

## BACKGROUND

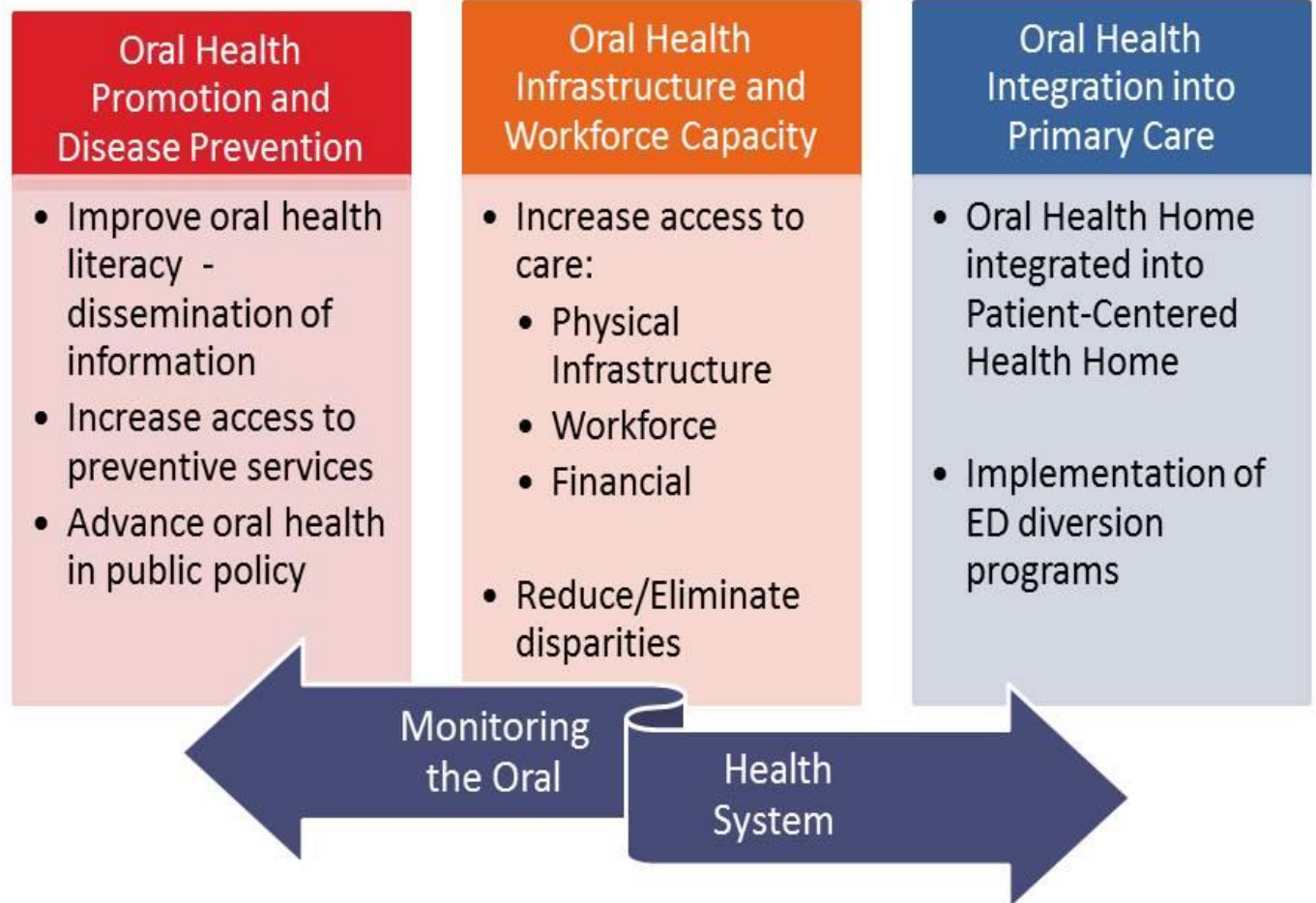
In January 2012, the Oral Health Forum (OHF) organized and conducted its first oral health summit, in which various private and public stakeholders participated. As a result of this summit, the first Chicago Area Oral Health Plan was developed and released in September 2012. The goal of the Chicago Area Oral Health Plan 2012 was to improve the oral health status of Chicago area residents and reduce barriers that underserved populations face in achieving optimal oral health. The framework that guided the development of the Chicago Area Oral Health Plan in 2012 was designed in such a manner that Chicago level efforts aligned with major national and state initiatives to reduce oral health disparities, such as: Healthy People 2020 objectives, the two Institute of Medicine Oral Health Reports (2012), and the 2010 State Health Improvement Plan. As we look on updating the 2012 strategies and efforts in 2017, we acknowledge the important changes in the oral health status and environment of Illinois residents summarized in the October 2016 released report, Oral Health in Illinois, as well as the direction of priorities that have occurred at state and national levels.

