

# The Illinois Oral Health Plan

## *Policy Goal I*

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

### Illinois Priorities for Policy Goal I

- 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 healthcare 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
- 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.

## *RECOMMENDATIONS AND STRATEGIES*

### 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

### *Strategy*

Coordinate current statewide efforts and resources, including but not limited to the IFLOSS Coalition marketing plan, CDC funded IDPH oral health educator, IDPA materials developed to educate Medicaid-insured persons on the value of oral health, IPHCA educational effort regarding Medicaid benefits, ISDS/IDHA Long Term Care Facilities Oral Health Education Project, UIC School of Public Health HPRC State Models for Oral Cancer Prevention project, and SIU Oral Cancer Awareness Campaign.

## 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

### *Strategies*

IDPH is currently collecting statewide ECC prevalence data. IDPH in collaboration with IDHS should assess program staff knowledge, attitudes, and beliefs concerning ECC prevention and develop a training program based on these findings.

WIC, family case management and other IDHS programs should serve as the foundation for pilot efforts. Local health departments, early intervention staff and birth-to-three networks should be involved in planning pilot programs to demonstrate ECC effectiveness. It is estimated that \$200,000 annually would be required to develop, pilot and implement ECC programs in 20 communities throughout Illinois.

Under the auspices of the WIC regional directors and staff examine the list of food items covered under the WIC program and consider alternatives to high-sugar drinks. Utilize recommended WIC food prescription changes developed by the National WIC Association for the United States Department of Agriculture.

## Recommendation 3.

Promote regular dental exams for children. At a minimum

- Encourage dental exams for young children beginning at age 1
- Investigate the possibility of requiring a dental exam prior to school entrance and before entering grades K, 5 and 9; propose policy changes as necessary

### *Strategies*

Assess continuing education needs of general dentists in the management and treatment of infants and children and develop continuing education courses to address identified needs.

Provide community-based experiences for students of dentistry, dental hygiene, nursing, and family and pediatric medicine in the management and appropriate dental treatment of children under the age of 5.

Assess the need for expanding the number of pediatric dentists.

Expand the number of dental clinics providing oral health services to children before the age of 3.

Establish a public-private partnership between IDHS, the Maternal and Child Health Coalition, the Ounce of Prevention Fund, the IFLOSS coalition, hospitals, IPHCA and others to address this recommendation.

Establish partnerships between children's oral health advocates and local school boards to encourage mandatory dental examinations at the local level.

Consider the development of a statewide legislative strategy for requiring mandatory dental examinations.

#### Recommendation 4.

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.

##### *Strategies:*

Establish a public-private partnership between the Maternal and Child Health Coalition, IDHS, the Ounce of Prevention Fund, the IFLOSS coalition, hospitals, IPHCA and others to develop and implement programs to educate the primary care community and low-income women themselves on the relationships between oral health and adverse pregnancy outcomes and to develop other strategies to address this recommendation.

Investigate the Mile Square Health Center pilot program targeting pregnant women and their infants for possible expansion or replication.

#### Recommendation 5.

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.

##### *Strategies:*

The ISBE and IDPH should actively pursue funding from the CDC to establish a comprehensive school health program in all Illinois schools.

Coordinate efforts among IFLOSS, IDPH, ISBE, school nurses, IDHS school health staff, school health educators, school health clinic staff and others to assure oral health is addressed within the framework of comprehensive school health.

Encourage policies limiting access to candy and soda machines in schools as part of this effort, in order to reinforce a healthy oral health message within schools.

#### Recommendation 6.

Encourage or require protective mouthguard use in school or other sports programs for those sports at high risk for oral or facial injury.

##### *Strategy*

Coordinate efforts among IFLOSS, school coaches, coaching associations, park districts, YMCA, IDPH and ISBE in implementation of the Project Mouthguard program throughout Illinois.

#### Recommendation 7.

Maximize the capacity of local health departments to dedicate existing resources for oral health education.

### *Strategies*

Incorporate information regarding behaviors that assure good oral health into existing local health department programs wherever possible. (NOTE: Programs target different age groups, and separate strategies may be needed.)

Utilize health department-based child care nurse consultants who work in homes and child care centers to provide oral health education and prevention information.

## **Recommendation 8.**

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.

### *Strategies*

Develop programs to educate medical providers (including medical students and medical residents in pediatrics, internal medicine and family practice) about the prevention of oral disease, ECC, existing oral health services in communities and where to refer patients for oral health services.

Include oral health disease control as a component of overall health promotion in the curricula and training experiences of all Illinois schools of medicine, public health, nursing and other allied health professions.

Build and strengthen critical partnerships between dental and medical communities with an emphasis on pediatricians and primary care providers.

Assure that non-dental health care providers are included on a state oral health advisory committee.

