

# 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><b><i>Recommendation 3</i></b>  <b>Promote regular dental exams for children. At a minimum</b></p> <ul style="list-style-type: none"> <li>■ Encourage dental exams for young children beginning at age 1</li> <li>■ 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</li> </ul>	<p><b>Successes to date</b>  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><b><i>Recommendation 4</i></b>  <b>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.</b></p>	<p><b>Successes to date</b>  Comprehensive training for WIC and Head Start; March of Dimes Prematurity Project</p>
<p><b><i>Recommendation 5</i></b>  <b>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</b></p>	<p><b>Successes to date</b>  Cavity Busters Curriculum pilot underway</p>
<p><b><i>Recommendation 6</i></b>  <b>Encourage or require protective mouthguard use in school or other sports programs for those sports at high risk for oral or facial injury.</b></p>	<p><b>Successes to date</b>  Project Mouthguard, DOH</p>
<p><b><i>Recommendation 7</i></b>  <b>Maximize the capacity of local health departments to dedicate existing resources for oral health education.</b></p>	
<p><b><i>Recommendation 8</i></b>  <b>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.</b></p>	<p><b>Successes to date</b>  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><b><i>Recommendation 9</i></b>  <b>Implement and maintain a public/private statewide partnership that focuses on the prevention and control of oral and pharyngeal cancer.</b></p>	<p><b>Successes to date</b>  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

<b><i>Recommendation 1</i></b> 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.	<b>Successes to date</b> RWJ Foundation Grant to UIC COD
<b><i>Recommendation 2</i></b> Increase the number and types of community-based experiences available to students of dentistry and dental hygiene.	<b>Successes to date</b> RWJ Foundation Grant to UIC COD, SIUC Community Dental Clinic and ICHF Grant
<b><i>Recommendation 3</i></b> 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.	<b>Successes to date</b> RWJ Foundation Grant to UIC COD, SIUC Community Dental Clinic and ICHF Grant
<b><i>Recommendation 4</i></b> Expand the continuing education opportunities for currently practicing dentists and dental hygienists in the area of dental public health.	<b>Successes to date</b> Multiple efforts IFLOSS, IFDH, IL Oral Health Conference
<b><i>Recommendation 5</i></b> 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.	<b>Successes to date</b> 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 50<sup>th</sup> 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><b>Recommendation 1</b> Increase Medicaid funding to raise reimbursement rates to a minimum floor of 75 percent of the 50<sup>th</sup> percentile of fees charged by private dental practices.</p>	<p><b>Successes to date</b> Partially met Preventive Care; Memisovski Decision</p>
<p><b>Recommendation 2</b> Expand the scope of services provided to Medicaid beneficiaries to include, at a minimum:</p> <ul style="list-style-type: none"> <li>■ Preventive services particularly for adults (cleaning [prophylaxis], periodic exams)</li> <li>■ Periodontal (gum) procedures, particularly for pregnant women</li> <li>■ Endodontics (root canal) procedures for posterior (back) teeth</li> <li>■ Partial dentures</li> <li>■ Operating room costs/anesthesia for persons with developmental disabilities who require sedation</li> </ul>	<p><b>Successes to date</b> No cuts to Medicaid program; Center for Health Care Strategies; Purchasing Inst.; RWJF Project</p>
<p><b>Recommendation 3</b> 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><b>Successes to date</b> KidCare and All Kids; utilizing dental sealant grant program to enroll kids into KidCare and All Kids</p>
<p><b>Recommendation 4</b> Increase access to dental services for persons with developmental disabilities.</p>	<p><b>Successes to date</b> Expand Milestone Clinic</p>

<p><b><i>Recommendation 5</i></b>  <b>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.</b></p>	<p><b>Successes to date</b>  Significant expansion of dental safety net</p>
<p><b><i>Recommendation 6</i></b>  <b>Replicate and expand the current IDPH school-based dental sealant program into new communities.</b></p>	<p><b>Successes to date</b>  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><b><i>Recommendation 7</i></b>  <b>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.</b></p>	
<p><b><i>Recommendation 8</i></b>  <b>Replicate model programs that help insurance beneficiaries (both public and private) to understand their dental benefits and the value of those benefits.</b></p>	<p><b>Successes to date</b>  IFLOSS Compendium of Successful Programs</p>
<p><b><i>Recommendation 9</i></b>  <b>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.</b></p>	
<p><b><i>Recommendation 10</i></b>  <b>Decrease the number of people in Illinois who are uninsured for dental services.</b></p>	<p><b>Successes to date</b>  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 3<sup>rd</sup> 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

<b>Recommendation 1</b> Monitor the implementation and continued development of the Illinois Oral Health Plan.	<b>Successes to date</b> Monitoring underway; IRHA Forum; IOHP part of State Health Improvement Plan
<b>Recommendation 2</b> 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.	<b>Successes to date</b> Dental Educators Forum
<b>Recommendation 3</b> Identify funding streams to assure the long-term development and institutionalization of the IFLOSS Coalition.	<b>Successes to date</b> 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