In order to incorporate the above mentioned changes and assess progress in the 2012 Plan, OHF conducted a survey of all participating stakeholders and partners involved in the Chicago Area Oral Health Plan 2012 in early September of 2016. Additionally, two working group meetings were held with participating stakeholders and partners on September 23<sup>rd</sup> 2016 and October 12<sup>th</sup> 2016.

The “Advancing Oral Health Equity in Chicago 2017” incorporates results of the survey and workgroup meeting inputs. The refreshed 2017 framework (see below) incorporates all elements from the 2012 Plan, aligning with oral health goals and objectives of important current initiatives, such as: Healthy People 2020, 2010 State Health Improvement Plan, Healthy Chicago 2.0, and the Health Resources and Services Administration’s National Oral Health Strategic Plan.

As we begin to work towards meeting the updated goals and objectives of this Plan, OHF welcomes additional thoughts, suggestions, and ideas from partners and stakeholders who were unable to contribute through the survey or attend in-person meetings.

# Advancing Oral Health Equity Chicago 2017



## Oral Health Promotion and Disease Prevention

Educate the public about the importance of oral health as an essential component of general health, improve oral health literacy, promote oral health, and prevent oral disease.

<b>Organizations working on this goal</b>	
<i>Lead organizations are shown in italics after each objective</i>	
<b>ABH</b>	Aetna Better Health Medicaid MCO
<b>CDS</b>	Chicago Dental Society
<b>CDPH-SBOH</b>	Chicago Department of Public Health - School Based Oral Health
<b>CPS</b>	Chicago Public Schools
<b>CPS-HS</b>	Chicago Public Schools Head Start
<b>DDI</b>	Delta Dental of Illinois
<b>DQ</b>	DentaQuest
<b>EFHC</b>	Erie Family Health Center
<b>EvTI</b>	EverThrive Illinois
<b>GEFCC</b>	Greater Elgin Family Care Center
<b>ICAAP</b>	Illinois Chapter of the American Academy of Pediatrics
<b>IDPH</b>	Illinois Department of Public Health
<b>IDPH-DOH</b>	Illinois Department of Public Health Division of Oral Health
<b>ISDS</b>	Illinois State Dental Society
<b>JFMC</b>	Jewish Federation of Metro Chicago
<b>LCHC</b>	Lawndale Christian Health Center
<b>NWH</b>	Norwegian American Hospital Mobile Van
<b>OHA</b>	Oral Health America
<b>OHF</b>	Oral Health Forum
<b>OPF</b>	Ounce of Prevention Fund

### **Objective 1: Improve oral health literacy – dissemination of information**

#### **Strategies**

##### **1-a. Insurance Plans**

- Reach members of state-funded oral health benefit plans to refine available oral health promotion materials and understand how these materials are disseminated to Manage Care Organizations (MCO) members. (*ABH, OHF*)

##### **1-b. Create a City Wide Unified Public Message**

- Develop messages targeted to families (children and parents) and other populations such as millennials, seniors, and people living with developmental disabilities. (*CDPH-SBOH, OHF, OHA, IDPH-DOH*)
- Align these messages with other ongoing efforts such as those by the Illinois Primary Health Care Association, American Academy of Pediatrics, and Illinois Chapter of the American Academy of Pediatrics. (*IDPH-DOH, CDPH, OHF*)

#### 1-c. Dissemination of Oral Health Information

- Promote oral health messaging using multiple outlets, including public television (CLTV), social media, newspaper (Red Eye, local Spanish newspapers- HOY, La Raza, and El Día), unsold billboard space, Public Service Announcements, and various other avenues.
- Work to include oral health promotion within Community Health Worker curriculum (Malcom X and South Suburban College).

#### 1-d. Engage Healthcare Providers in Oral Health Promotion and Connection to Care Settings

- Support providers as they work with healthcare coordinators and outreach workers to help underserved populations navigate the system. (*ICAAP, ABH*)
- Partner with other health agency groups and nurse practitioners.
- Promote Smiles for Life (oral health curriculum for primary care clinicians).

