About Illinois Children's Healthcare Foundation

ILCHF was created in December 2002 through an action of then Attorney General Jim Ryan and an Illinois insurance carrier. This action and a settlement of approximately $125 million established the only private foundation focused solely on the health needs of children in Illinois.

The Foundation's Mission is to create opportunities for and lead in the development of initiatives that improve the health of all children. The Foundation invests its resources in organizations that share in its values of collaboration and selfless commitment to this purpose.

In 2007, ILCHF announced a significant initiative in its grant making efforts to more directly target children's oral health.

In 2009, ILCHF launched its Children's Mental Health Initiative, Building Systems of Care, Community by Community.

Since the Foundation's inception through 2011, a total of more than $51.1 million in grants has been invested in over 285 programs aimed at improving overall children's health in Illinois.
Since Illinois Children's Healthcare Foundation began funding programs in 2004, it has supported children's oral health programs as part of a larger funding strategy to make comprehensive health care services available to children. In response to the Foundation's early findings that children's oral health was one of the most pressing, unmet health care issues facing the children of Illinois, Illinois Children's Healthcare Foundation formally launched the Children's Oral Health Initiative in 2007.

Through extensive research and convening of stakeholders, the Foundation adopted three overall strategies for impacting children's oral health in Illinois:
- Build and strengthen the capacity of the safety net system to deliver high quality services
- Increase the number of oral health professionals caring for underserved children
- Create a greater awareness of the role that oral health plays on a child's overall health

Through these strategies, the Foundation was able to embark on a structured approach to achieving the Initiative's vision:

*All children have access to quality oral health services in their communities and a new culture of awareness exists throughout the state about the interconnection of oral health and overall health.*

To date, over $22 million has been committed through 129 grants representing 56 unique organizations in the area of children's oral health. Through grantee reported findings and preliminary Medicaid data, the outputs to date show that progress has been achieved throughout Illinois. From the data, we can tell there has been an:
- Increase in access for children's oral health services
- Increase in the number of children with dental home (at least two visits)
- Increase in the number of oral health professionals providing services to children

We are pleased to share with you this interim report on the outputs, insight and other information as compiled through grant reports, grantee surveys and regional meetings with key stakeholders. As long-term outcomes can only be measured over time, the Foundation will continue to monitor progress and report on the findings. Please follow our work at www.ilchf.org.

The Foundation is only one of many organizations, individuals and caregivers across the state dedicated to improving the oral health of Illinois' most precious asset: its children. It is our hope that this information can prove valuable in your continued efforts to impact what once was called a “silent epidemic”.

Charles Box
Chairman of the Board

Tammy Lemke
President
Tooth decay remains one of the most common chronic infectious diseases among U.S. children—five times as common as asthma. Recently released data for Illinois shows 55% of third graders have some tooth decay. Among low income children, tooth decay is more prevalent: 64% of third graders in the free/reduced-price lunch program have tooth decay, compared with 46% of those not in the program. In 2004, the Centers for Disease Control and Prevention noted an increase, the first in 40 years, in the number of preschoolers with cavities. Dentists nationwide say they are seeing more preschoolers at all income levels with 6 to 10 cavities or more.

In response to statistics like these and others, Illinois Children's Healthcare Foundation launched a children's oral health initiative aimed at improving the health of vulnerable Illinois children by expanding their access to oral health services.

The vision for the Foundation's work in the area of children's oral health

All children have access to quality oral health services in their communities and a new culture of awareness exists throughout the state about the interconnection of oral health and overall health.

Guiding principles for the Children's Oral Health Initiative

- A commitment to the principle that all children in Illinois should have access to quality oral health services in their communities.
- A commitment to ensure a culture of awareness exists throughout the state about the interconnection between oral health and overall health.
- A commitment to provide services within the concept of a “Dental Home” where services are ongoing and not simply episodic in nature and begin no later than age one. Services should include preventive, restorative as well as emergency care. In addition, services should include information and education about proper care in accordance with accepted guidelines and referrals to other specialists when needed.
- A commitment to the collective improvement of oral health for children in Illinois—learning from others in the field.
- A commitment to the collection of data and to the achievement of successful outcomes (e.g. Increased number of children treated and completed treatment plans).
- A commitment to ensure oral health services are operated under a sustainable business model.
- A commitment to a coordinated and collaborative system of care.

