Chicago Area
Oral Health Plan

Chicago Community Oral Health Forum
2012
# TABLE OF CONTENTS

Acknowledgement .................................................................................................................................................. 2
Introduction .......................................................................................................................................................... 4
Executive Summary ........................................................................................................................................... 5
Background ....................................................................................................................................................... 6
Chicago Oral Health Summit Framework ........................................................................................................ 7
Action Plan by Framework Objectives ............................................................................................................ 9
  Objective One .................................................................................................................................................. 9
    Status and Trends ....................................................................................................................................... 9
    Strategies and Recommendations ............................................................................................................ 10
  Objective Two ............................................................................................................................................. 12
    Status and Trends .................................................................................................................................... 12
    Strategies and Recommendations ........................................................................................................ 12
  Objective Three .......................................................................................................................................... 15
    Status and Trends .................................................................................................................................... 15
    Strategies and Recommendations ........................................................................................................ 16
  Objective Four ............................................................................................................................................. 18
    Status and Trends .................................................................................................................................... 18
    Strategies and Recommendation ......................................................................................................... 18
  Objective Five ............................................................................................................................................. 21
    Status and Trends .................................................................................................................................... 21
    Strategies and Recommendations ........................................................................................................ 21
  Objective Six ............................................................................................................................................... 24
    Status and Trends .................................................................................................................................... 24
    Strategies and Recommendations ........................................................................................................ 24
Appendices ...................................................................................................................................................... 26
  APPENDIX A: CHICAGO-AREA ORAL HEALTH SUMMIT AGENDA ............................................................... 26
  APPENDIX B: FRAMEWORK .......................................................................................................................... 28
  APPENDIX C: FRAMEWORK DOCUMENT .................................................................................................. 29
  APPENDIX D: SUMMIT PARTICIPANTS ....................................................................................................... 36
  APPENDIX E: PARTICIPANT EVALUATION FORM ...................................................................................... 37
ACKNOWLEDGEMENT

CCOHF Staff

Kimberly Bartolomucci       Coordinator
Anne Clancy                 Project Director
Dr. Alejandra Valencia     Research Associate
Dr. Mona Van Kanegan        Co-Director

CCOHF Executive Committee

James Alexander             Executive Director
                          Otho S.A. Sprague Memorial Institute
Dr. Karen Batia             Executive Director, Heartland Health Outreach
Dr. Bechara Choucair        Health Commissioner
                          Chicago Department of Public Health (CDPH)
Amanda Ciatti               Director of Programs, Oral Health America
Dr. Caswell Evans          Associate Dean, University of Illinois at Chicago (UIC)
                          College of Dentistry
Randy Grove                 Executive Director, Chicago Dental Society (CDS)
Mary Houpt                  Formerly of the Wm. Wrigley Jr. Company
Jane Jasek                  Director, American Dental Association Foundation
Kimberly Morreale           President and CEO, Morreale Public Affairs Group
Dr. Nicholas Panomitros    Governance Committee
                          Hispanic Dental Association (HDA)
Rodney Watt                 Executive Director
                          Chicago Dental Society Foundation
Dr. David Miller            Chief, Division of Oral Health
                          Illinois Department of Public Health (IDPH)

Oral Health Summit Planning Committee

Mary Pat Burgess              School-Based Oral Health Program Director, CDPH
Dr. Caswell Evans           Associate Dean, UIC College of Dentistry
Jennifer Herd               Senior Policy Analyst, CDPH
Nadeen Israel               Advocacy Policy Associate, Heartland Alliance
Samantha Tuttle             Director of Policy & Advocacy, Heartland Alliance
Dr. David Miller            Chief, Division of Oral Health, IDPH
Dr. Richard Sewell          Clinical Assistant Professor
                          UIC School of Public Health
Dr. Kevin Van Kanegan  Assistant Professor  
College of Dental Medicine-Midwestern University

**Feature Summit Speakers**

**James Alexander**  Executive Director  
Otho S.A. Sprague Memorial Institute

**Hon. Toni Preckwinkle**  President, Cook County

**Dr. Sarita Arteaga**  President, Hispanic Dental Association Foundation

**Dr. David Miller**  Chief, Division of Oral Health, IDPH

**Dr. Bechara Choucair**  Health Commissioner, CDPH

**Dr. Caswell Evans**  Associate Dean, UIC College of Dentistry

**Dr. Cheryl Watson- Lowry**  Chair, CDS Government Affairs Committee

**Dr. Ramanathan Raju**  CEO, Cook County Health and Hospital System

**Workgroup Moderators**

**Dr. Nicholas Panomitros**  Governance Committee, HDA

**Jennie Pinkwater**  Senior Director Prevention Projects and Advocacy  
Illinois Chapter of the American Academy of Pediatrics

**Nadeen Israel**  Advocacy Policy Associate, Heartland Alliance

**Kim Morreale**  President and CEO, Morreale Public Affairs Group

**Dr. Jill Baskin**  Dental Director, The Children's Clinic sponsored by the Oak Park-River Forest Infant Welfare Society

**Mary Pat Burgess**  School-Based Oral Health Program Director, CDPH

**Amanda Ciatti**  Director of Programs, Oral Health America

**Dr. Christine Hryhorczuk**  Director of Site Assessment for Extramural Education  
UIC College of Dentistry

**Maureen Jones**  Corporate Communications Manager  
Wm. Wrigley Jr. Company

This publication was made possible with support from the Otho S. A. Sprague Memorial Institute and the DentaQuest Foundation
INTRODUCTION

Since the release of the first Surgeon General’s Report on oral health in 2000 (*Oral Health in America: A Report of the Surgeon General*), significant efforts have been made to improve the oral health of all Americans. The elimination of disparities in oral health among U.S. residents due to socioeconomic marginalization has become a priority. The importance of oral health as an essential component of general health has become a focus. For the first time ever, oral health has been made one of the nation’s health priorities in Healthy People 2020, the nation’s 10-year goals and objectives for health promotion and disease prevention. In 2011, the Institute of Medicine (IOM) released two important documents related to oral health: *Oral Health in America* and *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*. Through these reports, authorities and experts have called upon community leaders in the nation to act on behalf of the most vulnerable and underserved populations in order to prevent oral disease, improve access, and promote oral health, thus reducing disparities in oral health. To answer the call and face the challenges that Chicago area residents face in accessing dental care, the Chicago Community Oral Health Forum (CCOHF) organized and convened its first Oral Health Summit. The purpose of this Summit was to discover avenues that will lead us to overcome disparities, promote oral health, and prevent dental disease in the Chicago area.