### **Objective 2: Increase access to preventive services**

#### 2-a. Advocate for Increased Access to Preventive Services for Adults

- Determine what preventive dental services are currently offered by MCOs for adults and if these services are accessed by members (data). (*ABH*)
- Work towards inclusion of dental preventive and periodontal service coverage for adults under Medicaid. (*ISDS, CDS*)

#### 2-b. Advocate for Increased Access to Preventative Services for Children Ages 0-5

- Convene and re-engage stakeholders to improve dental and preventive services and outcomes for children ages 0-5 (*ICAAP, CPS-HS, OPF*). Identify measures to reach targeted population and fill gaps in service.
- Engage with Primary Care Providers and parents to determine what preventive dental services are currently in place for children ages 0-5. (*IPHCA, ICAAP*)

### Objective 3: Advance oral health in public policy

- 3-a. Develop a lead group or coalition to propose policy changes so that preventive and periodontal services are available for adults under Medicaid. (*ISDS, CDS, OHF*)
- 3-b. Develop a lead group or coalition to advocate for the increase of reimbursement rates for dental treatment (Illinois has one of the lowest reimbursement rates in the country). (*OHF, ISDS, CDS*)
- 3-c. Collaborate closely with local legislators to better understand patient level challenges and act accordingly to solve them (*ISDS and CDS Initiative*).
- 3-d. Integrate oral health advocates into the Illinois Health Advocacy Listserv. (*EvTI, OHF*)

## Oral Health Infrastructure and Workforce Capacity

Increase the number of agencies that have an oral health prevention program or a dental care component in the Chicago-area and educate and increase the capacity of dental and non-dental professionals open to working with highly underserved populations in the Chicago.

<b>Organizations working on this goal</b>	
<i>Lead organizations are shown in italics after each objective</i>	
<b>ABH</b>	Aetna Better Health
<b>ADA</b>	American Dental Association
<b>AM</b>	Aunt Martha's
<b>CDS</b>	Chicago Dental Society
<b>CDPH-SBOH</b>	Chicago Department of Public Health - School Based Oral Health
<b>DDI</b>	Delta Dental Illinois
<b>DQ</b>	DentaQuest
<b>EFHC</b>	Erie Family Health Center
<b>GEFCC</b>	Greater Elgin Family Care Center
<b>HFS</b>	IL Healthcare and Family Services
<b>ILDAA</b>	Illinois Dental Assistants Association
<b>IDHA</b>	Illinois Dental Hygiene Association
<b>IDPH-DOH</b>	Illinois Department of Public Health Division of Oral Health
<b>IPHCA</b>	Illinois Primary Healthcare Association
<b>ISDS</b>	Illinois State Dental Society
<b>LCHC</b>	Lawndale Christian Health Center
<b>NWH</b>	Norwegian American Hospital Mobile Van
<b>OHF</b>	Oral Health Forum
<b>OP</b>	Ounce of Prevention Fund
<b>PDI</b>	Peoria Dental of Illinois Van
<b>PSC</b>	Prairie State College Dental Hygiene Program
<b>RP</b>	Rob Paral Associate
<b>UIC CO-OP</b>	UIC CO-OP Chicago
<b>UIC COD</b>	University of Illinois College of Dentistry

### **Objective 4: Access to care (decrease or eliminate disparities)**

#### **Strategies**

##### **4-a. Physical Sites**

- Create a list of dental clinics which will include additional information such as capacity and status (open/close/eligibility criteria). (*ISDS, DD, ILCHF*)
- Develop an interactive Chicago map with available dental clinic sites. (*ISDS, CDS, OHF, DDI, ILCHF*)
- Feed updated clinic capacity and open/close data to document owners. (*ISDS, CDS, OHF, DDI, ILCHF, IDPH-DOH*)

#### 4-b. Workforce

- General aspects of monitoring oral health workforce: capacity, output. (*Rob Paral, ISDS, IPHCA, IDPH-DOH*)
- Expand dental workforce, utilizing the state public health dental hygienist legislation wherein ultimately the legislation's intended impact of increasing care through public health settings is achieved. (*ISDS, IDHA, ILDAA, IPHCA, IDPH-DOH*)
  - Follow rulemaking process and share information as it becomes available.
- Expand scope of service, ability and capacity of current oral health workforce on all levels:
  - Write a business case for sending dental auxiliaries to applicable trainings available at IPHCA. (*IPHCA, IDPH-DOH*)
  - Decrease cost for CE courses to oral health providers and dental auxiliaries who would like additional training to provide additional care in their own health centers.
  - Increase relationships with academic training centers to have additional training or shadowing opportunities that expand services and decrease need for specialty referrals out of the health center. (*IPHCA, IDPH-DOH*)
  - Increase opportunities for dental residents to be placed in community health centers (e.g. pediatric residents at The Children's Clinic in OPRF). (*UIC-COD, IPHCA, EFHC, LCHC, GEFCC, IDPH-DOH*)
  - Recommend that CODA guidelines allow a portion of specialty training program time in community programs/community settings. (*UIC-COD, ISDS*)

#### 4-c. Financial

- Develop a thorough understanding of how FQHC encounter rates are determined. (IPHCA)
- Develop a thorough understanding of how incremental increases in treatment and procedure fee for service (FFS) reimbursements in other states have improved provider participation in Medicaid programs. (ISDS, IDPH-DOH, HFS)
- Identify factors that result in improved access to care in communities, reducing hospital ED visits for emergency dental care, and implement useable factors. (ABH, OHF)
- Pilot effectiveness and outcomes of provider incentives; most importantly for specialists. (ABH, ISDS)
- Approach FQHC and FFS items separately and laterally and advocate for improved reimbursements and funding for Medicaid oral health services (prioritize time sample).
- With local data, conduct a study of how periodontal therapy for diabetic patients impacts hospital costs. (ABH)
- With local health cost data on diabetic patients, substantiate periodontal services to diabetic patients; a piecemeal approach to providing periodontal services for persons living with chronic medical conditions, veterans or those living in long term care facilities. (ISDS, IPHCA, EFHC, LCHC, GEFCC, IDPH- DOH)
- Work with HRSA to submit unsolicited proposal to study issues when using local data. (IDPH – DOH)

#### 4d. Ease of use of Medicaid benefits

- Understand and advocate for improving Medicaid re-registration processes for public members. (HFS, ISDS, IDPH DOH)



## Oral Health Integration into Primary Care

Educate non-dental professionals about the importance of oral health as an integral component of comprehensive health care, integrate oral health into primary care, and reduce oral health related ED visits.

<b>Organizations working on this goal</b>	
<i>Lead organizations are shown in italics after each objective</i>	
<b>ABH</b>	Aetna Better Health Medicaid MCO
<b>ICAAP</b>	American Academy of Pediatrics
<b>ICAAP</b>	American Academy of Pediatrics- IL Chapter
<b>AM</b>	Aunt Martha's
<b>CDPH-SBOH</b>	Chicago Department of Public Health - School Based Oral Health
<b>DDL</b>	Delta Dental of Illinois
<b>DQ</b>	DentaQuest
<b>EFHC</b>	Erie Family Health Center
<b>GEFCC</b>	Greater Elgin Family Care Center
<b>LCHC</b>	Lawndale Christian Health Center
<b>NWH</b>	Norwegian American Hospital Mobile Van
<b>OHA</b>	Oral Health America
<b>OHF</b>	Oral Health Forum
<b>UIC CO-OP</b>	UIC CO-OP Chicago

### Objective 5: Oral health home integrated into Patient-Centered Health home.

#### Strategies

##### 5-a. Use Current Projects or Programs to Integrate Oral Health into Primary Care

- UIC CO-OP: a project aimed at training community health workers on oral health knowledge. The project is currently in its implementation stage. (*UIC CO-OP*)
- UIC (Peds) CHECK: assists patients with special health care needs to access specialty care, which includes oral health services.

##### 5-b. Implement Ways to Engage More Patients into Patient-Centered Homes by Engaging Third Party Payers. (*ICAAP, ABH, OHF*)

- Assist providers with barriers to enrollment.
- Assist providers with reimbursement issues for fluoride varnish.

- Assist MCOs in understanding oral assessment and fluoride varnish models.
- Assist providers and third party payers to know process and certification.

### **Objective 6: Implementation of emergency department (ED) diversion programs**

#### **6a. Care Coordination and Case Management (*OHF, ABH*)**

- Train hospital staff to better understand Illinois dental benefits.
- Foster collaboration between hospitals and FQHCs that provide adult dental care.
- Implement care coordinators and case managers to identify hospitals with high number of patients consulting for non-dental traumatic issues.

## **Appendix I**

[Burden of Oral Diseases in Chicago \(2011\)](#)

[Chicago Oral Health Plan \(2012\)](#)

[Health Resources and Services Administration's National Oral Health Strategic Framework \(2014-2017\).](#)

[Healthy Chicago 2.0](#)

[Healthy Chicago 2.0 update September \(2016\)](#)

[Healthy People 2020](#)

[Healthy Smile, Healthy Growth \(2013-2014\)](#)

[Illinois State Health Improvement Plan \(2010\)](#)

[Illinois State Health Improvement Plan \(2016\)](#)

[Improving Access to Oral Health Care for Vulnerable and Underserved Populations](#)

[Integration of Oral Health and Primary Care Practice \(2014\)](#)

[Oral Health in Illinois](#)

[Oral Health in Illinois \(2016\)](#)

The Oral Health Forum

