

Community Oral Health Infrastructure Development Project Grids/Action Plan

Priority Area

COMMUNITY ORAL HEALTH PROFESSIONAL EDUCATION, TRAINING, LEADERSHIP AND PRACTICE OPPORTUNITIES, INCLUDING MECHANISMS TO INCREASE THE NUMBER OF MINORITY APPLICATIONS TO SCHOOLS OF DENTISTRY, DENTAL HYGIENE AND PUBLIC HEALTH

Increase the opportunities for dentistry, dental hygiene and dental students to have a community based experience during their training.

EXISTING Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p><u>Capacity Building - Academic</u></p> <p>1. The Dean of the UIC College of Dentistry (UIC-COD) is firmly committed to developing a strong community oral health/dental public health section within the college. A search for faculty to lead this section has been completed.</p>	UIC COD <i>09/01/01</i>	Dr. Linda Kaste has been hired.
<p>2. UIC-COD plans to hire an Associate Dean for Public Health and Preventive Sciences.</p>	UIC COD <i>09/01/02</i>	Qualified candidates for the position of Associate Dean for Public Health and Preventive Sciences.
<p>3. UIC School of Public Health, UIC College of Dentistry and the City of Chicago's Department of Public Health (CDPH) have completed a search for a board certified/eligible dental public health dentist as CDPH dental director and part-time faculty member at the College of Dentistry.</p>	UIC SPH, COD, CDPH <i>09/04/01</i>	Dr. Algernon Bolden has accepted the position. Additional resources will be required over time.
<p>4. The SIU College of Dentistry has identified a faculty member to lead its efforts in bringing community oral health into the curriculum.</p>	SIU COD <i>Completed</i>	Dr. Schwenk has received external funding to support additional community sites for training.
<p>5. The UIC School of Public Health is committed to developing a community oral health unit, with multiple faculty appointments. This may include establishing an endowed chair in dental public health.</p>	UIC SPH <i>09/01/04</i>	State support for new faculty tenure track lines; fund-raising.

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<p>6. The UIC College of Dentistry and the School of Public Health are collaborating on the development of a joint DDS/MPH program.</p> <p>7. The UIC School of Public Health should collaborate with dental hygiene programs to consider development of a joint RDH/MPH program.</p>	<p>UIC COD and SPH <i>On-going</i></p> <p>Dental Hygiene Programs and UIC SPH <i>On-going</i></p>	<p>Curricular resources; joint faculty committee.</p> <p>Joint faculty support and curricular resources.</p>
<p><u>Capacity Building - Workforce Development</u></p> <p>1. The University of Iowa College of Dentistry, Department of Preventive and Community Dentistry, has entered into an agreement with the IDPH to provide a year long field experience for residents in the dental public health program through the IDPH (1 student per year).</p> <p>2. The Ravenswood Hospital's Dental General Practice Residency Program in Chicago has expanded the number of residents by one through funding provided by the federal Bureau of Health Professions.</p> <p>3. The Illinois Primary Health Care Association (IPHCA) SEARCH (Student Resident Experience & Rotations in Community Health) has been funded by the Bureau of Primary Health Care through its National Health Service Corps Branch. Oral health professionals are a target for participation in this project. The program is currently operating at capacity.</p> <p>4. Illinois AHEC (Area Health Education Center) conducts community based dental education activities, including: faculty development for dental preceptors in community health centers, capacity enhancement for dental student/resident training in selected Illinois community health centers, establishment of linkages with the dental schools, residencies and hygiene programs in the state, and placement of dental scholars in the SEARCH sites for clinical training.</p>	<p>IDPH <i>Continuing until 2004</i></p> <p>Ravenswood Hospital <i>On-going</i></p> <p>IPHCA <i>On-going</i></p> <p>IAHEC, IPHCA and UIC-R RPEER <i>On-going</i></p>	<p>Maintain.</p> <p>Maintain.</p> <p>Illinois specific support is required to expand the SEARCH program.</p> <p>Maintain.</p>
<p><u>Capacity Building - Curriculum Development</u></p> <p>1. Establish a formal process for leaders of dental education programs to convene regularly to discuss curricular issues. Enhance oral health education to emphasize public health concepts in the DDS and RDH curricula. This includes enhanced community-based training initiatives and continuing education activities already in place for these professionals through their associations.</p> <p>2. Enhance dental and dental hygiene school training to expand population-based studies of oral health disease, access challenges, etc.</p>	<p>UIC and SIU CODs, SPH, Dental Hygiene Programs. Convened by IDPH. <i>Fall, 2002</i></p> <p>COD, SPH, RDH <i>On-going</i></p>	<p>Travel and staff (\$50k/yr) funded through external sources. Need to identify areas in the current curriculum where an emphasis on community oral health could be increased (e.g. need to overlap competencies, both in dental and dental hygiene schools - given time, requirements and constraints in current curriculum).</p> <p>Faculty support including statistical and methodological expertise. Provide resources for the conduct of population based studies.</p>