This Oral Health Plan is a working action plan created by public/private stakeholders in Chicagoland for its residents. This report is a product of the efforts and ideas of stakeholders in attendance at this Summit. These efforts and ideas are intended to improve access to oral health services and promote systems change. CCOHF will continue coordinating activities and working with stakeholders and others to bring the Summit Action Plan to fruition. As we begin work towards meeting the goals and objectives of this Plan, CCOHF welcomes additional thoughts, suggestions, and ideas from Summit attendees and stakeholders who were unable to attend the Summit. CCOHF will periodically share progress updates and reconvene stakeholders to continue to forge a systems-level approach that establishes priorities among multiple, fragmented efforts. Through all of these efforts, the focus of public resources will be on
priority areas of need: service delivery, system capacity and public health infrastructure (IOM, 2011).

EXECUTIVE SUMMARY

Based on available community data, oral disease continues to be trending upwards and access to treatment services is becoming more difficult for the Chicagoland population. Current economic climate, dental insurance availability and limitations on coverage pose further insurmountable challenges to an individual's access to oral health treatment and services. Public health entities need a better understanding of the current system capacity in communities and expansion opportunities available to meet existing treatment needs. In addition, if significant effect on oral disease is to be realized, current oral health promotion and prevention efforts needs to be extended by and to other health professionals in an effort to improve personal oral health behaviors in the general public.

Overall, four main ideas emerged from the Summit participants to increase access to oral health services in Chicagoland:

1. **Increase public/private partnerships through volunteerism** to expand the oral health system capacity and better utilize oral health resources.
2. **Advocate for county, city and regional public health leadership** dedicated to moving oral health objectives forward.
3. Expand system-wide strategies that integrate oral health into general health and prevention and educate the general public.
4. Work towards a focused education strategy for non-oral health professionals that center on oral health promotion, prevention and referral for proper care.
BACKGROUND

The Chicago Community Oral Health Forum is a grassroots community-enabling organization committed to improving oral health programs and services for all Chicago residents through education, assessment, policy/program development, and collaboration. CCOHF promotes cooperation, communication, and concerted action among organizations dedicated to eliminating oral health disparities. CCOHF is housed within Heartland Health Outreach (HHO), the health care partner of Heartland Alliance for Human Needs & Human Rights, an established leader in providing affordable high-quality health care to children and adults who would otherwise struggle to obtain basic healthcare that meets their needs.

The Chicagoland Oral Health Summit was led by CCOHF with the vision of bringing a variety of stakeholders together to develop actionable items to meet some basic goals. These goals are: to improve access to dental services, to promote oral health, and to prevent disease for Chicago area residents. The entire Summit agenda can be found at the end of this action plan (see Appendix A).

The goal of the Summit was to engage all attendees to create an actionable Oral Health Plan. In order to meet this goal, a full day was scheduled that included three sessions:

- An Introductory Session during which speakers introduced the concept and objectives that are described within the Framework (see Appendix B)
- Workgroup Session A: Three categories of attendees brainstormed actionable plans to meet the objectives presented by the Framework. These workgroups were moderated by oral health leaders and the categories were as follows:
  - Group 1: Providers (Dentists, Dental Hygienists, Health Center Administrators)
  - Group 2: Representatives from Government, Public Health, and Education
  - Group 3: Foundations, Representatives from Advocacy Organizations and Representatives from Other Partner Organizations
- Workgroup Session B: Moderated workgroups for each of the six objectives were formed and workgroups took the recommendations from the Session A
workgroups and identified action items that could be attained in the short term, in an intermediate period of time, and in the long term.

In the Summit evaluation forms, participants were given the opportunity to add any other actions they thought were key or should be highlighted in the Action Plan. The following report is a result of the workgroups and the input from the notes on the evaluation.

CHICAGO ORAL HEALTH SUMMIT FRAMEWORK

The Framework presented at the Summit (Appendix B) was specifically designed to align Chicago area efforts with State and National initiatives to reduce disparities in oral health. It was based on Healthy People 2020 objectives, the two IOM reports, and the 2010 State Health Improvement Plan. The Framework was used during the Summit to guide the working groups and it will help to monitor future progress.

Healthy People 2020 include 17 oral health objectives (see Appendix C). The first 6 are related to the measurement of oral disease (caries and periodontal disease). Objectives 7 through 14 are related to access to preventive services and oral health interventions. The last three objectives are related to surveillance systems and public health infrastructure. The Chicago area Framework is based solidly on objectives 7 through 14; however, it is important to add that the attainment of these seven objectives will significantly facilitate the achievement of the remaining Healthy People 2020 oral health objectives.

