations without referral to treating these populations.
  - Early detection and prevention of oral and pharyngeal cancer.
  - Requirements for dental exams for school attendance at kindergarten, second and sixth grades.
  - School-aged children about the importance of good oral health.
  - Caretakers in institutions and facilities about the proper oral health care of those who are dependent on their assistance.
- B. Maximize the use of the entire health care and oral health workforce, particularly health care providers, to educate the public and decision makers on the value and importance of oral health.
- C. Create training programs and materials for medical professionals and students to learn oral health screening techniques and assessment tools.
- D. Develop a comprehensive report and fact sheet that details the findings from studies and the literature to document the impact that oral health has on physical health and improving health status, and the cost savings from dental care (prevention and treatment services). This document can be used in educating the public, media, politicians and policy makers.

## *Recommendations & Strategies*

### **Policy Goal I - Recommendation 1**

**Develop a comprehensive statewide oral health education and awareness program that includes the following elements:**

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

### **Strategies**

- Coordinate existing statewide health marketing efforts to develop a statewide marketing campaign. IFLOSS should partner with WIC, maternal and child health, HFS, long-term care, and CDC-funded initiatives to promote oral health care in Illinois.
- Conduct social marketing efforts (e.g., market research, focus groups) and apply learning to inform intervention efforts and make more efficient use of limited resources for education and awareness activities.
- Utilize non-traditional community partners and methods based on learning from social marketing efforts to engage in collaborative efforts to improve outreach, provide lay oral health education and promote improved oral health habits.
- Link websites of various organizations partnering to improve oral health to assure educational information is accessible to the general public.
- Provide more outreach to educate parents, community-based organizations and a variety of special populations (such as migrant workers, persons with disabilities, the elderly, individuals with chronic health conditions, caretakers of infants, and others) about good oral health habits and the importance of regular check-ups. Provide outreach to faith-based programs to improve information to families, and incorporate these efforts in the IFLOSS Marketing Plan.
- Create a partnership, including IDPH, the Illinois State Dental Society, Illinois Dental Hygienists Association, UIC and SIU to develop a video that includes basic techniques for working with children with special healthcare needs, e.g., children in wheelchairs, non-verbal children, children who are deaf or blind, cognitively or developmentally impaired, etc.
- Develop partnerships with stores that sell back-to-school supplies to encourage them to give away, or sell at a minimal cost, oral health school kits that include a toothbrush, floss, and informational materials. Dollar General Stores, Wal-Mart, and other large back-to-school supply centers should be targeted in this effort.
- Identify oral health champions and celebrities willing to help promote oral health care in Illinois.
- Design oral health training programs for physicians and their staff, parents and caregivers, students, advocates, and other stakeholders, to improve oral health status.
- Expand training programs to other childcare professionals, such as licensed Day Care operators, early intervention staff, pediatricians, school therapists, DCFS case workers, and others, on the oral health care needs of the children they serve. Provide continuing education credits for training programs for child care professionals.
- Explore the evidence to support an increased role for parents in fluoride varnish application.
- Work with disability advocates to develop marketing materials for parents of children with disabilities to answer questions and teach them how to advocate on behalf of their children who need oral health care (oral health coaching skills).
- Establish partnerships among children's oral health advocates, local schools, and communities to implement oral health educational curriculum and provide materials for students.

- Develop new informational materials for health care providers on basic oral health guidelines, including a video to provide oral health training and information to medical professionals, brochures for physician offices, and emergency oral health guidelines for emergency room physicians.

### ***Policy Goal 1 - Recommendation 2***

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

- Collect and publish data on early childhood caries collected on a routine basis.
- Expand distribution of educational materials on ECC prevention to public health departments and clinics and engage in other efforts to promote the program based on social marketing learning.
- Pilot programs to demonstrate effective ECC prevalence strategies and broadly disseminate findings.

