

**CSHCN Oral Health
Final Report**

**Illinois
IFLOSS Coalition**

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 elderly, those with disabilities and chronic illness, 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, and pre-term low birth weight.

In response to the 2000 U.S. Surgeon General's report *Oral Health in America*; the Illinois Department of Public Health, Division of Oral Health (DOH) convened an Illinois Oral Health Summit in which the first draft of an oral health plan was unveiled. In April of 2002, the IFLOSS Coalition published the Illinois Oral Health Plan (IOHP). The plan represented a comprehensive vision and was embraced by stakeholders that were involved in the process, particularly because it incorporated the results of already existing local and statewide efforts to improve oral health.

This Plan was intended to serve as a guidepost for improving the oral health of all Illinois residents and as a model for other states. The time has come to revise certain aspects of the IOHP, review the goals and recommendations, and pave the way for the Illinois Oral Health Plan II (IOHP II). One important addition to the new plan would be more recommendations and strategies for the special needs population.

Steering Committee

The IFLOSS Coalition and DOH began the process of IOHP II in April 2006. The core planning group, known as the Steering Committee, was hand selected by the Illinois State Dental Director. The challenge bestowed onto the Steering Committee was to guide and oversee the development of IOHP II. They needed to ensure that the needs of the various stakeholders were met while acknowledging the successes and limitations of IOHP (version I).

Illinois Oral Health Statewide Steering Committee Members

Honorable Renee Kosel, State Representative, 81st District, Mokena

Honorable David E. Miller, State Representative, 29th District, Dolton

Ms. Dawn Melchiorre, Policy Associate, Voices for IL Children, Chicago

Ms. Yvette C. Walker, RDH, Illinois Dental Hygienists' Association, Springfield

Ms. Susan Kerr, President, Illinois Children's Healthcare Foundation, Hinsdale

Ms. Carolyn Brown Hodge, Office of Lt. Governor Pat Quinn, Springfield

Ms. Debbie Saunders, Department of Healthcare & Family Services, Springfield

Dr. Lewis Lampiris, Director, Division of Oral Health, IDPH, Chicago

Ms. Shelly Duncan, Illinois Primary Health Care Association, Chicago

Ms. Robyn Gabel, Executive Director, IL Maternal & Child Health Coalition, Chicago

Dr. Susan C. Scrimshaw, Dean, School of Public Health, University of Illinois Chicago
Dr. Caswell Evans, Jr., DDS, MPH, UIC College of Dentistry, Chicago
Dr. Charles Onufer, Director, Division of Specialized Care for Children, UIC, Chicago
Ms. Brenda Yarnell, PhD, President, UCPLL, Springfield
Mr. Greg Johnson, Director, Professional Services, IL State Dental Society, Springfield
Mr. David Carvalho, J.D., Deputy Director, IDPH, Springfield
Dr. Debra Schwenk, B.S., D.M.D., M.S., M.P.A., SIUE School of Dental Medicine, Alton
Dr. Charla Lautar, RDH, PHD, SIU Carbondale School of Allied Health, Carbondale
Mr. Ray Cooke, IFLOSS President, Springfield
Ms. Leslie Frederick, Division of Specialized Care for Children, UIC, Springfield

Committee Staff Members

Ms. Julie Janssen, RDH, MA, Division of Oral Health, IDPH, Springfield
Dr. Karen Peters, Dr PH, UIC, Chicago
Ms. Lisa Bilbrey, IFLOSS, Springfield
Ms. Lori Williams, Illinois Rural Health Association

The Steering Committee members who are listed in the blue font were invited for their valuable input for the special needs population. Specifically, the UIC Division of Specialized Care for Children (DSCC) is a crucial partner for Illinois Oral Health Plan II. Their mission focuses on public service, education and research as a basis to provide, promote and coordinate family-centered, community-based, culturally competent care for eligible children with special health care needs in Illinois.

Attachment A. Agenda for Initial Steering Committee Meeting

Attachment B. Evaluation for May 10, 2006 Steering Committee

On May 10, 2006, DOH convened a Statewide Steering Committee to review the existing oral health plan, provide updates to the plan and distribute a second five-year plan by March 2007. The Committee was expanded to include rural health leaders and organizations that represented persons with disabilities to incorporate input from these specific underserved populations in the state. The Committee met throughout the Summer and Fall of 2006, hosted seven Town Hall Meetings, and a Statewide Summit in Springfield on November 13, 2006. A draft of the plan was disseminated at the Summit for public input and comment and the final IOHP II Plan will be disseminated in March of 2007.