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3. Dental hygiene programs are interested in community oral health curriculum development where needed (either to support existing programs or to implement new ones). This includes completion degree programs at the Bachelor's level.	CODs, Dental Hygiene Programs <i>Fall, 2002</i>	Faculty support.
4. Improve training on specific issues confronting low-income populations.	SPH, CODs,UIC-S, UIUC-IGPA, IPHLI <i>On-going</i>	Faculty support.
5. Offer training in policy advocacy and health leadership.	SPH, CODs,UIC-S, UIUC-IGPA, IPHLI <i>On-going</i>	Faculty support.
6. Offer training on specific issues related to rural populations.	CODs, UIC-R RPEER <i>On-going</i>	Faculty support.

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<i>Professional Training and Practice</i> 1. With the increase in the dental hygiene programs in the state, dental hygienists should be a high priority for recruitment by the SPH.	SPH, Dental Hygiene Programs	Identify appropriate recruitment strategies including funds for dental hygienists to obtain MPH degrees.
2. Practicing dental hygienists should be integrated as instructors in the community oral health curriculum for dental students and key partners in community oral health efforts.	COD's, SPH, Dental Hygiene Schools	Increase opportunities for dental students, dental hygienists and public health professionals to work together.
3. Dental hygienists should be fully utilized in school dental sealant programs, dental public health clinic and education programs, and programs serving the under-served, especially community health and migrant health centers.	IDHA <i>On-going</i>	Maintain and promote.
4. Currently EFDAs (Expanded Function Dental Assistants) are not trained and do not practice in IL. A training program would be required for EFDA utilization.	IDHA <i>On-going</i>	Look at the potential role of EFDAs in IL by reviewing existing dental assisting programs for EFDA program development. Review existing dental assisting training programs for community participation.
5. Training in preventive oral health should be provided for others including pre-school, elementary, high school teachers as well as other health professionals, students and graduates.	Dept. of Education/ School Health, Oral Health Professionals, Physician Assistants, Physicians, Other Health Care Professions <i>On-going</i>	Identify appropriate training resources for educators at various levels. Materials are needed that will promote awareness of oral health issues and that will assist educators in promoting careers in community oral health professions.

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<p><u>Data Needs</u> The number and scope of the programs and opportunities in community based oral health for students training in dentistry, dental hygiene and dental assisting need to be cataloged and organized using a common metric (e.g. contact hours, field hours, etc.).</p>	<p>IDPH, ICHWFS <i>01/01/02</i></p>	<p>Resources to compile and disseminate inventory to all DDS/RDH/DA programs.</p>
<p><u>Need for Professional Expertise</u> The School of Public Health has developed satellite sites in IL, specifically in Springfield, as one way to address the need for disseminating oral health expertise among the health professions.</p>	<p>SPH <i>On-going</i></p>	<p>Faculty recruitment, satellite linkages and promotion of availability of these programs.</p>
<p><u>Loan Programs</u> Fund a state loan forgiveness program for dentists and dental hygienists willing to practice in underserved areas. Currently, funding for such a program does exist in Illinois.</p>	<p>ISDS, IDPH, IDPA, IFLOSS, IDHA <i>07/01/02</i></p>	<p>Develop a strategy to identify support for funding that might include federal, state and local support.</p>

Increase the number of minority practitioners practicing dentistry and dental hygiene.