### **Strategies**

- Expand the pilot ECC data collection system to assess compliance with new dental exam requirements for school-aged children and a new recommendation that Federally Qualified Health Centers (FQHC) examine one-year old children in their care.
- Raise awareness among general dentists and other medical professionals through the use of data on cavities and critical needs for care.
- Communicate to physicians and dentists the importance of oral health care at age 1.
- Offer training through dental schools on pediatric dentistry and infant oral health.
- Expand training programs to include childcare professionals, such as licensed day care operators, early intervention staff, pediatricians, school therapists, DCFS case workers, and others, on the oral health care needs of the children they serve. Provide continuing education credits for training programs for child care professionals.
- Build on current initiatives, such as WIC, family case management and other IDHS programs and engage local health departments, early intervention staff, birth-to-three networks, and other community-based oral health providers in planning pilot programs to demonstrate ECC prevention program effectiveness. Seek funding to plan and implement these programs.
- Examine the list of food items covered under the WIC program, consider alternatives to high-sugar foods and drinks, and create and distribute informational materials on alternatives.

### ***Policy Goal 1 - Recommendation 3***

#### **Promote regular dental exams for children. At a minimum:**

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

### **Strategies**

- Assess the education needs of general dentists with respect to the treatment of infants and children and develop continuing education courses to address identified needs, placing a focus on treating infants and children with special needs.
- Expand community-based experiences for students of dentistry, dental hygiene, nursing, and family and pediatric medicine in the treatment of children under five. Support the University of Illinois at Chicago – College of Dentistry (UIC-COD) in implementing an initiative to provide community-based experiences for their dental students, as well as efforts to develop a similar program in southern Illinois through Southern Illinois University Edwardsville (SIUE), School of Dental Medicine.
- Assess the number of pediatric dentists in Illinois and identify targeted areas for recruitment of pediatric dentists in rural and underserved areas.

### ***Policy Goal I - Recommendation 4***

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

#### **Strategy**

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

### ***Policy Goal I - Recommendation 5***

**Partner with the Illinois State Board of Education (ISBE) to implement a statewide oral health education curriculum for all Illinois schools and promote oral health care available through school-based services.**

#### **Strategies**

- Seek funding to establish a comprehensive school oral health education program in all Illinois schools.
- Encourage policies limiting access to candy and soda machines in schools and promote drinking fluoridated water to reinforce positive oral health messages to students and staff.

### ***Policy Goal I - Recommendation 6***

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

#### **Strategies**

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

### ***Policy Goal I - Recommendation 7***

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

#### **Strategies**

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

### ***Policy Goal I - Recommendation 8***

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

#### **Strategies**

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

## **Policy Goal II**

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

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

- A. Increase diversity of students 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. Assure capacity of schools of dentistry and dental hygiene to recruit and retain a diversified faculty and to provide state-of-the-art teaching and research opportunities.
- E. Improve coordination among local health agencies on oral health programs.
- F. Explore the feasibility of providing expanded financial incentives (e.g., loans, grants, tax credits) for dentists to practice in underserved areas. Assure a focus on rural Illinois.
- G. Develop educational materials and training for medical professionals to encourage them to screen for oral diseases; to provide fluoride treatment, varnishes, and other preventive measures, anticipatory guidance, and referral for oral health care; and to administer consistent emergency room treatment options.
- H. Develop a case management approach for parents to make sure they know how and where to access oral health services.
- I. Promote enrollment in the HFS Dental Program among private dental professionals working in public dental clinics.
- J. Maintain the statewide fluoridation program in Illinois.
- K. Promote awareness within the oral health community of potential man-made and natural disasters, of potential effects of disasters on the community, and of opportunities to pursue involvement as disaster medical responders.
- L. Increase the number of safety net dental clinics in underserved areas.
- M. Develop and implement strategies to encourage referrals for oral health care by primary care providers of children during EPSDT well child visits, creating closer ties between primary care and dentistry.
- N. Continue efforts to pilot and evaluate HFS' fluoride varnish program in pediatric offices in Chicago, and if found to be effective, work toward statewide expansion of the initiative.
- O. Expand the Illinois Department of Public Health's capacity for providing and monitoring oral health services provided in the school oral health programs.

