

Goal 1: Improve oral health status and self-care practices by addressing social determinants of health and promoting population-based health interventions.

Challenge: Social and economic factors contribute to lifestyle and behaviors that increase health disparities and inequities.

Objective	Strategy
1.A. Increase the number of Illinoisans with medical and dental insurance.	<p>1.A.1. Contribute to community-wide efforts to increase stable employment with health care insurance.</p> <p>1.A.2. Communicate the why, where, and how on purchasing dental insurance in public spaces and online.</p> <p>1.A.3. Support efforts to expand availability of dental insurance products to currently uninsured persons such as older adults.</p> <p>1.A.4. Educate employers about quality dental insurance, and help employees understand the value of investing in it.</p> <p>1.A.5. Promote the services of dentists that offer discounts regardless of insurance.</p>
1.B. Increase understanding of how and when to obtain appropriate and timely professional oral health care.	<p>1.B.1. Provide plain-language information on the importance of regular preventive professional oral health services, in multiple formats and languages.</p> <p>1.B.2. Encourage creation of individual/family oral health care plans.</p> <p>1.B.3. Increase understanding of where to access oral health care in the community.</p> <p>1.B.4. Increase access points for adults and children who remain uninsured and under-insured.</p>
1.C. Address common risk factors for disease (e.g., nutrition, tobacco use) by sharing messaging with the diverse population of Illinois that good oral health is essential to good overall health.	<p>1.C.1. Increase general public's understanding of the importance of self-care and routine oral health assessment.</p> <p>1.C.2. Educate the public on the impact of oral health disease on daily life activities to reduce inequities.</p> <p>1.C.3. Provide cross-disciplinary health promotion information to the public about the impact of poor oral health on other health conditions such as pregnancy, diabetes, HIV/AIDS, heart disease, and mental/behavioral health challenges.</p> <p>1.C.4. Communicate that maintaining healthy baby teeth and adult teeth are ideal for overall oral and body health.</p> <p>1.C.5. Support campaigns such as AgeOne dental visit, 2X2 etc. through social media, print materials, PSAs, etc.</p>

	<p>1.C.6. Educate immigrant, racially-diverse, low-income, and other underserved populations on adopting best practices to obtain and maintain good oral health as well as its importance in overall health.</p> <p>1.C.7. Strengthen connections and partnerships with LGBTQ community members and persons with disabilities.</p> <p>1.C.8. Strengthen connections with behavioral health colleagues for increased collaboration.</p> <p>1.C.9. Seek qualitative data from population sub-groups to address disparities and inequities in meeting oral health needs.</p> <p>1.C.10. Develop and disseminate messaging to address innate fears by promoting preventive care to avoid more invasive care.</p> <p>1.C.11. Use social media for marketing the importance of oral health and decreasing high-risk behaviors.</p>
1.D. Decrease high-risk behaviors that contribute to oral health inequities, such as tobacco and e-cigarette/vaping use in adolescents and consumption of sugar sweetened beverages.	<p>1.D.1. Distribute educational materials from trusted sources such as CDC and NIH for the general public that address relevant high-risk behaviors (e.g. sugar sweetened beverages, E-cigarettes/vaping).</p> <p>1.D.2. Promote updating oral health history forms to include questions about high-risk behaviors (such as e-cigarette/vaping use) and flag for referral or intervention.</p> <p>1.D.3. Expand oral health provider promotion of Illinois Tobacco Quitline.</p> <p>1.D.4. Promote policy measures to address sugar sweetened beverages and their negative impact on oral health.</p>
1.E. Increase protective behaviors that improve oral health equity, such as HPV vaccination, fluoride, and healthy weight.	<p>1.E.1. Distribute educational materials from trusted sources such as CDC and NIH for the general public to increase protective behaviors such as uptake of HPV vaccinations and healthy weight.</p> <p>1.E.2. Improve knowledge of oral health providers to communicate importance of, how, and where to obtain HPV vaccination.</p> <p>1.E.3. Increase public messaging to all ages on importance of drinking tap water from optimally fluoridated water systems.</p> <p>1.E.4. Strategically provide technical assistance to identified water operators that expands access to optimally fluoridated water to Illinois population.</p> <p>1.E.5. Increase acceptance of prevention intervention by women/parents/caregivers to risk-based use of fluoride varnish during pregnancy and early childhood to age 6 years.</p> <p>1.E.6. Improve public's knowledge of healthy food and beverage choices and amounts to maintain healthy weight.</p> <p>1.E.7. Encourage pediatricians to educate parents about the importance of oral health of their children.</p>

Goal 2: Align infrastructure and workforce to promote timely and equitable access to oral health care.

Challenge: 75 of 102 Illinois counties have federally designated Dental Health Professional Shortage Areas.