A series of five questions were discussed at each of the town hall meetings to ensure the collection of consistent data in each region of the state. Specifically, question number 2 was included to collect data on the special needs population.

- 2. Are vulnerable populations able to access services in your community (elderly, children, low-income, disabled, uninsured, rural residents, etc)?**

Although many of the issues addressed through IOHP I were no longer concerns raised during the town hall meetings, some of the issues continued to be heard in all areas of the state. Those unresolved recommendations from the first plan were added to the list of recommendations received in the IOHP II planning process to produce this comprehensive plan of action.

Five sub-committees focused on each of the goal areas, met to review the state priorities and recommendations and develop the strategies for implementation. The sub-committees included both Steering Committee members and community participants who provided additional resources and information to complete the draft plan. The Steering Committee met in the Fall to discuss the details of the draft plan and develop plans for the Statewide Summit. The Committee developed the Summit agenda, recommended speakers, and coordinated the invitation process for the Summit.

[Attachment C. Flyer for Town Hall meetings](#)

[Attachment D. The questions for the Town Hall meetings.](#)

[Attachment E. Town Hall meeting participants](#)

Recommendations specifically for the Special Needs Population

The Policy Goals, Recommendations, and Strategies that involved the special needs population are detailed in the Action Plan. IOHPI failed to recognize this population of Illinois residents. The ASTDD grant made it possible to ensure that this oversight would not happen again.

Follow-Up Forum

On November 13, 2006 an Oral Health Summit was convened to engage the leaders in the state to ratify the new edition of the Illinois Oral Health Plan. The Steering Committee was honored to have Caswell A. Evans, Jr. DDS, MPH, Associate Dean, UIC College of Dentistry as the Keynote Speaker. The list of attendees included: Legislators, representatives from stakeholder organizations, and representatives from the safety net dental clinics.

[Attachment F. Summit Registration](#)

Budget

Item	Amount of request to ASTDD		Amount and source of in-kind or other \$
Marketing, Registration, and Program material development		\$218.00 \$744.53	Publication of Illinois Oral Health Plan II \$1700.00
			Lori Williams, Facilitator, 10% of time \$2500.00
Room Rental	7-20-06 7-24-06 11-13-06	\$375.00 \$50.00 \$3,020.00	Lisa Bilbrey, IFLOSS, 10% of time \$1000.00

Travel	7-13-06	\$284.23	Julie Janssen, DOH Administrator, 5% of time
	7-20-06	\$209.00	
	8-03-06	\$99.24	
	Total:	\$5,000.00	Total: \$8,100.00

Barriers to Implementing the Action Plan

The main barrier to implementing the Action Plan is lack of resources. These resources include workforce, Medicaid dollars, safety net dental clinics, and time. Policy Goal III addresses this issue.

Goal III

Remove known barriers between people and oral health services

Illinois Priorities for Policy Goal III

- A. ***Increase*** reimbursement rates for services provided to Medicaid patients 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*** transportation resources database to provide information to assist patients who need transportation services to oral health and primary care providers.
- D. ***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.
- E. ***Expand*** 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. ***Expand*** the Illinois loan repayment program for dentists and hygienists who agree to practice in dental underserved areas and to treat underserved populations.
- H. ***Expand*** the dental workforce in rural areas, especially oral surgeons and other specialists.
- I. ***Expand*** the scope of Medicaid covered oral health services to include preventive services for adults.

- J.** *Decrease* the number of people in Illinois who are uninsured for dental services.
- K.** *Encourage* public facilities to offer a full array of dental services.

The IFLOSS Coalition, Illinois Department of Public Health, Division of Oral Health, and the Illinois Rural Health Association would like to thank Health Resources Service Administration (HRSA) (MCHB) and the Associated State and Territorial Dental Directors (ASTDD) for the sponsorship of the Illinois Oral Health Plan II in the area of the special needs population, specifically the children of Illinois.