## *Recommendations & Strategies*

### ***Policy Goal II - Recommendation 1***

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

#### **Strategies**

- Recruit a more diverse population into dental and dental hygiene schools to better reflect characteristics of the population of residents served in Illinois. A diverse workforce of oral health care professionals will help to assure culturally competent oral health care that meets the needs of all Illinois residents.
- Encourage public-private partnerships that pilot creative approaches to recruit and retain dental and dental hygiene school students and faculty.
- Explore the feasibility of funding and the Dental Student Loan Repayment Program.
- Formalize the dental and dental hygiene school forum and request members to develop a plan for multi-cultural student recruitment.
- Analyze multi-cultural student recruitment programs in other states to identify best practices in student recruitment and pilot them in Illinois.
- Use the American Dental Association survey of dental and dental hygiene schools to ascertain information on the racial and ethnic characteristics of students. Add racial and ethnic characteristics of dental and dental hygiene school students to the surveillance system to track the data and report on trends.

### ***Policy Goal II - Recommendation 2***

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

#### **Strategies**

- Expand the multicultural applied experience in dental hygiene schools to provide rotations to Veterans Administration Hospitals and community-based clinics.
- Expand the UIC program that places dental students in community-based safety net clinics and expand options to serve southern Illinois clinics. Support SIUE's efforts to create a similar program in downstate Illinois.
- Integrate information and training experiences into the dental and dental hygiene education curricula that will provide these oral health professionals with opportunities to treat a diverse public. Promote culturally competent health care through emphasis in all Illinois education and training programs for all oral health professionals.
- Assure community-based experiences include treatment of populations that require special care, particularly the developmentally disabled, the elderly, chronic disease patients, and children under the age of five.
- Increase community awareness by continuing to incorporate disaster response and disaster planning training into dental and dental hygiene curricula. Training can lead to community-based experience such as volunteering with a local response agency (e.g., the Medical Reserve Corps) to establish bonds with the community at large and with other health care professionals in particular.

### ***Policy Goal II - Recommendation 3***

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

#### **Strategies**

- Conduct outreach to assure oral health providers are aware of enhanced reimbursement rates for preventive services offered through the HFS Dental Program.
- Advocate for increased funding to support enhanced reimbursement rates for restorative and other dental services to provide incentives for new oral health professionals to participate in the HFS Dental Programs.

- Communicate regularly with private sector dentists and hygienists to inform them of community oral health needs and provide opportunities for participation in community oral health and related public health programs, including: fluorides and fluoridation, dental sealants, preventive mouthguards, early childhood caries prevention, oral cancer prevention and control, oral health in special populations (rural, elderly, developmentally disabled, and others), orofacial injury prevention and control, emergency response and preparedness, women's health, diabetes, cardiovascular disease, tobacco, cancer, and injury prevention.
- Utilize the existing network of health department staff and boards to inform local private dentists and dental hygienists of the oral health needs of health department clients.
- Encourage dental and dental hygiene school educators to integrate public oral health issues into their teaching methodologies in addition to providing the private practice perspective.
- Provide dental and dental hygiene students more information on where and how to work and volunteer in safety net clinics. Create and disseminate attractive recruitment materials to ensure students are aware of the opportunities to serve within their communities.
- Develop service learning opportunities and continuing education credits for dentists and dental hygienists that serve special needs populations, such as the developmentally disabled, nursing home residents and those living with chronic diseases.