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<p><u>Recruitment Efforts</u> 1. The Chicago Dental Society publishes articles in its monthly magazine addressing recruitment to increase awareness. 2. Illinois AHEC conducts annual urban and rural summer camps, health career clubs in junior high and high schools, and the Future Leaders in Minority Health Program. 3. Recruitment visits to predominatly minority high schools and community colleges using minority students and faculty as ambassadors. 4. Promote the dental and dental hygiene profession to high school students, emphasizing opportunities for careers in community based practice 5. The UIC College of Dentistry has a minority recruitment director. 6. SIU sponsors an annual event designed to recruit minority health professions students.</p>	<p>CDS <i>On-going</i> IAHEC, SPH, Other Colleges and Universities <i>On-going</i> CODs, SPH, Dental Hygiene Schools <i>On-going</i> CODs, SPH, Dental Hygiene <i>On-going</i> UIC COD <i>On-going</i> SIU <i>On-going</i></p>	<p>Maintain and promote. Maintain and promote. Funding for travel and educational materials. Utilize HCOP programs where available. Increase scholarship dollars for minority students through private donations, targeted giving, foundations, etc. Maintain and promote.</p>

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<p><u>Scholarship Support</u> The State of Illinois needs to make available scholarship money for IL state dental schools. This is imperative in order to make SIU and UIC competitive in recruiting the top minority dental students.</p>	<p>IDPH Center for Minority Health, Lincoln Dental Society, Chicago Dental Society, Private Philanthropic Orgs. <i>07/01/02</i></p>	<p>Restore funding for the Dental Student Scholarship Program, previously funded with Illinois General Revenue Funds.</p>

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

EXISTING Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p><u>Outreach/Training/Education Opportunities</u> IDPH currently provides training to oral health professionals through continuing education offerings including: Statewide Oral Health Conference (bi-annually); Training for Local Health Department Oral Health Program; Training for Local Health Department Tobacco Programs; Training for WIC staff.</p>	<p>IDPH, ISDS, IDHA <i>On-going</i></p>	<p>Maintain funding. Target marketing/promotion of conference to private practice dentists, dental hygienists.</p>

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<p><u>Continuing Education Opportunities</u> 1. In collaboration with educational efforts currently underway by dental professional organization (ISDS, IDHA), develop programs for current practitioners to learn about and access evidence based prevention interventions and best practices that incorporate the benefits of such to the private practice dental and dental hygiene communities. 2. Basic information for practicing health professionals (physicians, nurses, nurse practitioners, physician assistants and others) on oral health, dental hygiene, including oral health exams as part of the regular physical exam and how and when to refer patients for dental care is needed, perhaps through continuing education offerings.</p>	<p>IDPH Health Education Specialist; CE Prog.. Mgrs., CODs, SPH, Hygiene Programs; ISDS, IDHA Education Committees <i>Fall, 2002</i></p> <p>State/Local Medical/ Dental Professional Associations, esp. Pediatrics and Primary Care Providers. <i>On-going</i></p>	<p>Travel, communication and staff support provided by dental suppliers and equipment manufacturers (\$75k/yr).</p> <p>Initially, 1FTE and conference support (\$50k) provided by dental supply and equipment manufacturers.</p>

Increase support for local health department staff to educate the public on good oral health practices.

EXISTING Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p><u>LHD Education/Training Opportunities</u> IDPH currently provides training to oral health professionals and other primary care providers through continuing education offerings including: Statewide Oral Health Conference (bi-annually); Training for Local Health Department Oral Health Program; Training for Local Health Department Tobacco Programs; Training for WIC staff.</p>	<p>IDPH <i>On-going</i></p>	<p>Maintain funding.</p>

NEW Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p><u>Health Professions Continuing Education Offerings</u> 1. Need to educate non-dental health professionals on the importance of oral health issues and how to incorporate oral health into the mainstream of the health delivery system. 2. Need to educate the current public health workforce on how to prevent and control oral disease.</p>	<p>CDS, IDS, IMS, CMS,IL Academy of Peds, SPH, IDPH <i>Summer, 2002</i> UIC, SPH and COD Faculty, IDPH <i>Fall, 2003</i></p>	<p>Conference support including outreach efforts to the private practice community from dental, medical suppliers and drug companies. Curriculum and continuing education program development including on-line courses that are easily accessible.</p>

Increase outreach to community agencies to involve oral health professionals in oral health assessment, policy development, program implementation and assurance activities.