Overall strategies for work in children's oral health

Through extensive research and convening of stakeholders, the Foundation adopted three overall strategies for impacting children's oral health in Illinois:

- Build and strengthen the capacity of the safety net system to deliver high quality services
- Increase the number of oral health professionals caring for underserved children
- Create a greater awareness of the role that oral health plays on a child’s overall health
Strategy: Build and strengthen the capacity of the safety net system to deliver high quality services

The Foundation released three specific Requests for Proposals (2007, 2008, 2010) that were designed to increase access to oral health care by establishing new services or expanding existing services in a clinical setting or implementing a community oral health planning process. Funding was also awarded in this area in 2004-2006.

In an effort to support and maintain the Foundation’s investments in expanded capacity, two Requests for Proposals (2009, 2010) were designed and released to reduce barriers preventing children from receiving optimal levels of comprehensive oral health care. This funding was offered to past and current ILCHF oral health grant recipients. Two basic categories of barriers were identified: equipment and enhancements, and public education and outreach.

Strategy: Increase the number of oral health professionals caring for underserved children

The Foundation conducted extensive research and developed the ILCHF Community Dentistry Pipeline Project. Multi-year commitments were made to Southern Illinois University of Dental Medicine and University of Illinois at Chicago, College of Dentistry to better prepare dentists to provide care to underserved populations of children throughout the state. In an effort to evaluate and document the Pipeline Project activities over multiple years, the Foundation contracted with the Center for Urban Research & Learning at Loyola University.

To broaden the scope of oral health services provided to children and engage non-traditional health care providers, the Foundation has funded a multi-year public/private partnership commitment to the “Bright Smiles from Birth” project spearheaded by the Illinois Chapter of the American Academy of Pediatrics (ICAAP). The goal of the project is to reduce the incidence of early childhood caries and secure dental homes for Illinois children by helping primary care practice systems better address oral health through service delivery, patient education and referral. If proved successful, the program will be reimbursed by Medicaid through IDHFS. ICAAP will be performing an evaluation of the outcomes of the BSFB project.

Strategy: Create a greater awareness of the role that oral health plays on a child’s overall health

The focus of creating awareness has been centered around activities undertaken by community-based organizations within their respective communities. The Foundation has provided funding for outreach, awareness and direct education. Additionally, the Foundation implemented training and networking opportunities for oral health stakeholders throughout the state of Illinois.
OUTPUTS are defined as the tangible results of the major process in an organization. Outputs are usually accounted for by their number, for example, the number of dental operatories added or new clinics built and staffed. If the outputs are directly associated with achieving the benefits desired for clients (Illinois children), they are good indicators of the success of the organization and its programs.

This report focuses on the outputs of ILCHF grantmaking since inception through December 31, 2010 to provide data to support the key evaluation question: “Has access to oral health services increased to meet the needs of children throughout Illinois?”

It should be noted that output data is not outcome data. Outcomes are the impacts on those children whom the program was set up to benefit and are measured over the long-term.

“The most satisfying evaluation entails an assessment of outcomes. Depending on the project, distal outcomes may not fully materialize for many years. As a result, process and related factors are often the only practical and most observable data sources for evaluation. Well chosen and purposeful process measures can provide valuable information; particularly when they are tied to short-term objectives whose achievement may be measurable in the near-term.”

— DR. CASEWELL EVANS, ASSOCIATE DEAN, UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF DENTISTRY

Summary of ILCHF grantmaking in children’s oral health

Since the inception of the Foundation, $22,262,772 has been committed through 129 grants in the area of children’s oral health. Grants were made in three funding areas: building the capacity, strengthening the network and workforce development.