### ***Policy Goal II - Recommendation 4***

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

#### **Strategies**

- Continue to track workforce trends through the oral health workforce survey.
- Identify faculty members that understand both the public sector and private sector aspects of oral health and engage them in recruitment and retention efforts.
- Identify promising students and provide them opportunities to teach in order to encourage consideration of teaching careers.
- Identify and seek research funds to explore oral health care strategies for those with special needs (e.g., infants, the disabled, aging patients, and those with chronic illness) and offer training for students on serving these special populations.
- Add dental school curricula that reflect the comprehensive nature of oral health by highlighting the skills dental students utilize regularly that can translate into comprehensive medical care during a declared disaster, and promote awareness of the Dental Emergency Responder designation.

### ***Policy Goal II - Recommendation 5***

**Improve coordination of oral health programs among local and state agencies.**

#### **Strategies**

- Identify models to support community collaboration among local health departments and community agencies on oral health programs to resolve barriers to oral health care. Health departments can work with local dental societies, hygienists, health organizations and community-based clinics to identify oral health needs and develop a local response to those needs. Local coordination of services will provide the most comprehensive coverage in the most efficient manner.
- Build a broad-based constituency around community water fluoridation, drawing from long-standing stakeholders, such as IDPH, IEPA, community water systems and their professional associations, IFLOSS, IDHA, and ISDS, to assure ongoing support for the Illinois water fluoridation law and IDPH Community Water Fluoridation Program.
- Assure appropriate use of oral health professionals in disaster response and preparedness activities. Link response teams and oral health professionals to provide training and participate in planning efforts.
- Utilize relationships built at the local level to resolve barriers to oral health care and to determine the response to medical needs within a community during a disaster in which

oral health professionals can play a role. Local dental societies, hygienists, health organizations and community-based clinics can identify the skill sets, supplies, and equipment utilized by oral health professionals that might be useful during a disaster response and recovery effort and can help establish a multi-faceted, mutually beneficial partnership with local health departments and community-based agencies.

### ***Policy Goal II - Recommendation 6***

**Expand efforts to provide financial incentives (e.g., loans, grants, tax credits) for dentists to practice in underserved areas. Assure a focus on rural Illinois.**

#### **Strategies**

- Utilize IDPH regional oral health consultants to assist local clinics in their efforts to apply for the federal loan repayment program to recruit dentists.
- Explore the feasibility of and, if feasible, advocate for funding for an incentive program for dentists who serve in designated oral health manpower shortage areas of Illinois. This program would provide financial assistance to dentists who serve in rural and underserved regions of Illinois.

### ***Policy Goal II - Recommendation 7***

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

#### **Strategies**

- Collaborate to develop educational materials for medical professionals and students on oral health issues. Expand the Illinois Chapter of the American Academy of Pediatricians (ICAAP) current program to educate pediatricians to include information for medical professionals in the emergency department to ensure proper information is available to those who serve children and their families.
- Work with disability organizations and educational institutions to develop educational materials and curricula about providing oral health care to those with special needs (infants, the elderly, individuals with disabilities or chronic illness, and others).
- Collaborate with academic groups, volunteer medical response organizations and Emergency Medical Services leadership to create educational materials that convey the medical skills oral health professionals can provide during a disaster, to promote awareness of the definition of the Dental Emergency Responder (DER) within the Illinois Dental Practice Act, and to encourage inclusion of DERs in local disaster planning efforts.

### ***Policy Goal II - Recommendation 8***

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

#### **Strategies**

- Provide consistent information to pediatricians, physicians, physician assistants, migrant clinics, federally qualified health centers, head start centers, WIC clinics, and health departments on referral options for children in need of oral health services and supply related information to share with parents.
- Share case management information among community organizations that serve children and their families as part of a community-based oral health case management strategy to assist parents, especially those of children with special needs.
- Identify communities ready to develop a community-based oral health case management program and utilize community-based organizations to promote the use of the new program. The program can specifically target missed dental appointments and lack of longitudinal information on the oral health care of HFS beneficiaries and uninsured persons.
- Expand and replicate model programs, such as the one in Northern Illinois that utilizes trained local resident promoters who earn a small stipend for each encounter, to begin to resolve barriers to oral health care.