The main goal in the Chicago area Framework (Appendix B) is to improve access to dental services, oral health promotion, and disease prevention among Chicago area residents. As mentioned before, for the first time Healthy People 2020 included oral health as one of the 12 national health priority areas. The leading health indicator selected to monitor progress in oral health is objective 7 (OH-7), the use of the oral health care system, which is considered in the Chicago Framework as objective 1. Also for the first time, the state of Illinois included oral health as one of the eleven state health priorities (2010 State Health Improvement Plan, Appendix C). One specific area that the state will use to monitor progress in oral health is the increase in preventive dental services; this corresponds to objective 2 in the Framework. In order to improve
the use of the oral health system in the Chicago area it is imperative to work on Oral Health Infrastructure and Oral Health Promotion. We need to assure that Chicagoland has both the physical infrastructure to increase the use of the oral health care system and the workforce capacity to provide dental services.

In order to change behaviors in our population, we need to educate the public about the importance of oral health as an essential component of general health (Objective 5) and engage non-dental professionals by emphasizing the importance of oral health care as an integral component of comprehensive care (Objective 6).

In the purple boxes of the Framework there are listed specific groups of the population. These divisions are necessary to deliver interventions and collect information. In the same way, in the orange boxes there are listed sources that can be used to collect information and deliver interventions.
Objective 1

Increase the proportion of Chicago-area residents who use the oral health care system in the previous year.

Status and Trends

Information presented in the Status and Trends section of each objective will show current available data in Chicago or Illinois related to the specific objective. Data will refer to specific groups of the population.

• Pregnant women
  ✓ 38.6% of pregnant women in Illinois had a dental visit during pregnancy [Illinois Pregnancy Risk Assessment Monitoring System (IL PRAMS, 2007)]

• Young children
  ✓ NO DATA AVAILABLE

• Children 5-12 years
  ✓ 59% of children in the Chicago Public School System (K, 2nd, 6th) had a dental examination in the school year 2008-09 (IL School Code dental examination requirement)
  ✓ 33% of Medicaid/SCHIP children in Illinois used oral health services during the year 2005

• Teens 13-18 years
  ✓ NO DATA AVAILABLE

• Adults
  ✓ 67.3% of adults in Illinois visited the dentist or dental clinic within the past year [Behavioral Risk Factor Surveillance System (BRFSS, 2008)]
  ✓ 41.6% of Chicago adults visited the dentist last year (CCOHF Dental Survey, 2009)

• Older adults
  ✓ 39% of Chicago seniors visited the dentist in the last 12 months compared to 56% in the rest of IL (Chicago Senior Smiles and Smiles over Time, 2011)
Strategies and Recommendations

STRATEGY I. COLLECTION OF BASELINE DATA.

Recommendation:
1. Establish a mechanism to gather information about the number of Chicago area residents (2 years and older) who use dental services in the last 12 months using a representative sample of community health centers.

Collaborators and Resources:
- Chicago Community Oral Health Forum
- Chicago Department of Public Health
- Illinois Department of Public Health

STRATEGY II. MONITOR THE USE OF ORAL HEALTH SERVICES.

Recommendation:
1. Annual collection of data regarding the number of Chicago Area residents (2 years and older) who had a dental visit in the last 12 months.

Collaborators and Resources:
- Chicago Community Oral Health Forum
- Chicago Department of Public Health
- Illinois Department of Public Health

STRATEGY III. EXPAND FUNCTIONING CAPACITY AND EFFECTIVENESS OF ORAL HEALTH CARE SYSTEM.

Recommendations:
1. Look at different community health centers best practices and model how they function regarding scheduling, types of clinics, management of appointments, etc.

2. Share oral health best practices information available on different websites and through publications to provide resources to other oral health care providers.

Collaborators and Resources:
3. Centralize a communication system for oral health services and volunteering.

4. Educate the Dental Community about Medicaid and different volunteer opportunities.

Collaborators and Resources:
- Chicago Dental Society Foundation
- Chicago Dental Society
- Illinois State Dental Society
- DentaQuest
- CCOHF Providers Group

5. Develop further the Chicago Public Schools, School-Based Oral Health Program to include a case worker for helping children with dental needs to find a Dental Home.

Collaborators and Resources:
- Chicago Department of Public Health
- Chicago Community Oral Health Forum

STRATEGY IV. REDUCE BARRIERS TO CARE.

Recommendation:
1. Improve access to clinic information by:
   - Providing ease of access to member and provider eligibility criteria
   - Updating the current list of clinics
   - Refining the referral system
   - Increasing access to resources (religious organizations, shelters, private practices)
   - Incorporating a mechanism to reduce language barriers; Cross-cultural care

Collaborators and Resources:
- Heartland Alliance Cross-Cultural Interpreting Services: http://www.heartlandalliance.org/ccis/
- CCOHF community dental clinic map http://www.heartlandalliance.org/oralhealth/maps/
Objective 2

Increase the proportion of Chicago-area residents who had any preventive dental service in the last 12 months.

Status and Trends

• Pregnant women
  ✓ NO DATA AVAILABLE

• Young children
  ✓ NO DATA AVAILABLE

• Children 5-12 years
  ✓ 34.3% of Chicago children aged 6-9 years had dental sealants (Chicago Department of Public Health (CDPH, 2008-9))

• Teens 13-18 years
  ✓ NO DATA AVAILABLE

• Adults
  ✓ 58.6% of adults in Chicago had their teeth cleaned during the past year (BRFSS, 2008)

• Older adults
  ✓ 69.9% of adults 65 years or older in Chicago had their teeth cleaned during the past year (BRFSS, 2008)

Strategies and Recommendations

STRATEGY I. PREVENTIVE SERVICES.

Recommendations:

1. Define what should be considered preventive services for adults and people with special needs.

2. Develop consensus and define priority populations to deliver preventive services and specific oral diseases to target.

Collaborators and Resources:

• National organizations leading prevention strategies
• American Dental Association
• American Dental Hygienist’s Association
• American Academy of Pediatric Dentistry

STRATEGY II. COLLECTION OF BASELINE DATA.