“There is no other source of funding out there for this purpose. We would not have built a dental clinic without ILCHF’s support.” — DEWITT/PIATT PUBLIC HEALTH DEPARTMENT

“The funding we received from ILCHF was vital to our securing support from other valued partners/funders. It demonstrated to potential funders confidence and trust in our organization and in our ability to successfully implement a project within the parameters of the grant.” — WELL CHILD CENTER
Who received oral health funding

Grants were made to **56** unique organizations that provide direct service to children. Four grants were made for workforce development strategies and three for planning.

- **25** Federally qualified health centers (FQHC)
- **16** Public health departments
- **10** Philanthropically supported nonprofits
- **3** Hospitals/hospital systems
- **2** University operated clinics
- **56** Unique direct service organizations

Since the inception of the Foundation, **129** children’s oral health grants were invested in all areas of the State.

ILCHF grantmaking did not intentionally focus levels of funding in certain geographic areas. However, ILCHF grantmaking did cover all geographic areas of Illinois.

Coverage area of ILCHF funding in children’s oral health

- Counties for which an ILCHF-funded clinic attracts more than **five percent** of their patients
- Counties that have a clinic under construction or implementing a planning process funded by ILCHF

Data accumulated based on Information supplied by grantees.
Initial outputs of ILCHF grantmaking

ILCHF grantmaking has increased access to oral health services. Below is the initial summary output data as accumulated by grantee funding reports:

Note: Outputs relate to the whole project, not just the portion funded by ILCHF. As of December 31, 2010, not all sites funded had completed construction.

- ILCHF funded 175 new or renovated dental operatories in 61 of Illinois’ 102 Counties. Of the 56 unique organizations funded for direct service (120 grants), only one clinic is currently non-operational as of December 31, 2010.

  “For many children in our community, there was no oral health care prior to our ILCHF-funded clinic.”
  – BOND COUNTY HEALTH DEPARTMENT

- ILCHF funded three mobile dental clinics linking children to a dental home. All three mobile units are still operational as of December 31, 2010.

  “Aunt Martha’s was able to effectively link children seen on our mobile health vehicle who needed follow-up care to one of our dental clinics and help them establish a medical home. Linking patients seen on a mobile vehicle to a dental clinic is central to achieving long-term outcomes.”
  – AUNT MARTHA’S YOUTH SERVICE CENTER

- ILCHF funds were used to hire 90 additional oral health professionals in a community setting through December 31, 2010.

  “Modernization of the dental suites has allowed better patient flow which has allowed the dentist and dental staff to be more productive and a major result is the retention of the dental staff.”
  – CHRISTOPHER GREATER RURAL HEALTH CENTER

Once all projects funded through December 31, 2010 are fully operational, it is anticipated that an additional 225,000 children annually will receive oral health services and/or education.
In May of 2011, Illinois Children’s Healthcare Foundation developed a grantee survey that was sent to all past and current oral health grant recipients. The goal was to combine survey data with past grantee reporting data to best capture the impact ILCHF has had on children’s oral health in Illinois.

Between 2004 and 2010, **56 unique direct service organizations were funded by ILCHF for a total of 65 dental locations**. All but one survey was returned to the Foundation resulting in a **return rate of 98%**.

The following pages summarize the responses to the surveys and provide unique insight into the programming and strategies associated with ICLHF’s funding in the area of children’s oral health from the perspective of those providing the services: **our community partners**.

### Data elements collected

Each project funded by ILCHF was asked to submit a series of data elements for the period 2005 to 2010. The purpose was to determine the impact of ILCHF’s funding as well as to begin to draw a picture of children’s oral health services in Illinois as of December 31, 2010. A summary of these data elements is outlined below:

#### ILCHF GRANTEE REPORTED INCREASED ACCESS ANALYSIS

<table>
<thead>
<tr>
<th>Dental programs operational as of December 31</th>
<th>2005</th>
<th>2010</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of operatories (chairs)</td>
<td>86</td>
<td>265</td>
<td>208%</td>
</tr>
<tr>
<td>Unduplicated children served</td>
<td>32,403</td>
<td>98,500</td>
<td>203%</td>
</tr>
<tr>
<td>Encounters performed</td>
<td>77,493</td>
<td>225,294</td>
<td>191%</td>
</tr>
<tr>
<td>Number of dentists</td>
<td>40</td>
<td>111</td>
<td>177%</td>
</tr>
<tr>
<td>Number of dental hygienists</td>
<td>15</td>
<td>47</td>
<td>212%</td>
</tr>
<tr>
<td>Number of dental assistants</td>
<td>46</td>
<td>114</td>
<td>148%</td>
</tr>
<tr>
<td>Number of expanded dental assistants</td>
<td>12</td>
<td>42</td>
<td>244%</td>
</tr>
<tr>
<td>Number of coordinators/managers/other</td>
<td>22</td>
<td>68</td>
<td>209%</td>
</tr>
<tr>
<td>Number of outreach/education personnel</td>
<td>4</td>
<td>22</td>
<td>421%</td>
</tr>
<tr>
<td>Number of clinics utilizing electronic medical records</td>
<td>2</td>
<td>22</td>
<td>1,000%</td>
</tr>
<tr>
<td>Number of clinics utilizing digital X-ray</td>
<td>3</td>
<td>20</td>
<td>566%</td>
</tr>
</tbody>
</table>

In addition, the survey asked the organizations to report on the number of dentists recruited directly from Illinois Dental Schools. **35%** of the organizations indicated directly recruiting dentists from Illinois dental schools.
Scope of services offered

In an effort to better understand the scope of services offered by grantees, the survey included six specific questions with regard to the services offered, how children are accessed as well as the comfort level of providers in treating the target population of children. For questions 3 through 6, organizations were asked to rate the following questions on a scale of “1 to 5” with 1 being low and 5 being high.

**QUESTION 1: “Do the services you offer to children include both preventive and restorative services?”**

>> 100% of respondents indicated YES. With a few exceptions, all reporting the need to refer out children with special needs requiring sedation and specialty care services such as oral surgery, endodontics and orthodontics.

**QUESTION 2: “Does the dental clinic have a formal relationship with the school districts to provide direct services and/or oral health education?”**

>> 66% reported having a formal relationship with schools.

**QUESTION 3: “What is the skill level of the dental staff providing services to children?”**

>> The average response was 4.7.

**QUESTION 4: “What is the skill level of the dental staff with providing services to children with special behavioral or developmental needs?”**

>> The average score was 3.7 with two organizations responding n/a.

**QUESTION 5: “If the dental clinic utilizes a care coordinator/case manager to integrate dental and primary care, how effective is the program?”**

>> Approximately 69% report not having such a position. Of those reporting, the average score was 3.6.

**QUESTION 6: “If the dental clinic has implemented an outreach/education program, how effective is the program?”**

>> Approximately 41% report not having an outreach/education program. Of those reporting, the average score was 4.1.

Community level change

**THE SURVEY ASKED THE QUESTION:**

“What community level change did you expect from the project funded or has happened as a result of the project?”

- The most obvious and frequently reported change was an increase in access to oral health services and children receiving comprehensive care—not just preventive and episodic care. The strategies for providing comprehensive care varied including adding/expanding oral health services provided and community education and outreach. Given the geographic and ethnic diversity of the state, individual communities adopted strategies most appropriate for their areas and achieved varying community-level change.

> “Through providing access to dental care, we offer the chance for children to grow-up healthy and ready to succeed.”  
>  — CHICAGO FAMILY HEALTH CENTER

- Many grantees reported increased collaboration in their respective communities as a result of ILCHF grantmaking activities. Examples of this increased collaboration:

  >> McLean County Health Department reported that ILCHF funds triggered publicity in the local newspaper creating community awareness regarding the dental clinic, which lead to the local hospital identifying oral health related incidences being one of the most prevalent reasons for emergency room visits. The local hospital has now joined the health department in further addressing the issue.