### ***Policy Goal II - Recommendation 9***

**Promote enrollment in the HFS Dental Program among private dental professionals working in community-based dental clinics.**

#### **Strategy**

- Explore the feasibility of assigning provider numbers to dental clinics in rural and underserved areas rather than requiring individual providers to acquire provider numbers.

### ***Policy Goal II - Recommendation 10***

**Maintain the statewide fluoridation program in Illinois.**

#### **Strategies**

- Increase public awareness about the importance of fluoridation through promotional materials and events.
- Work with local public health officials, city and county officials, school health educators, and others to create local public awareness programs to highlight the oral health benefits of water fluoridation.

### ***Policy Goal II - Recommendation 11***

**Promote awareness within the oral health community of potential man-made and natural disasters, of potential effects of disasters on the community, and of opportunities to pursue involvement as disaster medical responders.**

#### **Strategies**

- Work with local public health officials, city and county officials, and others to create local public awareness programs to highlight the benefits of oral health professionals' contributions as disaster medical responders.
- Implement disaster preparedness training as part of dental and dental hygiene curricula to include detailed information about the Dental Practice Act, the definition of the Dental Emergency Responder, and medical volunteer organizations.
- Provide continuing education opportunities to licensed dentists and hygienists that specifically focus on disaster preparedness, including information on potential natural and man-made threats, indicators that a patient population may be part of a public health emergency, proper reporting mechanisms, medical volunteer organizations, and the definition of a Dental Emergency Responder within the Dental Practice Act.
- Act in conjunction with the IDPH Division of Oral Health, ISDS, IDHA, local health departments, and academic centers to establish DER training requirements, provide credentialing, and allow certified DERs to register with the State medical volunteer registry created in response to the National Incident Management System mandate.
- Act in conjunction with the IDPH Division of Oral Health, ISDS, IDHA, local health departments, and academic centers to promote outreach to the medical community, increase awareness of dental provider medical skills, and strengthen relationships with the emergency medical services.
- Advocate for dedicated funding for the maintenance of current disaster medicine training programs focused on the recruitment and retention of oral health professionals as medical responders and support start-up funding for dedicated Dental Emergency Responder teams created to integrate with existing medical volunteer infrastructure and emergency medical service responders.

## Policy Goal III

### Remove known barriers between people and oral health services.

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

- A. Advocate for increased funding to support enhanced reimbursement rates for services provided to HFS beneficiaries in Illinois.
- B. Increase the number of low-income children and pregnant women in underserved areas that receive dental examinations, preventive oral health services, and restorative care.
- C. Develop a comprehensive communications strategy among oral health stakeholders to promote awareness of available transportation resources for patients who need transportation services to oral health and primary care providers.
- D. Explore the feasibility of increasing the available start-up resources and adding maintenance funding for safety net dental clinics to address the unmet oral health needs of HFS beneficiaries, the uninsured, and the underinsured.
- E. Advocate for increased funding for IDPH's school-based dental sealant program to allow penetration of the program throughout Illinois.
- F. Identify funding streams for a statewide, community-based education and awareness program, pilot projects in care coordination to improve access to services, and early childhood caries prevention programs.
- G. Advocate to expand the Illinois loan repayment program for dentists and hygienists who agree to practice in dental underserved areas and to treat underserved populations.
- H. Explore innovative programs to expand the dental workforce in rural areas, especially oral surgeons and other specialists.
- I. Explore the feasibility of expanding the scope of oral health services covered by HFS medical benefits programs to include preventive oral health services for adults.
- J. Increase the number of people in Illinois who are insured for dental services.
- K. Encourage safety net dental clinics to offer a full array of oral health services.
- L. Increase the number of providers participating in the All Kids and HFS medical benefits programs and serving low-income adults, through a comprehensive community-focused approach to appeal to dentists to participate in these programs and serve this population.