EXISTING Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p><u>Outreach/Training Activities</u> 1. IDPH sponsored a Statewide Oral Health Conference entitled 'Communities Focusing on Children' in May of 2001. 2. The Chicago Dental Society Access to Care Committee is working with the Chicago Department of Public Health (Oral Health Task Force) and the Chicago Partnership for Health to increase membership in both programs.</p>	<p>IDPH <i>On-going</i> CDS, CDPH, CPFH <i>On-going</i></p>	<p>Maintain effort. Maintain activities.</p>

NEW Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p><i>Collaboration and Grant Funding</i></p> <p>1. Increase participation from state dental school/ hygiene program faculty and students in AHEC activities.</p> <p>2. IDPH's oral health assessment and planning grants have played a critical role in bringing together community stakeholders in oral health. This program should be fully funded, made available to all local health departments, and developed to include an evaluation component. Funding for this programs should be maintained and expanded.</p>	<p>UIC, SIU COD, Hygiene Programs, IAHEC <i>On-going</i></p> <p>IDPH <i>On-going</i></p>	<p>Promote awareness campaign about careers in community oral health dentistry and dental hygiene.</p> <p>\$1.5m in state support. Increase MCH Block Grant funding to support this program.</p>

Priority Area

AN ORAL HEALTH SURVEILLANCE SYSTEM IN ILLINOIS AND COMMUNITY BASED ORAL HEALTH RESEARCH CAPACITY FOCUSING ON THE REDUCTION OF ORAL HEALTH DISPARITIES

The State of Illinois does not have an oral health surveillance system or a common set of data that can be used to define the scope of oral health needs in Illinois.

EXISTING Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p>1.IDPH should take a leadership role in developing a state wide oral health surveillance system. IDPH has been notified by the Centers for Disease Control (CDC) that it will be funded for the next five years to a statewide oral health surveillance system.</p> <p>2. Educational institutions should collaborate with IDPH in the development of a surveillance system.</p>	<p>IDPH <i>10/01/01</i></p> <p>IDPH (convener), UIC, SIU <i>09/01/01</i></p>	<p>Federal grant funds will be utilized to hire an epidemiologist with a background in dentistry.</p> <p>Create a surveillance workgroup.</p>

EXISTING Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p>3.Examine existing data for potential relevance and contribution to a state oral health surveillance system.</p> <ul style="list-style-type: none"> a. The state BRFSS coordinator has been approached to incorporate questions that capture the oral health status of adults. IDPH will convene a group of partners to determine which elements from BRFSS are needed to supplement a state oral health surveillance system. b. An NIH grant to examine gaps in the current data collection systems for oral and pharyngeal cancer will be used to inform data collection needs for the oral health surveillance system. c. Data currently sent to the National Oral Health Surveillance System should be incorporated in the Illinois surveillance system. d. Examine Illinois Medicaid data for incorporation in the surveillance system. e. Evaluate other data being collected at the state level, including but not limited to YBRS, PRAMS, hospital discharge data, etc. for relevance to oral health. 	<p>IDPH <i>Fall, 2002</i></p> <p>IDPH, Illinois State Cancer Registry, UIC <i>Completed</i></p> <p>IDPH <i>Fall, 2002</i></p> <p>IDPH <i>Fall, 2002</i> IDPH <i>Fall, 2002</i></p>	<p>Grant obtained by Illinois State Cancer Registry from the National Institutes of Health.</p> <p>IDPH Epidemiologist.</p> <p>IDPH Epidemiologist.</p> <p>IDPH Epidemiologist.</p> <p>IDPH Epidemiologist.</p>