Objective	Strategy
<p>2.A. Drive workforce development and intervention models designed to improve oral health outcomes for all Illinoisans, with a focus on Medicaid members and uninsured persons.</p>	<p>2.A.1. Improve understanding of oral health workforce needs at state and local levels.</p> <p>2.A.2. Support academic institutions to engage students of all ages and underrepresented minorities in oral workforce development.</p> <p>2.A.3. Expand oral health practitioners' role in engaging youth into careers in oral health that addresses workforce needs and provides stable employment opportunities.</p> <p>2.A.4. Expand oral health professionals' understanding of population health issues (e.g., race-cultural issues, health disparities and inequities, working with vulnerable populations).</p> <p>2.A.5. Strengthen ability of oral health workforce to meet the needs of diverse populations, such as those with dental fear, children under age 3, pregnant people, older individuals, persons with behavioral health concerns, persons with chronic diseases, and persons with disabilities.</p> <p>2.A.6. Support oral health providers with increased professional training opportunities (e.g., behavioral/mental health issues, evidenced-based approaches in pain control, antibiotic use, trauma-informed care principles).</p> <p>2.A.7. Expand teledentistry use and reimbursement to facilitate timely and appropriate care.</p> <p>2.A.8. Identify clinical services that can be performed by providers such as PHDH, CDHC, DA, or EFDA to increase overall clinical capacity.</p> <p>2.A.9. Expand the use of Community Health Workers and case managers to promote oral health care.</p>
<p>2.B. Increase clinical service capacity in dental health professional shortage areas by incentivizing workforce to provide care in these geographies and populations.</p>	<p>2.B.1. Increase the number of dentists and dental hygienists that receive support through the National Health Service Corps Loan Repayment Program.</p> <p>2.B.2. Increase the number of dentists that receive support through the Illinois Loan Repayment Program.</p> <p>2.B.3. Contact surrounding states (WI, IN, KY, MO, IA) to research how/what attracts/retains providers to rural areas and pilot trials for viability.</p> <p>2.B.4. Increase the number of dentists who actively participate in the Medicaid, FQHC, or free clinic setting.</p> <p>2.B.5. Increase the number of oral surgeons, pediatric dentists, and other specialists who actively care for Medicaid members and uninsured persons by providing enhanced compensation.</p>

	<p>2.B.6. Create a system to encourage dentists to dedicate a small amount of time to providing care in rural areas on a regular basis (e.g., 1-2 times monthly or weekly).</p>
<p>2.C. Improve the Illinois Medicaid dental benefit to meet the healthcare needs of its members, with a focus on family as a unit.</p>	<p>2.C.1. Work with Medicaid leaders to develop an annual report of who, where, and what oral health services were provided to Medicaid members, including gaps in Medicaid provider network.</p> <p>2.C.2. Encourage private dentists to accept Medicaid by providing networking opportunities with other Medicaid providers, sharing of best practices, and communicating other group benefits.</p> <p>2.C.3. Assign each Medicaid family or member a primary (and secondary) Medicaid enrolled dental provider.</p> <p>2.C.4. Work with MCOs, state agencies, and partners to design an oral health benefit plan focused on health and disease prevention.</p> <p>2.C.5. Assist providers and connectors of health care in fully understanding Medicaid dental benefits.</p> <p>2.C.6. Support reasonable reimbursement for prevention and disease treatment services provided for in the Medicaid program.</p> <p>2.C.7. Increase the proportion of women who receive oral health preventive or periodontal services during pregnancy.</p> <p>2.C.8. Increase proportion of children enrolled in Medicaid who receive preventive services by an oral health professional at least once annually.</p> <p>2.C.9. Increase proportion of adults enrolled in Medicaid who receive oral health preventive services at least once annually.</p> <p>2.C.10. Work closely with Medicaid MCOs to establish a clear care coordination process when follow up treatment care is needed: D9992 (dental care-coordination) and D9997 (dental case management for patients with special health care needs).</p>
<p>2.D. Reduce the proportion of adults and children with untreated tooth decay.</p>	<p>2.D.1. Increase collaborative (ISBE, HFS, DPH) communication to parents, schools, and school districts about the importance of regular use of prevention services and establishing a dental home.</p> <p>2.D.2. Expand school-based sealant services, basic oral health care, and fluoride varnish (not gel), focused on Medicaid enrolled and uninsured children focused on addressing geographic disparities and inequities.</p> <p>2.D.3. Increase understandable communications to parents, schools, and school districts about the need for follow up care after school examinations (K, 2, 6 and 9 grades).</p> <p>2.D.4. Implement greater accountability for school-based mobile providers to meet child's follow up/restorative needs by providing a full networking between schools and office based dentists.</p>