### *Recommendations & Strategies*

#### ***Policy Goal III - Recommendation 1***

**Develop a strategy for enhancing funding of services reimbursed through the HFS Dental Program.**

#### **Strategies**

- Facilitate collaboration among advocacy groups to advocate and lobby for funding to support reimbursement rates for services provided through the HFS Dental Program. Comprehensive care provided at a dental home with quality assurance measures must be the priority for all public oral health programs in Illinois. Increased reimbursement rates will result in a more comprehensive network of services throughout Illinois.
- Assure a continuum of care in delivery of publicly funded services that includes quality preventive care, restorative care, proper referrals when needed, and a formal arrangement for follow-up care. More dentists will participate in state-funded dental programs when they are able to provide a dental home.

### ***Policy Goal III - Recommendation 2***

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

#### **Strategies**

- Ensure all dental and dental hygiene graduates are competent in managing the oral health needs of pregnant women and children.
- Assess the continuing education needs of general dentists and dental hygienists in the management and treatment of pregnant women, infants and children, and develop continuing education courses to address identified needs.

### ***Policy Goal III - Recommendation 3***

**Increase access to dental services for persons with developmental disabilities.**

#### **Strategies**

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

### ***Policy Goal III - Recommendation 4***

**Develop a comprehensive communications strategy among oral health stakeholders to promote awareness of available transportation resources for patients who need transportation services to oral health and primary care providers.**

#### **Strategies**

- Educate providers and beneficiaries about available transportation services or resources, as lack of knowledge is often a barrier to oral health services. Collaborate to assure:
- HFS beneficiaries are aware of the availability of transportation assistance through HFS medical benefits programs; and
- Other patients are aware of alternative options, such as senior transport services.
- Assess transportation systems' capacities and develop community-specific plans for coordination and improvements, as needed.

### ***Policy Goal III - Recommendation 5***

**Explore the feasibility of increasing the available start-up resources and adding maintenance funding for safety net dental clinics to address the unmet oral health needs of HFS beneficiaries, the uninsured, and the underinsured.**

#### **Strategies**

- Advocate for increased funding through IDPH and HFS for public health departments and FQHCs to open and maintain public dental clinics. Explore the feasibility of expanding the program from a two-year grant to a four-year grant and increasing the annual support through these agencies from \$35,000 to \$100,000.
- Advocate for continued funding of IDPH-administered community and migrant health center dental expansion and new start-up grants.
- Advocate for continued supplemental funding for prevention and safety net programs that utilize dental volunteers through the tobacco master settlement agreement and other resources.
- Advocate for the State of Illinois to create and fund a safety net clinic maintenance grant program to be administered by the IDPH Division of Oral Health.

### ***Policy Goal III - Recommendation 6***

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

#### **Strategy**

- Advocate for increased funding to support the dental sealant program. Currently, the IDPH sealant program uses an old reimbursement rate of \$14 per sealant due to limited funding. The current HFS Dental Program rate for reimbursement is \$36 per sealant. Increased funds for IDPH are needed to build and maintain community-based dental sealant program infrastructure and to support an increased number of sealants at the new reimbursement rate so that the program can continue to grow throughout Illinois.

### ***Policy Goal III - Recommendation 7***

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

#### **Strategies**

- Convene a partnership of education and advocacy groups to work together to develop a statewide education and public awareness campaign on oral health care. Existing community-based organizations can help disseminate the materials to parents and local leaders.
- Develop a basic oral health education program for special populations (infants, seniors, individuals with disabilities, individuals with chronic illness, migrant workers, and others) to be included in public health materials for parents and community-based organizations. Work specifically with disability groups to develop informational materials for persons with disabilities and their families who need to know how to advocate for quality oral health care.
- Assess the feasibility of developing an oral health education curriculum and job description to employ oral health educators in schools.
- Develop a partnership of education and advocacy groups to develop a statewide education and public awareness campaign on the emergence of the Dental Emergency Responder. Existing community-based organizations can help disseminate the materials to parents and local leaders.

### ***Policy Goal III - Recommendation 8***

**Explore the feasibility of expanding the Illinois loan repayment program for dentists and dental hygienists who agree to practice in dental underserved areas and to treat underserved populations.**

#### **Strategy**

- Advocate for funding for a state loan repayment program for dentists and dental hygienists, tied to service in rural and underserved areas. Create a state funded loan repayment program to match the federal funding for the loan repayment program currently operated by the Center for Rural Health at IDPH.

### ***Policy Goal III - Recommendation 9***

**Explore incentive programs to expand the oral health workforce for all populations, especially oral surgeons and specialists.**

#### **Strategy**

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

### ***Policy Goal III - Recommendation 10***

**Advocate for an expansion of oral health services provided through the HFS Dental Program to include preventive services for adults.**

#### **Strategies**

- Advocate for funding to expand HFS Dental Program coverage to include preventive services for adults - especially the elderly, those with chronic illnesses, and those with disabilities. Support HFS Dental Program coverage for the cost of preventive and restorative care especially for those who require anesthesia or operating room expenses.
- Develop educational materials for staff at senior citizen centers and facilities to ensure oral health status of the elderly – include the importance of oral health to overall health, proper oral hygiene, avoiding risk factors for oral disease and the importance of routine oral health care.

### ***Policy Goal III - Recommendation 11***

**Increase the number of people in Illinois who are insured for oral health care.**

#### **Strategies**

- Collaborate with business organizations and labor leaders to develop programs for the business community on the importance of oral health in relation to employee health in an effort to assure dental coverage as part of employer-sponsored health insurance plans.
- Monitor the application of the work of the Adequate Health Care Task Force and advocate for coverage of oral health care to be included in responses to the Task Force plan to assure access to health care for all Illinois residents.

### ***Policy Goal III - Recommendation 12***

**Encourage safety net dental clinics to offer a full array of oral health care.**

#### **Strategy**

- Encourage safety net dental clinics to provide dentures and other restorative services to their local population in addition to preventive services.

## **Policy Goal IV**

**Continue to build the science and research needed to improve oral health.**

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

- A. Develop an ongoing system to collect workforce capacity baseline and projections data with a focus on underserved areas and with underserved populations (e.g., infants, the elderly, low income residents, individuals with chronic health impairments, and persons with disabilities or other special health care needs).
- B. Implement an oral health needs assessment and planning process in all Illinois counties and for sub-regions of Chicago.
- C. Maximize the contribution and use of the IDPH oral health surveillance system (IOHSS), using existing (e.g., IPLAN) and collecting new public health data (e.g., local oral health needs assessments) to inform the science base necessary to improve oral health in Illinois.
- D. Educate local health professionals to properly collect and utilize surveillance and research data.
- E. Develop common measures for monitoring and tracking oral health processes, utilization and outcomes.
- F. Conduct research and engage in pilot projects to identify and test best practices, disseminate results broadly, and promote adoption of evidence-based oral health interventions.

- G. Expand the utility of the IOHSS by training contributors to recognize abnormal health events that might signal the beginning, expansion, or reemergence of a public health emergency. Provide practitioners with guidelines and reporting mechanisms to allow rapid reporting of information in a format valuable to epidemiologists and other public health officials.

## *Recommendations & Strategies*

### ***Policy Goal IV - Recommendation 1***

**Develop an ongoing system to collect workforce capacity baseline and projections data with a focus on underserved areas and with underserved populations (e.g., infants, the elderly, low income residents, individuals with chronic health impairments, and persons with disabilities or other special health care needs.)**

#### **Strategies**

- Collaborate with dental and dental hygiene schools to survey student interest and employment in the rural and underserved areas of Illinois.
- Support the work of IDPH and SIU-Carbondale to survey hygienists in order to identify public health workforce trends.
- Work with dental and dental hygiene schools to develop a student survey to gauge interest in serving special populations in Illinois as a means of identifying future workforce capacity.
- Support the continued partnership between IDPH and IDFPR to collect oral health workforce data in conjunction with dental and dental hygiene re-licensure.

### ***Policy Goal IV - Recommendation 2***

**Implement an oral health needs assessment and planning process in all Illinois counties and for subregions of Chicago.**

#### **Strategies**

- Advocate for an oral health needs assessment requirement in each county and for subregions of Chicago and Cook County. Most counties have developed an oral health needs assessment; those that have not are in rural regions of the State and in Cook County.
- Advocate for increased State of Illinois funding for the OHNAP Grant program to provide adequate resources for counties to develop their oral health needs assessment.

### ***Policy Goal IV - Recommendation 3***

**Develop common measures for monitoring and tracking oral health processes, utilization and outcomes, and maximize the contribution and use of existing public health data (e.g., IPLAN, Oral Health Surveillance System, local oral health needs assessments) to inform the science base necessary to improve oral health in Illinois.**

#### **Strategies**

- Continue to implement the Illinois Oral Health Surveillance System (IOHSS) and utilize the IDPH Division of Oral Health's epidemiologist and health communications specialist to analyze and publish oral health trends and highlights.
- Continue to convene annual IOHSS committee meetings to review available data and recommend common measures for all oral health stakeholders to use in monitoring and tracking oral health processes, utilization and outcomes.
- Encourage adoption of common measures and advocate for funding for additional data collection and analysis, as needed.
- Advocate for additional research funding to support identification and adoption of evidence-based oral health prevention and treatment practices in Illinois.

### **Policy Goal IV - Recommendation 4**

**Educate local health professionals to properly collect and utilize research data.**

#### **Strategies**

- Provide training and technical assistance to public health professionals on proper data collection, analysis, interpretation and presentation techniques to meet community needs and for the Illinois Oral Health Surveillance System.
- Ensure timely access to local health statistics for use in community planning efforts.

### **Policy Goal V**

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

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

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

## *Recommendations & Strategies*

### **Policy Goal V - Recommendation 1**

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

#### **Strategies**

- Evaluate the development and implementation of the Illinois Oral Health Plan II.
- Continue support from all stakeholders for expanding infrastructure within the IDPH Division of Oral Health, focusing on leadership, surveillance, and prevention interventions.

### **Policy Goal V - Recommendation 2**

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

#### **Strategies**

- Support continued annual or bi-annual conferences to bring together stakeholders to discuss implementation of the plan.
- Formalize an annual meeting of dental and dental hygiene school personnel to discuss research, recruitment, education, curriculum and faculty issues.

### ***Policy Goal V - Recommendation 3***

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

#### **Strategies**

- Develop a membership committee to reach out to additional members to help implement components of the oral health plan.
- Link oral health improvement efforts throughout Illinois.
- Recruit organizations to help address issues related to special populations.
- Continue to plan, fund, and implement projects with partners that address IOHP 2 goals and priorities.

### ***Policy Goal V - Recommendation 4***

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

#### **Strategies**

- Request a liaison to IFLOSS from other statewide health improvement organizations to ensure a coordinated approach to oral health care in Illinois.
- Continue to support organizational membership dues to IFLOSS to ensure participation from each organization's representative in attending IFLOSS meetings, completing IFLOSS assignments and participating on IFLOSS sub-committees.
- Work collaboratively to establish oral health committees to assist in the implementation of the Illinois Oral Health Plan.

### ***Policy Goal V - Recommendation 5***

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

#### **Strategy**

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

### ***Policy Goal V - Recommendation 6***

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

#### **Strategies**

- Collaborate to plan IFLOSS projects and seek funding and other resources.
- Support IFLOSS in maintaining a leadership role in national coalition building efforts and in serving as a model, mentor and motivator for other state, local and national partners.