Recommendation:

1. Establish a mechanism to gather information about the number of Chicago area residents (2 years and older) who had any preventive dental service in the last 12 months from a representative sample of community health centers.

Collaborators and Resources:

• Chicago Community Oral Health Forum
• Chicago Department of Public Health
• Illinois Department of Public Health

STRATEGY III. INTERGRATION OF ORAL HEALTH INTO GENERAL HEALTH AND PREVENTION.

Recommendations:

1. Identify current prevention programs in the Chicago Area in which oral health is or can be implemented

2. Collect information on policies written, such as child care policies, to identify possible additions of oral health components.

Collaborators and Resources:

• Give Kids a Smile Day
• Oral Health America
• Head Start Programs
• CLOCC (Consortium to Lower Obesity in Chicago Children)
• WIC
• Illinois Action for Children
• Schools of Early Child Care

STRATEGY IV. MONITOR THE USE OF PREVENTIVE SERVICES.

Recommendation:

1. Annual collection of data regarding the number of Chicago area residents (2 years and older) who had any preventive dental service in the last 12 months, including the Chicago School-based Oral Health Program.

Collaborators and Resources:
• Chicago Community Oral Health Forum
• Chicago Department of Public Health
• Illinois Department of Public Health

STRATEGY V. PREVENTIVE SERVICES.

Recommendations:
1. Introduce an advocacy campaign for the reimbursement of preventive services for adults.
2. Survey dentists to determine what percentage of their business are dedicated to prevention.
3. Share successful business models on providing preventive services.

Collaborators and Resources:
• Association of State and Territorial Dental Directors
• Safety-Net Community
• Private Practice Community
• American Dental Association

STRATEGY VI. EXPAND ORAL HEALTH PREVENTION MESSAGES AND AUDIENCE.

Recommendations:
1. Integration of Medical/Dental records for a referral system for prevention.
2. Tie local information into National Oral Health messaging campaigns.

Collaborators and Resources:
• Medical and Dental Societies
• CDPH
• CCHHS
• Local Media campaign
Objective 3

Increase the number of agencies with an oral health prevention program and increase the number of agencies with a dental care component in the Chicago-area.

Status and Trends

Data for this section was extracted from the Chicago Metro Community Clinic List (2012):

- **Number of School-based Health Centers (SBHC)**
  - ✓ 11 SBHC in the Chicago Metro Area

- **Number of Federally Qualify Health Centers (FQHC), FQHC look-alike and other non-profit clinics**
  - ✓ 53 Clinic sites in the Chicago Metro Area

- **Number of Hospital Clinics**
  - ✓ 8 Hospital Dental Clinics in the Chicago Metro Area

- **Number of Educational Institute Clinics**
  - ✓ 4 Educational Institute Dental Clinics in the Chicago Metro Area

- **Number of Department of Health or Public Health clinics with dental component (PHC)**
  - ✓ 8 PHC with dental component in the Chicago Metro Area

- **Number of Military dental clinics (MDC)**
  - ✓ 3 MDC in the Chicago Metro Area

- **Number of Mobile Dental Programs (MDP)**
  - ✓ 3 MDP in the Chicago Metro Area

- **Number of Correctional Facilities (CF) with dental component**
  - ✓ 3 CF in the Chicago Metro Area
Strategies and Recommendations

STRATEGY I. BASELINE DATA.

Recommendation:
1. Update information about the number of community health centers in Chicagoland with a dental care component and the number of community health centers with a preventive component.

Collaborators and Resources:
- Chicago Community Oral Health Forum
- Chicago Department of Public Health

STRATEGY II. MONITOR ORAL HEALTH PHYSICAL INFRASTRUCTURE.

Recommendation:
1. Annually monitor changes in the number of community centers with a dental or preventive component.

Collaborators and Resources:
- Chicago Community Oral Health Forum
- Chicago Department of Public Health
- Chicago Dental Society
- IDPH
- IPHCA
- HRSA

STRATEGY III. RESOURCES NEED.

Recommendation:
1. Routinize availability of donated supplies to prevention programs and clinics.

Collaborators and Resources:
- Dental Supply companies
- Foundations

2. Approach companies (particularly local companies) in the private sector who might be willing to donate materials. Publicize sponsorships.

Collaborators and Resources:
- Local and National dental supply companies
• Local and national dental manufacturing companies

3. Work to obtain buy-in with local foundations to become long-term stakeholders in oral health.

Collaborators and Resources:
• Local and national granting agencies and foundations

STRATEGY IV. SAFETY-NET CLINIC CHAMPION/ADVOCATE.

Recommendation:
1. Identify leaders that will be a voice for oral health in all sectors, especially for the most vulnerable populations.

Collaborators and Resources:
• Chicago Community Oral Health Forum

2. Include Chicago Dental Society branches in the effort to connect those branches with clinics in their geographic area.

Collaborators and Resources:
• Chicago Dental Society Local branches

STRATEGY V. REINSTATE ADULT ORAL HEALTH SERVICES.

Recommendations:
1. Introduce an advocacy campaign for the reimbursement of treatment services for adults.

2. Survey dentists to determine what percentage still accept patients with Medicaid under limited reimbursement rules.

3. Collect data illustrating shift in care from outpatient dental clinics to emergency and urgent care centers

Collaborators and Resources:
• IDPH
• PEW Research Center
Objective 4

Increase the number of competent dental professionals willing to work with the most vulnerable population in the Chicago-area.

Status and Trends

- There is a limited number of dental professionals willing to work with underserved populations
  - No data collected about different initiatives in the Chicago-area aimed to increase the number of dental professionals who might be willing to work in underserved areas (e.g. Loan repayment programs, GPR’s or community practice for dental students).