	<p>2.D.5. Increase the adoption and expanded use of Silver Diamine Fluoride in children, adults, and older adults as a caries arresting agent.</p> <p>2.D.6. Increase the provision of atraumatic restorative technique (ART) and other minimally invasive approaches to help manage tooth decay in all age groups.</p> <p>2.D.7. Promote multiple sealant placement for children per ADA suggested guidelines.</p> <p>2.D.8. Promote completion of dental treatment plans of high school students before insurance benefits run out.</p> <p>2.D.9. Expand the number of oral health providers who care for women during pregnancy.</p> <p>2.D.10. Expand the number of oral health providers who care for older adults.</p>
2.E. Increase the proportion of persons obtaining comprehensive oral health services at FQHCs who also use primary care or other services at their FQHC.	<p>2.E.1. Increase clinical capacity at FQHCs through use of PHDH, EFDA, or dental case managers in clinical teams.</p> <p>2.E.2. Support FQHCs evaluating their oral health program to ensure that each team member is working at the top of their clinical and regulatory ability.</p> <p>2.E.3. Support FQHCs in expanding dental services to more adults.</p> <p>2.E.4. Support pilot programs in FQHCs oral health programs for diabetes/HTN screening, education, and action.</p> <p>2.E.5. Distribute fact sheets throughout communities to educate individuals and families on the oral health services provided at their local FQHC.</p> <p>2.E.6. Establish automated referral processes within FQHC EHR systems that ping persons with diabetes, pregnancy, and other chronic illnesses for an oral health referral.</p> <p>2.E.7. Explore integrating oral health and primary care EHR systems to facilitate ease of referrals and improved care coordination.</p> <p>2.E.8. Increase awareness of how oral health encounter rate is established and updated.</p>
2.F. Decrease the proportion of the Illinois population that uses the Emergency Department for non-traumatic dental issues.	<p>2.F.1. Decrease number of Medicaid members who receive temporary care in the ED setting.</p> <p>2.F.2. Identify, support, and pilot new models of service delivery that emphasize prevention and assuring access to disease-controlling care.</p> <p>2.F.3. Focus access to care pilot to Medicaid enrollees who have not visited/do not have a dental home, have high rates of dental disease, and have not received regular dental care.</p> <p>2.F.4. Use local hospital discharge data and financial supports from insurers to pilot community collaborations between dental facilities and local hospitals.</p>

	<p>2.F.5. Engage health insurers and foundations to provide startup funding for hospital/dental clinic collaboration focused on reducing ED dental visits for all ages.</p> <p>2.F.6. Work with Illinois Hospital Association and local hospitals to develop priorities for local pilot projects.</p>
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Goal 3: Integrate and expand health promotion, primary prevention, and assurance of appropriate care.

Challenge: Limited interprofessional risk-based oral health referrals exist within the health system.

Objective	Strategy
3.A. Elevate oral health as a priority area within hospital systems, insurance providers, and other community health organizations.	<p>3.A.1. Increase health insurer and system understanding of the positive ROI of integrated oral health care services.</p> <p>3.A.2. Provide technical assistance and resources to health system leaders on oral health needs assessment, health promotion, surveillance, and integration activities.</p> <p>3.A.3. Encourage institutional leaders to name oral disease when they discuss common risk factors (such as unhealthy diets and tobacco use) in organizational health initiatives.</p> <p>3.A.4. Ensure health organizations' oral health education and services are culturally and linguistically appropriate.</p> <p>3.A.5. Establish connections between each WIC, Early Head Start/Head Start, daycare and preschool program and their local oral health provider and/or health department.</p> <p>3.A.6. Encourage joint applications for federal, state, and foundation funding for integration opportunities between oral health and non-oral health partners.</p>
3.B. Expand oral health knowledge by non-oral healthcare personnel for use in health promotion, primary prevention, and referral for all ages to appropriate care.	<p>3.B.1. Train physicians, nurses, medical students, and other clinical non-oral health professionals and students to promote oral health and manage routine oral health issues through online modules designed for health care professionals.¹</p> <p>3.B.2. Train non-clinical staff such as care navigators and community health workers in providing oral health and wellness counseling.</p> <p>3.B.3. Increase clinical provider and community health worker knowledge of Medicaid/insurance coverage for oral health benefits.</p> <p>3.B.4. Expand ability of prenatal providers and doulas to provide promotion, prevention, and anticipatory guidance around oral health issues as part of prenatal classes.</p> <p>3.B.5. Establish referral arrangements and recommendations for oral health services for people with behavioral health disorders.</p> <p>3.B.6. Support piloting of electronic referral management tools designed to increase access to oral health services and care coordination for special populations (e.g., children, pregnant persons, older adults).</p> <p>3.B.7. Train non-oral health providers on appropriate antibiotic and pain medication prescribing as an interim measure while still referring to a dentist.</p>

¹ Examples include: Smiles for Life, I Like my Teeth, Quality Oral Health Integration Implementation Guide, resources from Health Resources and Services Administration