NEW Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p>1. Implement a uniform system and method statewide for collecting caries experience/prevalence, untreated caries, and sealant prevalence data. These data elements are components of the National Oral Health Surveillance system, currently supplied by Illinois.</p> <ul style="list-style-type: none"> a. Conduct open mouth surveys to gather oral health data from children and adults. <ul style="list-style-type: none"> i. Link with both dental schools and all dental hygiene programs (specifically through the community based curriculum component) to collect data. ii. Over sample/emphasize data collection from high risk populations, including low income and elderly persons. iii. Collect community specific data. iv. Examine current surveys for models that can be used in Illinois, including the ASTDD instrument, and BRFSS. v. Develop a budget and protocol for statewide survey. 	<p>IDPH <i>Fall, 2003</i></p> <p>UIC, SIU CODs, Community Colleges/ 11RDH programs, School of Public Health <i>Fall, 2003</i></p>	<p>IDPH epidemiologist.</p> <p>\$250,000 is the minimum estimated cost of a representative, open mouth survey for the state of Illinois, with a minimum sample of 2,500 persons.</p>

Priority Area

COMMUNITY BASED PRACTICE, PREVENTION, AND CONTROL PROGRAMS FOR THE REDUCTION OF ORAL HEALTH DISPARITIES, INCLUDING DENTAL PRACTICE OPPORTUNITIES TO MEET THE NEEDS OF THE UNDERSERVED, AND PUBLIC POLICIES THAT SUPPORT COMMUNITY INFRASTRUCTURE FOR ORAL HEALTH

EXISTING Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p>1. Increase funding for public health clinic start up and maintenance.</p> <ul style="list-style-type: none"> a. Change the current funding distribution from IDPA to IDPH. b. Community/migrant health centers are included in the definition of public health clinics. 	<p>IDPH and IDPA <i>July, 2002</i></p>	<p>Current clinic start up grants is available at \$35,000 through IDPA. The suggested funding level is at \$100,000 for start up and an additional \$100,000 for clinic maintenance.</p>
<p>2. Fund the dental sealant program at a level that increases the number of schoolchildren reached through this program.</p> <ul style="list-style-type: none"> a. A total of 60 programs requested funding for the dental sealant program in State FY 2002. b. These programs targeted 20,000 children. c. The current actual budget for the dental sealant program is \$375,000 through the Maternal and Child Health Block Grant. These funds are also used to fund the protective mouthguard program, and oral health needs assessments. d. Many counties cannot implement the program at its current level of funding. 	<p>IDPH, IDHS - MCH <i>July, 2002</i></p>	<p>The minimum request to increase the number of children served by this program over current levels is \$1M for services. An additional 10,000 children would be served by such an expansion. This increase could be phased in over three years. This request does not support infrastructure needs as identified by both the City of Chicago and the Cook County Department of Public Health.</p> <p>Identify funding as appropriate through various sources including federal, state and foundation to expand the sealant program.</p>
<p>3. Support the Early Childhood Caries (ECC) Prevention Program.</p> <ul style="list-style-type: none"> a. IDPH is currently collecting statewide ECC prevalence data and planning community interventions. Funded through IDHS. b. Dental Public Health Intern to assess knowledge, attitude, beliefs of WIC staff in ECC prevention and develop training program based on findings. c. Current programs like WIC and others through local health departments (e.g. prenatal care counseling services) are incorporating early childhood caries prevention messages, but are not fully funded to do so. 	<p>IDPH, IDHS <i>09/01/01</i></p> <p>IDPH, IDHS, U Iowa <i>09/01/01</i></p> <p>IDPH, IDPA, IDHS <i>09/01/01</i></p>	<p>\$200,000/year would be required to develop, pilot and implement early childhood caries prevention programs in 20 communities.</p>

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<p>4. IFLOSS is working closely with IDPH and communities to assist in the safety net development process at the local level. Additionally, IFLOSS promotes oral health education activities and awareness of oral health, and advocates with key decision makers through communities.</p> <p>5. IPHCA has implemented a train the trainer program with students enrolled in community colleges. The purpose of this program is to train people to educate potential public aid recipients on the value of public assistance benefits available for oral health care services. This program captures students who are representatives from underserved communities, who can bring a community perspective to this program.</p>	<p>IFLOSS <i>On-going</i></p> <p>IPHCA, IDPA, Community Colleges</p>	<p>Federal funding.</p> <p>There is an opportunity for this program to serve as a model that can be replicated with community college based programs in dental hygiene or other health related programs for the purpose of educating others on the value of oral health benefits.</p>