Strategies and Recommendations

STRATEGY I. BETTER UTILIZE ORAL HEALTH INFRASTRUCTURE.

Recommendations:

1. Strongly advocate for dedicated oral health leadership that will advocate for efficient use of public resources and a coordinated area-wide oral health strategy within:
   - Chicago Department of Public Health (CDPH)
   - Cook County Health and Hospital System (CCHHS)
   - Illinois Department of Public Health (for Chicago area resources)
   - Chicago Dental Society (CDS)
   - Illinois State Dental Society (ISDS)

2. Provide forum for coordination between County, City and Illinois government.

Collaborators and Resources:

- Chicago Department of Public Health
- Cook County
- Illinois Department of Public Health
• Chicago Community Oral Health Forum

3. Work to re-open closed Public Health Clinics from Cook County and Chicago Department of Public Health.

Collaborators and Resources:
• Cook County Health and Hospital Systems
• Chicago Department of Public Health

STRATEGY II. VOLUNTEERISM.

Recommendations:
1. Look for ways to expand the Mission of Mercy services to ongoing volunteer opportunities.
   • Central registration for Mini MOM (ISDS)
   • Describe services that will be provided
   • Collect and publish data regarding population served and the kind of care (urgent care, routine care, adults etc.)
   • Host your own Mission of Mercy in your clinic - statewide (Analogous to national Give Kids A Smile event)

Collaborators and Resources:
• Chicago Community Oral Health Forum
• CDS
• CDS Foundation
• ISDS

2. Survey Chicago-area dentists, dental hygienists and dental laboratories to determine volunteer interest.

Collaborators and Resources:
• Chicago Community Oral Health Forum
• Chicago Dental Society
• Chicago Dental Society Foundation

STRATEGY III. PROMOTE AND EXPAND THE WORK OF HEALTH CENTER CLINICS.

Recommendations:
1. Develop different ways for clinics to market themselves as great places to work and to volunteer.
2. Increase the capacity of existing facilities.
3. Work with UIC College of Dentistry and other institutions to understand the number of providers going into community health practices.

Collaborators and Resources:

- CCOHF provider’s network
- Illinois Primary Health Care Association (IPHCA).
- National Network for Oral Health Access
- Safety Net Solutions
- DentaQuest Institute
Objective 5

Educate the public about the importance of oral health as an essential component of general health.

Status and Trends

- **Pregnant women**
  - 41.9% of pregnant women in Illinois received some kind of dental education during pregnancy (Illinois Pregnancy Risk Assessment Monitoring System, 2007)

- **Young children (parents)**
  - NO DATA AVAILABLE

- **Children**
  - NO DATA AVAILABLE

- **Adolescents**
  - 11% of middle school students and 27.5% of high school students in Illinois use some form of tobacco (Center for Disease Control and Prevention, TIPS)

- **Adults**
  - 19.5% of Chicago adults smoke everyday compared to 12% of adults in Illinois and 12.7% at the national level (Behavioral Risk Factor Surveillance System, 2009)

- **Older adults**
  - NO DATA AVAILABLE

- **People with special health care needs**
  - NO DATA AVAILABLE

Strategies and Recommendations

**STRATEGY I.** HIGH PROFILE CELEBRITY SPOKESPERSON.

Recommendation:

1. Seek a high profile (preferably Chicago area-specific) spokesperson to speak on behalf of oral health in the media.

Collaborators and Resources:

- Public Affairs Group
• Illinois Department of Public Health

STRATEGY II. DOVETAIL ORAL HEALTH MESSAGES TO ONGOING STATEWIDE HEALTH IMPROVEMENT EFFORTS.

Recommendations:

1. Participate in local and state-wide activities to promote policies that mandate an oral health component.

   Collaborators and Resources:
   • Illinois Department of Public Health
   • IFLOSS
   • Chicago Community Oral Health Forum

2. Use City/State/County governments to encourage businesses that promote health messaging to include an oral health component, even if they do not provide oral health services.

   Collaborators and Resources:
   • Large Chain Drug Stores
   • Illinois Department of Public Health
   • Chicago Community Oral Health Forum
   • Chicago Dental Society

3. Encourage corporations to incorporate oral health messages into advertising and products. Continue conversations with corporations and make sure that oral health messaging is a priority in health outreach through products.

   Collaborators and Resources:
   • Corporations
   • Wm. Wrigley Jr. Company

STRATEGY III. EDUCATE GENERAL POPULATION ABOUT ORAL HEALTH DISEASE AND RISK FACTORS TO GENERAL HEALTH.

Recommendations:

1. Educate public regarding adverse health/oral health effects of tobacco use.

2. Work with the Chicago Department of Public Health tobacco cessation programs to send out oral health/oral cancer message.

   Collaborators and Resources:
• Chicago Department of Public Health
• Local schools of dentistry and dental hygiene
Objective 6

Educate non-dental professionals about the importance of oral health as an integral component of comprehensive health care.

Status and Trends

- **Primary care providers**
  - ✓ 2,400 primary care providers and support staff in Chicagoland received training on fluoride varnish application for children under 3 years of age
    (Bright Smiles from Birth, 2011)

- **Medical students**
  - ✓ NO DATA AVAILABLE

- **Nurses**
  - ✓ NO DATA AVAILABLE

- **Nursing students**
  - ✓ NO DATA AVAILABLE

- **Physician Assistant students**
  - ✓ NO DATA AVAILABLE

**Strategies and Recommendations**

**STRATEGY I. ORAL HEALTH EDUCATION IN NON-MEDICAL SETTINGS.**

Recommendations:

1. Advocate for the addition of oral health prevention education to children directly and to child care providers: Pre-Schools, Day Care, etc.
2. Integrate Oral Health Professionals into non-oral health boards, committees, associations.