<p>3.C. Increase appropriate oral health service delivery in non-oral health settings.</p>	<p>3.C.1. Increase routine oral health screenings, documentation of findings, and management of simple oral health issues in primary care settings.</p> <p>3.C.2. Pilot providing preventive services² in pediatric practices, OB/GYN practices, and other primary care settings.</p> <p>3.C.3. Pilot providing preventive services in elder care facilities, childcare facilities, and WIC programs.</p> <p>3.C.4. Expand use of Medicaid-reimbursable risk-based training and fluoride varnish application by non-oral health professionals.</p> <p>3.C.5. Increase number of Medicaid-enrolled children under the age of 6 years who receive risk-based intervention and oral health service provided by a non-oral health provider.</p> <p>3.C.6. Train emergency department staff via Smiles for Life module on address acute dental problems.</p>
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² Examples include: anticipatory guidance, nutrition, fluoride varnish, SDF, and other services

Goal 4: Implement a surveillance system that measures and shares key indicators of oral health.

Challenge: Illinois communities and stakeholders have limited information on disease burden.

Objective	Strategy
4.A. Develop Illinois specific data collection, tracking and analysis plan (Illinois Oral Health Surveillance System-IOHSS) that incorporates and aligns with national initiatives (e.g., HRSA, HP 2030, Surgeon General's report).	<p>4.A.1. Recruit, establish, and convene a group that advises Division of Oral Health on IOHSS and IOHP IV.</p> <p>4.A.2. Publish IOHSS plan for public comment by December 2021.</p> <p>4.A.3. Create a regular process with Advisory Committee (AC) to provide strategic guidance on oral health to IDPH and review IOHSS data and IOHP IV progress.</p> <p>4.A.4. Collaborate with state survey programs (e.g. PRAMS, BRFSS staff) to continuously improve breadth of oral health data.</p> <p>4.A.5. Report and use school examination data for programmatic improvements that impact access to care and disease burdens.</p> <p>4.A.6. Collaborate with other Divisions within IDPH as well as other state agencies on primary data collection through such activities as basic screening survey for Head Start and 3rd grade children, pregnant women, and older adults.</p> <p>4.A.7. Incorporate real-time monitoring of oral health problems in IOHSS through Syndromic Surveillance monitor and develop solutions to oral health problems.</p>
4.B. Organize a data display/distribution system that tracks oral health indicators to provide state, regional, and local oral health data.	<p>4.B.1. Identify and secure general funding for epidemiology services that provides data review and analysis for programmatic improvements.</p> <p>4.B.2. At the state and local level, advocate for consistent funding for surveillance, reporting, and data sharing.</p> <p>4.B.3. Collaborate with academic institutions and other experts on oral health data surveillance and analysis.</p> <p>4.B.4. Identify public platform for Illinois' oral health data for stakeholder and public use.</p> <p>4.B.5. Assemble map of oral health resources by county.</p>
4.C. Share with stakeholders annual data briefs that highlight inequities in disease burden between different population groups to spur action.	<p>4.C.1. Identify and establish partnerships for published data distribution to reach wide audiences ready to act.</p> <p>4.C.2. Educate community stakeholders on appropriate use of and contribution to data.</p> <p>4.C.3. Support regional or local meetings annually with key partners and stakeholders centered on programmatic solutions identified in data reports and that address oral health inequities.</p> <p>4.C.4. Establish a protocol or process to standardize community level data collected.</p>

Goal 5: Share information with stakeholders to track progress through IOHP IV communication updates.

Challenge: Regular communication about progress and barriers will be needed to move IOHP IV goals forward.

Objective	Strategy
5.A. Develop and implement a communications plan for IOHP IV.	<p>5.A.1. Create a process for publicizing IOHP IV launch by June 2021.</p> <p>5.A.2. Design a messaging document for communicating the IOHP to the general public.</p> <p>5.A.3. Work with stakeholders to engage social media team on regular basis to create, publish, and engage social media on topic of oral health of the population.</p> <p>5.A.4. Support stakeholder actions to call, email, and meet with local news professionals and reporters on a regular basis to build rapport and discuss Illinois' oral health concerns.</p> <p>5.A.5. Build partnerships with local news media outlets and organizations to leverage distributional reach of IOHP IV updates.</p> <p>5.A.6. Annually provide easy-to-comprehend updates on plan progress to the general public.</p>
5.B. Annually update IOHP IV objectives and strategies.	<p>5.B.1. Form a diverse and interdisciplinary Advisory Committee to the Division of Oral Health that provides expertise, recommendations, and guidance to IOHSS and IOHP IV on an on-going basis.</p> <p>5.B.2. Regularly convene Advisory Committee to review oral health landscape and evaluate progress towards IOHP IV.</p> <p>5.B.3. Annually update IOHP IV objectives and strategies according to new opportunities identified by Advisory Committee.</p>