NEW Strategies/Action Steps	Responsible Party/ <i>Due Date</i>	Resources Required or Other Needs
<p>1. Fund adult preventive services for Medicaid insured adults. These services include:</p> <ol style="list-style-type: none"> Adult prophylaxis Periodic exams for adults Partial dentures Periodontal procedures for high risk groups, particularly pregnant women <p>2. Fund statewide oral health education and awareness programs.</p> <ol style="list-style-type: none"> Statewide media campaigns to reach the general public with messages about the value and importance of oral health are needed. IDPH is hiring an oral health educator to coordinate statewide efforts to reach low-income families. However, materials are not funded. IFLOSS has developed a marketing plan that can be tailored to individual communities, for both the general public as well as for special populations. Address oral cancer awareness and prevention in statewide and community-based efforts. 	<p>IDPA <i>July, 2002</i></p> <p>IDPH, IDPA, IDHS, Local Health Departments, IFLOSS, ISDS, IDHA <i>Fall, 2002</i></p> <p>Same as part a. <i>Fall 2001</i></p> <p>Same as part a. <i>Completed</i></p> <p>Oral Cancer Partnership <i>Fall, 2004</i></p>	<p>Estimates prepared by ISDS approximately 2 years ago indicate the following: \$6-7M for adult prophylaxis \$6-7M for periodic exams <i>(NOTE: these estimates assume current reimbursement rates; they would be higher with a rate increase)</i></p> <p>TBD.</p> <p>TBD</p> <p>The cost of implementing the IFLOSS marketing plan at the county level is \$20,000,000 over 5 years. This plan includes tailored messages, and strategies for dealing with key decision makers.</p> <p>There is the possibility of leveraging federal funds to support these activities.</p>

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<p>3. Fund a pilot case coordination project to specifically reduce the missed appointment rate for low-income patients currently linked to an existing programs (e.g., WIC, Medicaid) at public health clinics and private practices.</p> <p>a. Model programs in Washington State (ABCD program) and Maryland can be investigated for model practices and cost estimates.</p> <p>b. The scope, geographic and population focus for a pilot program must be defined.</p> <p>4. Mandate dental exams prior to school entrance, and at grades K, 5, and 9. Requiring dental exams for children requires a policy change at the local and state level.</p> <p>5. Promote exams for young children beginning at age 1 and at least every 2 years until they are in school.</p>	<p>IDPH will investigate models and develop parameters for a pilot, with costs, collaboratively with IFLOSS, IDPA, ISDS. <i>TBD</i></p> <p>IFLOSS, ISBE, IDPH, IDHS, School Health <i>TBD</i></p> <p>All partners in oral health <i>TBD</i></p>	<p>IFLOSS has estimated that a coordinator managing a patient base of approximately 2,000-3,000 persons in one or across several communities would cost between \$35,000-\$48,000 to provide case coordination services.</p> <p>Educational programs for state regulators and local school boards need to approve this approach.</p> <p>Educational programs for state regulators and local school boards need to approve this approach.</p>

Call to Action

New Strategies / Action Steps
<p>Establish a select committee to monitor and provide guidance to the Illinois Oral Health Infrastructure Plan and State Oral Health Plan. Suggested committee membership should include, but not necessarily limited to the following:</p> <ul style="list-style-type: none"> • Director, Division of Oral Health, Illinois Department of Public Health – chairperson • Dental program director, SPH • Representative Illinois Department of Public Aid • Faculty - head of community dental program, College of Dentistry at UIC, School of Dentistry at SIU, RDH schools • Elected individual(s) from IFLOSS • Representatives from Illinois State Dental Society, Illinois Dental Hygienist Association/ community hygiene network, Illinois Public Health Association, Illinois Primary Health Care Association, and Illinois Head Start Association, IL Maternal and Child Health Coalition • Representative of the local health department dental directors • Representatives from the community leadership – diversity • USPHS Regional Dental Consultant – as a consultant • Representative from the State Board of Dentistry <p>Responsible Party: IDPH (convener) of public/private partnership</p> <p>Due Date: 10/01/01</p> <p>Resources Required or Other Needs: \$100,000/year, ongoing</p>

The Illinois Community Oral Health Infrastructure Development Project has been supported through a contract (#00-BHPR-A70771-HAS) from the US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Medicine to the Illinois Prevention Research Center, School of Public Health, University of Illinois at Chicago.