  >> ILCHF funding helped community leaders in Champaign realize the need for oral health care for the underserved. As a result, the community is actively raising money to support the clinic at Frances Nelson Health Center.

  >> Sarah Bush Lincoln Health Center and their ILCHF-funded project, provided opportunities with the local community’s dental hygiene department and now students are required to complete two rotations with the organization. This opportunity exposes them to a great need they did not realize existed.

> “We anticipated expanding the Hope Mobile (ILCHF funded) dental services to be a stand-alone clinic. Through collaborations and partnerships in the community a stand-alone clinic was opened to provide more services to more children within 4½ years of the HOPE Mobile’s first patient.”  
>  — ABRAHAM LINCOLN MEMORIAL HOSPITAL
“Through sharing our model at the local, state and national levels, Erie is able to provide other community-based agencies with the knowledge of our successes and challenges; Erie believes that this has helped thousands of underserved patients around the country.” — ERIE FAMILY HEALTH CENTER

● Additional community level change that was reported included increased coordination around specialty care and integration of oral health and primary care. Christian Community Health Center reports that by focusing their attention on integrating medical and oral health, it has raised the awareness among their medical providers and caused more children to be referred for oral health services.

“As a result of ILCHF funding, collaborative behavioral research has lead to the development of a desensitization module that is being used to teach resistant children how to cooperate with dental procedures.”

— SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE, SCHOOL OF ALLIED HEALTH

Lessons learned

In response to the survey, some respondents provided lessons learned specific to their individual project. Most however, provided examples of more general lessons learned. The most common responses were:

The importance of planning

The need for extensive planning before a project is implemented would rank as a top lesson learned. Examples included a thorough needs assessment process, one which involves community-wide engagement and buy-in. Planning is also important in creating staffing models (both dental staff and administration) as well as creating a sustainable business model with key input from the organization’s leadership team and board level support.

“Think big! Plan and prepare for overwhelming need in the dental arena.”

— CASS COUNTY HEALTH DEPARTMENT

Developing effective collaborations within the community

Collaborations can result in increased resources, both financial and otherwise. Collaborations are also important in developing a network of referrals for specialty care as well as a means to provide awareness of services and education on the importance of oral health.

“The biggest lesson we learned is the importance of creating partnerships in order to best serve the community. We have created significant partnerships with the schools, local health departments and local specialists willing to serve Medicaid patients.”

— COMMUNITY HEALTH CARE, INC.

Oral health education and outreach is essential

Education and outreach is critical to the success of a clinic and increasing the proper oral health of children. Parents and caregivers must recognize the importance of proper oral health on the overall health of children in order for them to access care beyond school requirements and emergencies. Parents/caregivers and children must be taught proper oral health maintenance as well as the importance of proper diet and nutrition.

“Oral health education should be an integral part of any dental program. We will never be able to break the cycle of dental neglect without educating parents and their children on the importance of preventive care.”

— THE CHILDREN’S CLINIC

Data collection and evaluation is vital

Data collection and evaluation is a vital component of a successful practice. Having the capacity to track children’s progress benefits the child directly as well as provides data for additional resources. Data collection and evaluation determines best practices and increases the quality of service provision. Through the implementation of electronic dental records, data can be easily accumulated and analyzed.

“Providers should include a data collection plan as part of the original planning process. Erie found a sound evaluation and data collection plan to be an integral component of the success of our program. This plan allowed Erie to clearly identify areas of success and areas in need of improvement, which often required system changes.”

— ERIE FAMILY HEALTH CENTER
**ILCHF’s children’s health funding goals**

Throughout the Oral Health Initiative, the Foundation has worked to achieve very specific goals utilizing the three strategies of increased access, workforce development, and outreach & education. The survey asked grantees to self-report on their perceived progress in achieving the specific goals.