## **Recommendation 9.**

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

### *Strategies*

Supplement funding for the National Institute of Craniofacial and Dental Research (NICDR) project to expand statewide, community-based efforts that empower local communities to prevent oral and pharyngeal cancer.

Coordinate activities of the Statewide Partnership for Oral Cancer Prevention and Control with the steering committee and other 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

- 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.

## *RECOMMENDATIONS AND STRATEGIES*

### Recommendation 1.

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.

#### *Strategies*

Fund the Dental Student Scholarship Program, which provides full tuition grants and monthly living stipends to under-represented minority students who attend Illinois dental schools. Inform and educate these students about the scholarship once established.

Illinois schools of dentistry and dental hygiene schools, in collaboration with other health professions schools, could seek funding for the development of programs to attract under-represented minority students into the health professions.

Develop alternatives to monetary payback for scholarship recipients such as community service and/or mentoring responsibilities for minority populations.

Investigate the ISBE teacher shortage scholarships as a model for dental health professional scholarship programs.

### Recommendation 2.

Increase the number and types of community-based experiences available to students of dentistry and dental hygiene.

#### *Strategies*

Support the IPHCA and AHEC effort to provide community-based experiences for health professions students through the SEARCH (Student Resident Experience and Rotations in Community Health) program. Illinois-specific support is required to expand the SEARCH program, which is currently at capacity. Additionally,

consider letters of support and participation in the SEARCH advisory committee at the request of and as needed by IPHCA.

Create linkages between schools of dentistry and dental hygiene so that community-based programs (school-based and school-linked clinics, dental sealant programs and state facilities that serve the developmentally disabled) can serve as service and rotation sites for students of dentistry and dental hygiene.

### Recommendation 3.

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.

#### *Strategies*

Incorporate principles of culturally competent health care into the curricula of all Illinois programs for the health professions, including dental schools and dental hygiene schools.

Provide specific experiences for students in the treatment of populations that require special care, particularly the developmentally disabled, the elderly and children under age 5.

### Recommendation 4.

Expand the continuing education opportunities for currently practicing dentists and dental hygienists in the area of dental public health.

#### *Strategies*

Under the leadership of the IDPH Division of Oral Health, develop a partnership among training programs for dentistry and dental hygiene education, dental professional associations, and public health education and training programs to recommend and develop qualified continuing education opportunities in dental public health and oral disease prevention for existing practitioners of dentistry and dental hygiene.

Develop service learning opportunities for dentists and dental hygienists in collaboration with facilities that serve special needs populations, such as the developmentally disabled, nursing home residents and those living with HIV disease.

Coordinate local public health department continuing education programs with local dental and dental hygiene association efforts to do the same.

### Recommendation 5.

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.

#### *Strategies*

A feasibility study for this approach should be implemented first in collaboration with the Illinois Center for Workforce Studies and the Illinois State Board of Dentistry.

The State Board of Dentistry could consider dental workforce data element collection as part of the licensure renewal process and make appropriate recommendations to the Illinois Department of Professional Regulation regarding the oral health workforce in Illinois.

### Recommendation 6.

Assess capacity of current dental schools in Illinois to recruit and retain qualified faculty and to maintain state of the art of facilities.

#### *Strategy*

ISBE could commission a study to assess the current needs of dental schools in Illinois and to develop recommendations to address identified needs.

## *Policy Goal III*

Remove known barriers between people and oral health services.

### Illinois Priorities for Policy Goal III

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.

## *RECOMMENDATIONS AND STRATEGIES*

### Recommendation 1.

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.

### Recommendation 2.

Expand the scope of services provided to Medicaid beneficiaries to include, at minimum –

- Preventive services particularly for adults (cleaning [prophylaxis], periodic exams)

- Periodontal (gum) procedures, particularly for pregnant women
- Endodontics (root canal) procedures for posterior (back) teeth
- Partial dentures
- Operating room costs/anesthesia for persons with developmental disabilities who require sedation

*Strategies to address Recommendations 1 and 2*

Educate policy makers, legislators and state agencies on the economics of operating a dental practice (including overhead costs); how reimbursement rates compare with rates currently being charged by private dentists; and how Medicaid dental rates compare to Medicaid reimbursement paid to other healthcare providers.

Educate and motivate other advocacy groups in Illinois to include these issues in their agenda to improve health and access for their constituents and populations.

Encourage and support IDPA in its continuing efforts to improve the dental Medicaid program.

### Recommendation 3.

Increase the proportion of low-income children and pregnant women– both insured and uninsured – and the proportion of persons who live in geographically underserved areas who receive dental examinations, preventive oral health services and restorative care.

*Strategies*

In collaboration with colleges of dentistry and schools of dental hygiene, assure that all current enrollees are competent in managing the oral health needs of pregnant women and children.

Assess continuing education needs of general dentists in the management and treatment of pregnant women, infants and children and develop continuing education courses to address identified needs.

Assess the need for expanding the number of pediatric dentists.

Establish a public-private partnership between IDHS, the Maternal and Child Health Coalition, the Ounce of Prevention Fund, the IFLOSS coalition, hospitals, IPHCA and others to develop and implement programs to educate the primary care community and low-income women themselves on the relationships between oral health and adverse pregnancy outcomes and to develop other strategies to address this recommendation.

### Recommendation 4.

Increase access to dental services for persons with developmental disabilities.

*Strategies*

With input and support from both the private and public sectors, develop centers of excellence throughout Illinois for the dental management of persons with disabilities.

Increase reimbursement for services to persons with developmental disabilities who require desensitization and relaxation procedures.

Require individual care plans (community- or institution-based) to address oral health goals and to educate IDPA auditors on the standards to assure that such goals are met.

Provide information through local health departments as well as through public program staff to the guardians of persons with developmental disabilities on the importance of good oral health.

Recommendation 5. 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.

#### *Strategies*

Increase funding to \$100,000 for clinic start-up grants (currently administered through IDPA) and establish funding for 10 such programs on an annual basis; transfer the responsibility of the program to IDPH.

Create and fund a safety net clinic maintenance grant program to be administered by IDPH.

Continue funding IDPH-administered community and migrant health center dental expansion and new start-up grants through the tobacco master settlement agreement.

Continue supplemental funding for safety net programs that utilize dental volunteers through the tobacco master settlement agreement.

### Recommendation 6.

Replicate and expand the current IDPH school-based dental sealant program into new communities.

#### *Strategies*

Increase funding to support infrastructure needs and reimbursements so as to increase the number of school-children served by the dental sealant program. The minimum amount needed to increase the number of children served by this program over current levels is \$1 million for services.

Develop material for educating the private practice community about the role and objectives of this program.

### Recommendation 7.

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.

#### *Strategy*

Fund a pilot case coordination project to specifically reduce the missed appointment rate for low-income patients. Develop the program in collaboration with family case management, WIC, Medicaid, local health department programs, school nurses, the private sector and educational institutions. Examine existing case management approaches to determine the role of such programs in meeting this objective.

## Recommendation 8.

Replicate model programs that help insurance beneficiaries (both public and private) to understand their dental benefits and the value of those benefits.

### *Strategies*

IPHCA has implemented a program that trains community college students to educate publicly insured persons on the value of their health insurance benefits. This program could be replicated and focused on oral health with outreach to community college programs in dental hygiene.

Coordinate with the Illinois Department of Human Services to develop a strategy to communicate the role and value of both adult and child dental benefits to TANF clients.

## Recommendation 9.

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.

### *Strategy*

Identify state funding to match federal loan repayment program dollars for dentists and dental hygienists.

## Recommendation 10.

Decrease the number of people in Illinois who are uninsured for dental services.

### *Strategy*

In collaboration with Public Health Futures Illinois, 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.

## *Policy Goal IV*

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

### Illinois Priorities for Policy Goal IV

- 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.

## *Recommendations and Strategies*

### 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.

#### *Strategies:*

Under the auspices of IDPH, utilize funding and technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) to assist state efforts in the development of a statewide oral health surveillance system, and establish a working partnership with representatives from IDPH, IDPA, IDHS and others to organize a systematic review of current data sources. Maximize the involvement of Illinois' educational institutions in this partnership, particularly faculty with training in dental epidemiology.

Examine existing data sets containing public health and oral health data for potential relevance and contribution to a state oral health surveillance system. At a minimum, the following data sets should be assessed for elements to be included in the state oral health surveillance system:

- Behavioral Risk Factor Surveillance System/Youth Behavioral Risk Surveillance
- Illinois State Cancer Registry
- National Oral Health Surveillance System data submitted by Illinois
- IPLAN community planning data
- Illinois Medicaid data
- Data on the health insurance benefit packages for both public and private insurance plans, data from the SIU Insurance Study and the Behavioral Risk Factor Surveillance System data for adults on insurance status
- Illinois Cornerstone system
- PRAMS
- Hospital discharge data

Implement a uniform system and method for collecting caries experience/prevalence, untreated caries and sealant prevalence in Illinois (estimated minimum cost is \$250,000).

### 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.

#### *Strategies:*

Expand the IDPH oral health needs assessment and planning grants to include resources for all local health departments, and include an evaluation component.

Integrate oral health assessments with the IPLAN community planning process.

## *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**

- 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.

## *Recommendations and Strategies*

### **Recommendation 1:**

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

#### *Strategy:*

Establish a public/private partnership including leaders in dental education, professional and membership organizations and state leaders to monitor the implementation and continued development of the Illinois Oral Health Plan.

### **Recommendation 2:**

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.

### **Recommendation 3:**

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