Collaborators and Resources:

- Illinois Action for Children
- Early Head Start
- Long-Term Care Associations
• Chicago Public Schools
• State Board of Education

STRATEGY II. EXPAND ORAL HEALTH CARE EDUCATION PROGRAMS TO OTHER HEALTH PROVIDERS.

Recommendations:

1. Advocate for the addition of oral health prevention education to health professional schools and practitioners.
2. Advocate for an Oral Health Component as part of continuing education courses for licensing of health professionals (e.g. CNA's, MP's, PA's, MA's) (State long-term care facilities).
3. Utilize Care Coordinators within the Medical Home Model. One of their functions can be oral health education and referrals to the patients they manage care for.

Collaborators and Resources:

• MP’s/ PA’s/ Medical Assistants
APPENDICES

APPENDIX A: CHICAGO-AREA ORAL HEALTH SUMMIT AGENDA

8:30 to 9:00  Registration and Breakfast

9:00 to 9:30  Opening Dignitary Remarks
Jim Alexander
Executive Director, Otho S.A. Sprague Memorial Institute

Hon. Toni Preckwinkle
President, Cook County Board

Dr. Sarita Arteaga
President, Hispanic Dental Association

9:30 to 9:40  CCOHF Welcome and Video
Anne Clancy
Director, CCOHF, Heartland Health Outreach

9:40 to 9:50  Framework Presentation
Dr. Alejandra Valencia
Research Associate, CCOHF, Heartland Health Outreach

9:50 -10:45  Oral Health Access for Chicago Area Residents
Dr. David Miller
Chief, Illinois Department of Public Health, Division of Oral Health

Dr. Bechara Choucair
Commissioner, Chicago Department of Public Health

Dr. Caswell Evans
Associate Dean for Prevention & Public Health Sciences,
University of Illinois at Chicago College of Dentistry

Dr. Cheryl D. Watson-Lowry
Chairman of the Government Affairs Committee,
Chicago Dental Society

10:45 -12:15  Workgroup Session 1
Dr. Mona Van Kanegan
Co-Director, CCOHF, Heartland Health Outreach
Green: Administrators, Clinicians & Professional Society Representatives
Moderated by Dr. Nicholas Panomitros, Hispanic Dental Association

Red: Public health, Education, and Government Entity Representatives
Moderated by Amanda Ciatti, Oral Health America

Yellow: Health-Supporting Foundations, Advocacy Organizations, and Partner Organization Representatives
Moderated by Nadeen Israel, Heartland Alliance

12:15 - 1:00  Networking Lunch
Dr. Ramanathan Raju, CEO, Cook County Bureau of Health and Hospital Services

1:00 - 2:30  Workgroup Session 2
Framework Objectives and Action Plan

Dr. Mona Van Kanegan
Co-Director, CCOHF, Heartland Health Outreach

Green: Maureen Jones, Wm. Wrigley Jr. Company

Yellow: Dr. Jill Baskin, The Children's Clinic sponsored by the Oak Park-River Forest Infant Welfare Society

Blue: Mary Pat Burgess, Chicago Department of Public Health

Red: Kim Morreale, Morreale Public Affairs Group

Yellow/Green: Dr. Christine Hryhorczuk, UIC College of Dentistry

Blue/Red: Jennie Pinkwater, Illinois Chapter of the American Academy of Pediatrics

2:30 - 2:45  Coffee Break

2:45 - 3:30  Summary, Action Plan, Evaluation and Closing

Anne Clancy
Director, CCOHF, Heartland Health Outreach
APPENDIX B: FRAMEWORK

- Improve access to dental services, oral health promotion and disease prevention for Chicago area residents
- Increase Oral Health Promotion
- Expand Oral Health Infrastructure
- Monitor the Use of Health Care Systems for the Health Department
- Comprehensive Care
  - Comprehensive oral health
- The Chicago Area
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
- Prior to the implementation of the oral health program
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
- The impact of the oral health program
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
  - Increase the number of oral health providers in the area
  - Increase the number of oral health professionals willing to provide services to Chicago area residents
## APPENDIX C: FRAMEWORK DOCUMENT

### Healthy People 2020 Summary of Objectives

#### ORAL HEALTH

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective Short Title</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OH-10</strong></td>
<td>Health centers with oral health component</td>
<td>OH-10</td>
</tr>
<tr>
<td><strong>OH-11</strong></td>
<td>Receipt of oral health services at health centers</td>
<td>OH-11</td>
</tr>
</tbody>
</table>

### Oral Health Interventions

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OH-12</strong></td>
<td>Dental sealants</td>
<td>OH-12</td>
</tr>
<tr>
<td><strong>OH-13</strong></td>
<td>Community water fluoridation</td>
<td>OH-13</td>
</tr>
<tr>
<td><strong>OH-14</strong></td>
<td>Preventive dental screening and counseling</td>
<td>OH-14</td>
</tr>
</tbody>
</table>

### Monitoring, Surveillance Systems

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OH-15</strong></td>
<td>Systems that record cleft lip or palate and referrals</td>
<td>OH-15</td>
</tr>
<tr>
<td><strong>OH-16</strong></td>
<td>Oral and craniofacial State-based health surveillance system</td>
<td>OH-16</td>
</tr>
</tbody>
</table>

### Public Health Infrastructure

<table>
<thead>
<tr>
<th>Number</th>
<th>Objective</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OH-17</strong></td>
<td>Health agencies with a dental professional directing their dental program</td>
<td>OH-17</td>
</tr>
</tbody>
</table>
Vision for Oral Health Care in the United States

Everyone has access to quality oral health care across the life cycle. To be successful with underserved and vulnerable populations, an evidence-based Health system will

1. Eliminate barriers that contribute to oral health disparities;
2. Prioritize disease prevention and health promotion;
3. Provide oral health services in a variety of settings;
4. Rely on a diverse and expanded array of providers competent, compensated, and authorized to provide evidence-based care;
5. Include collaborative and multidisciplinary teams working across the health care system; and
6. Foster continuous improvement and innovation.