*Response options were: “significantly”, “somewhat”, “none” or “does not apply”.*

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Significantly</th>
<th>Somewhat</th>
<th>None</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the oral health status of children through increased access.</td>
<td>90% reported “significantly”&lt;br&gt;10% reported “somewhat”</td>
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<tr>
<td>Increased knowledge of parents and their children of proper oral health care.</td>
<td>79% reported “significantly”&lt;br&gt;21% reported “somewhat”</td>
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<td></td>
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<tr>
<td>Increase the number of children with a dental home (for this purpose, dental home is defined as a place where a child receives ongoing oral health services).</td>
<td>83% reported “significantly”&lt;br&gt;13% reported “somewhat”&lt;br&gt;4% reported “does not apply”</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the number of oral health professionals providing services to children (either through training or recruitment).</td>
<td>51% reported “significantly”&lt;br&gt;32% reported “somewhat”&lt;br&gt;4% reported “none”&lt;br&gt;13% reported “does not apply”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ILCHF funding is a catalyst to leverage additional resources in the area of children’s oral health.</td>
<td>54% reported “significantly”&lt;br&gt;25% reported “somewhat”&lt;br&gt;4% reported “none”&lt;br&gt;17% reported “does not apply”</td>
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</table>
Children’s Oral Health Services in Illinois look much different today than they did in 2004; however, there is still much that needs to be done to ensure all children have access to quality oral health services in their communities. To identify the ongoing needs in the area of children’s oral health, the Foundation solicited the expertise and opinion of those providing direct oral health care to children and of other key stakeholders.

Children’s Oral Health Grantee Survey
The May 2011 survey of ILCHF’s grantees included the following question: “What do you think would make the greatest impact on the oral health needs for the children in your community and/or the State of Illinois?” The majority of responses fell within five main categories (listed alphabetically):

1. Continue to build capacity and strengthen the oral health network
2. Education/outreach/public awareness
3. Reimbursement issues
4. Specialty care/services for children with special health care needs
5. Workforce development issues

1. Continue to build capacity and strengthen the oral health network
According to the survey results, there is an ongoing need for capacity building efforts. It was stated that capital funding is limited and there is an ongoing need for modernization of equipment and as well as increasing capacity through expansion of current facilities and development of clinics in areas of the state that lack children’s oral health care services.

2. Education/outreach/public awareness
Most agree that providing education on the importance of proper oral health care is a major opportunity to improve oral health for children. Closely related is the necessity to provide outreach to underserved populations through schools, social service agencies, programs such as WIC and through the medical community. Strategies vary and suggestions and examples are tailored to individual communities. Most suggestions for education strategies focused heavily on prevention and early childhood. These strategies target parents/care givers and children themselves. Most respondents agreed that the parents/care givers need to understand the importance of proper maintenance as well as related issues of proper nutrition. Once children receive these messages and guidance at home, they also need to receive education on proper brushing and flossing techniques. Constant reinforcement of these messages is key to changing oral health care behaviors.

The public awareness strategies suggested go beyond parents and the child and involve community stakeholders, child advocates and other medical providers such as pediatricians and hospitals. Building local support increases the opportunity for greater collaboration and access to additional resources.

3. Reimbursement issues
Overwhelmingly, survey respondents reported low Medicaid reimbursement rates as a major challenge to children receiving oral health care services. Illinois is ranked 43 in the country for reimbursement rates. These low rates are a key factor for lack of restorative services and specialty care. Low Medicaid rates were identified as the major factor in private providers, including pediatric dentists and specialists, not treating this population of children and putting more demand on public health clinics. Additionally, these rates challenge the sustainability plans of many public health clinics. Some of the grantees have suggested the need for stronger advocacy for increased reimbursements.
4. Specialty services and services for children with special health care needs
A common theme in the survey among all geographic areas of the state was the great need for specialty care and services for children with special health care needs. Children in need of specialty care such as endodontics, oral surgery or orthodontics have significant access barriers. Additionally, children with compromised medical and emotional conditions often require sedation. This sedation ranges from mild sedation provided through administering nitrous oxide to needing the services of an anesthesiologist. Part of the issue is lack of professionals in certain parts of the state and professionals accepting Medicaid patients for these services. Respondents cited lengthy waiting lists, travel and the worse case scenario, children not receiving the services.

5. Workforce development issues
Encompassing several of the above discussed issues is the area of workforce development which provides an opportunity for positive impact on children's oral health. In addition to increased Medicaid rates, which is suggested would increase the number of providers serving the underserved, and need for specialty services such as oral surgery, there is a need for anesthesiologists to provide sedation. Several grantees commented in favor of changes to the Dental Practice Act to allow the creation of a mid-level provider position which would allow many procedures to be completed without a dentist present and/or allow dental hygienists to practice independently of dentists.

2011 ILCHF oral health regional listening tour and key informant interviews
During the first quarter of 2011, ILCHF convened five regional oral health meetings. The audience was past and current grantees along with members of the ILCHF Oral Health Advisory Committee. The goal of the meetings was to solicit input from oral health constituents on the current needs in children's oral health. In addition, ILCHF held key informant interviews with stakeholders in the area of children's oral health.

Overwhelmingly ILCHF heard the tremendous impact the Foundation’s strategies to date have played on increasing access to services and in improving children's overall oral health. Having said this, participants expressed that need still exists.

- Across all geographies we heard the need for specialty services and services for children who have special medical needs. Most clinics cited the need to refer these children to a limited number of organizations that specialize in these services. Few private providers accept Medicaid payments for these services. A major obstacle is securing the facilities necessary to complete these procedures and the costs associated with anesthesiologists. It was noted that education and access to, and knowledge of, preventive services would decrease this need in the future.

- The need for education, outreach and public awareness regarding the importance of proper oral health was also stressed. As it has been described, children's dental disease is virtually 100% preventable. The key is developing and communicating the right message to the most vulnerable populations, including pregnant mothers. Conversely, there is still great need with regard to restorative services. Gaps still exist in access to quality, ongoing comprehensive services. Consensus was also reached on the need for case managing oral health services and linking all the programs that currently exist. For example, children receiving sealants and fluoride treatments in schools being linked to a dental home.

- Diet, proper nutrition and the role they play on oral health was also a reoccurring theme. More messaging can be done to prevent parents from putting children to bed with baby bottles filled with fruit juice and milk. Consumption of sugary and carbonated beverages should also be avoided and not offered in schools and other child focused programming. Several grantees suggested more collaborative work needs to be done between oral health service providers and those involved in child obesity initiatives.

- The need for a variety of technical assistance was also communicated. Examples of training needs include specialty training for existing providers to result in higher utilization of current providers, best practices for clinic management and sustainability including policies, procedures and scheduling protocols and the development of effective collaborative relationships between schools and clinics.
Participants at the 2011 regional meetings

NORTHERN ILLINOIS
Location: Crusader Community Clinic, Rockford
Holly Bartman, Crusader Clinic
Susan Bauer, Community Health Partnership of Illinois
Debbie Donnelly, Whiteside County Health Department
Ricardo Garcia, Community Health Partnership of Illinois
Victoria Jackson, Illinois Department of Human Services
Mark Kendall, Crusader Clinic
Linda Niemiec, Crusader Clinic
Cyrus Oates, Milestone Dental Clinic
Tina O’Connor, Lake County Health Department
Kathy Olson, Milestone Dental Clinic
Jennie Pinkwater, Illinois Chapter, American Academy of Pediatrics
Lynne Schweppe, Whiteside County Health Department
Bob Tanner, Greater Elgin Family Care Center

WESTERN ILLINOIS
Location: Carl Sandburg College, Galesburg
Heidi Britton, Knox County Health Department
Heather Burton, Central Counties Health Centers, Inc.
Shelly Defrates, Illinois Department of Healthcare and Family Services
Dr. Greg Dietz, Tazewell County Health Department
Mary England, Fulton County Health Department
Carla Ewing, Mercer County Health Department
Robin Henry, Fulton County Health Department
Jenna Link, Warren County Health Department
Dr. Jerry Marshall, Tazewell County Health Department
Rhonda Peterson, Knox County Health Department
Greg Sandidge, Hancock County Health Department
Kathleen Thacker, