

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.