Guiding principles:

1. Oral health is an integral part of overall health and, therefore, oral health care is an essential component of comprehensive health care.

2. Oral health promotion and disease prevention are essential to any strategies aimed at improving access to care.

Overall conclusions:

1. Improving access to oral health care is a critical and necessary first step to improving oral health outcomes and reducing disparities.

2. The continued separation of oral health care from overall health care contributes to limited access to oral health care for many Americans.

3. Sources of financing for oral health care for vulnerable and underserved populations are limited and tenuous.

4. Improving access to oral health care will necessarily require multiple solutions that use an array of providers in a variety of settings.

“What is lacking at present is a systems-level approach that can establish priorities among multiple and fragmented efforts and focus public resources on priority areas of need in the areas of service delivery, system capacity, and public health infrastructure” (IOM, 2011).
2010 State Health Improvement Plan

Summary of Recommendations

Public Health System Priorities

1. Improve Access to Health Services
2. Enhance Data and Health Information Technology
3. Address Social Determinants of Health and Health Disparities
4. Measure, Manage, Improve and Sustain the Public Health System
5. Assure a Sufficient Workforce and Human Resources

Priority Health Concerns

6. Alcohol/Tobacco
7. Use of Illicit Drugs/Misuse of Legal Drugs
8. Mental Health
9. Natural and Built Environment
10. Obesity: Nutrition and Physical Activity
11. Oral Health
   The public health system should ensure:
   - Access to preventive oral health services.
   - Screening and treatment for oral cancers and other oral health related conditions.
12. Patient Safety and Quality
13. Unintentional Injury
14. Violence
Framework Related to Chicago-Illinois Data

Improve access to dental services, oral health promotion and disease prevention among Chicago area residents

Use of the Health Care System

1. Increase the proportion of Chicago area residents who use the oral health care system in the last 12 months
   • Pregnant women
     ✓ 38.6% of pregnant women in Illinois had a dental visit during pregnancy (IL PRAMS, 2007)
   • Young children
   • Children 5-12 years
     ✓ 59% of children in the Chicago Public School System (K, 2\textsuperscript{nd}, 6\textsuperscript{th}) had a dental examination (Illinois School Code dental examination requirement, 2009)
     ✓ 33% of Medicaid/SCHIP children in Illinois used oral health services during the year (2005)
   • Teens 13-18 years
   • Adults
     ✓ 67.3% of adults in Illinois visited the dentist or dental clinic within the past year (Behavioral Risk Factor Surveillance System, 2008)
     ✓ 41.6% of Chicago adults visited the dentist last year (Dental Survey CCOHF, 2009)
   • Older adults
     ✓ 39% of Chicago seniors visited the dentist in the last 12 months compare to 56% in the rest of IL (Chicago Senior Smiles and Smiles over Time, 2011)

2. Increase the proportion of Chicago area residents who had any preventive dental service in the last 12 months
   • Pregnant woman
   • Young children
   • Children 5-12 years
     ✓ 34.3% of Chicago children aged 6-9 years had dental sealants (CDPH, 2008-9)
   • Teens 13-18 years
   • Adults
     ✓ 58.6% of adults in Chicago had their teeth cleaned within the past year (Behavioral Risk Factor Surveillance System, 2008)
• Older adults
  ✓ 69.9% of adults 65 years or older in Chicago had their teeth cleaned within the past year (Behavioral Risk Factor Surveillance System, 2008)

**Identified problems:**

- No data available related to the use of the health care system for some groups of the population in the Chicago area:
  - Pregnant women
  - Young children
  - Teenagers

- Difficulties that some groups of the population have to access dental care and preventive services. Some of the barriers to access and use dental care:
  - Lack of dental insurance
  - Low income level
  - Limited number of providers taking Medicaid patients
  - Insufficient operating hours in dental offices
  - Lack of transportation
  - Lack of a regular source of dental care
  - Care-seeking behaviors
  - Linguistic factors
  - Health literacy

**Oral Health Infrastructure**

3. Increase the number of agencies with an oral health prevention component in the Chicago area:
   - School-based Health Centers
   - Local Health Departments
   - FQHC’s, FQHC’s look-alike
   - Hospital Clinics
   - Educational Institute Clinics
   - Community-based clinics
   - Non-profit clinics

Increase the number of agencies with a dental care component in the Chicago area. The Chicago Metro Area has (2009):
   - School-based Health Centers (SBHC)
     ✓ 11 SBHC in the Chicago Metro Area
   - Federally Qualify Health Centers (FQHC), FQHC look-alike and other non-profit clinics
53 Clinic sites in the Chicago Metro Area
- Hospital Clinics
  - 8 Hospital Dental Clinics in the Chicago Metro Area
- Educational Institute Clinics
  - 4 Educational Institute Dental Clinics in the Chicago Metro Area
- Department of Health or Public Health clinics with dental component (PHC)
  - 8 PHC with dental component in the Chicago Metro Area
- Military dental clinics (MDC)
  - 3 MDC in the Chicago Metro Area
- Mobile Dental Programs (MDP)
  - 3 MDP in the Chicago Metro Area
- Correctional Facilities (CF)
  - 3 CF in the Chicago Metro Area

4. Increase the number of competent dental professionals willing to work with the most vulnerable populations in the Chicago area.

**Identified problems:**
- Limited number of professionals willing to work with underserved populations
- No data collected regarding different initiatives in the Chicago area aimed to increase the number of professionals to work in underserved areas such as:
  - Loan repayment programs
  - GPR’s
  - Community practice for dental students

**Oral Health Promotion**

5. Educate the public about the importance of oral health as an essential component of general health
- Pregnant women
  - 41.9% of pregnant women in IL received some kind of dental education during pregnancy (IL PRAMS, 2007)
- Young children (parents)
- Children
- Adolescents
  - 11% of middle school students and 27.5% of high school students in IL use some form of tobacco (CDC,TIPS)
- Adults
  - 19.5% of Chicago adults smoke everyday
• Older adults
• People with special health care needs

6. Educate non-dental professionals about the importance of oral health care as an integral component of comprehensive care
   • Primary care providers
     ✓ 2,400 Primary care providers and support staff received training on fluoride varnish application (Bright Smiles from Birth, 2011)
   • Medical students
   • Nurses
   • Nursing students

Identified problems:

➢ There is a lack of information in the population about the link between oral health and general health and the adverse effects of poor oral health

➢ The worlds of dentistry and medicine remain substantially divided; oral health continues to be marginalized in many crucial aspects

➢ Non-dental professionals need to be properly trained to take active roles in delivering quality oral health care

➢ Need for education regarding adverse oral health effects of tobacco use
### Appendix D: Summit Participants

<table>
<thead>
<tr>
<th>Grace Ahn</th>
<th>Christine Hryhorczuk</th>
<th>Lora Vitek</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary Alder</td>
<td>Nadeen Israel</td>
<td>Petra Von Heimburg</td>
</tr>
<tr>
<td>Jim Alexander</td>
<td>Julie Janssen</td>
<td>Cheryle Watson-Lowry</td>
</tr>
<tr>
<td>May Alimboygouen</td>
<td>Maureen Jones</td>
<td>Rodney Watt</td>
</tr>
<tr>
<td>Ben Anders</td>
<td>Linda Kaste</td>
<td>Shamika White</td>
</tr>
<tr>
<td>Michelle Arnold</td>
<td>Kevin King</td>
<td>Lyonre Williams</td>
</tr>
<tr>
<td>Sarita Artega</td>
<td>Elizabeth Lippitt</td>
<td>Richard Ziegler</td>
</tr>
<tr>
<td>Jill Baskin</td>
<td>Jack Liu</td>
<td></td>
</tr>
<tr>
<td>Sam Bergmeyer</td>
<td>David Miller</td>
<td></td>
</tr>
<tr>
<td>Cheitali Bhansali</td>
<td>Kim Morreale</td>
<td></td>
</tr>
<tr>
<td>Joanna Brown</td>
<td>Nick Panomitros</td>
<td></td>
</tr>
<tr>
<td>Mary Pat Burgess</td>
<td>Holly Paul</td>
<td></td>
</tr>
<tr>
<td>Kathy Chan</td>
<td>Jennie Pinkwater</td>
<td></td>
</tr>
<tr>
<td>Stacey Chappell</td>
<td>Genaro Romo</td>
<td></td>
</tr>
<tr>
<td>Amanda Ciatti</td>
<td>Barbara Schechtman</td>
<td></td>
</tr>
<tr>
<td>Denise Cobb</td>
<td>Sidney Thomas</td>
<td></td>
</tr>
<tr>
<td>Gerald Dismer</td>
<td>Vipul Singhal</td>
<td></td>
</tr>
<tr>
<td>Bob Egan</td>
<td>Jennifer Sol</td>
<td></td>
</tr>
<tr>
<td>Caswell Evans</td>
<td>Mital Spatz</td>
<td></td>
</tr>
<tr>
<td>Brenda Gordon</td>
<td>Susana Torres</td>
<td></td>
</tr>
<tr>
<td>Jason Grinter</td>
<td>Mila Tsagalis</td>
<td></td>
</tr>
<tr>
<td>Randy Grove</td>
<td>Ryan Tuscher</td>
<td></td>
</tr>
<tr>
<td>Shelia Hall</td>
<td>Kevin Van Kanegan</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E: PARTICIPANT EVALUATION FORM

I. Please rate each of the following?

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Overall Summit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Networking</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Format of the</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Usefulness of</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Workgroups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Location and</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. What is the extent to which the Summit identified oral health issues faced by Chicago area residents?

Not at all ................................................................. 1
To a limited extent .................................................. 2
Not sure ........................................................................... 3
To a certain extent ...................................................... 4
To a large extent ........................................................ 5

III. What is the extent to which the Summit identified outcomes and strategies, that if achieved, will result in improved oral health for all Chicago area residents?

Not at all ................................................................. 1
To a limited extent .................................................. 2
Not sure ........................................................................... 3
To a certain extent ...................................................... 4
To a large extent ........................................................ 5
IV. What is the extent to which the Summit identified outcomes and strategies that should be included in the Illinois Oral Health Plan?

- Not at all ................................................................. 1
- To a limited extent................................................. 2
- Not sure................................................................. 3
- To a certain extent................................................. 4
- To a large extent................................................... 5

V. What was the most valuable part of the Summit?


VI. Please provide any suggestions about how future Summits can be improved?


VII. What are 2-3 things that could be done in the Chicago area to bring about better collaboration between dental stakeholders to improve access to dental services for underserved populations?

<table>
<thead>
<tr>
<th>Changes to promote collaboration</th>
<th>Key individuals/entities that need to be involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>
VIII. After participating in the Summit, what will you do to help improve the Oral Health Status of Chicago area residents?

IX. Please provide any suggestions about the best way to communicate progress on identified and working goals as a result of the Summit.

X. Which of the following best represent your primary work setting?

1. Government (State or Federal)
2. Community (Local Health Department, Community Clinic, etc.)
3. Education
4. Health Care or Oral Health Providers
5. Public (Nonprofits, Advocates, Foundation)
6. Third Party Payers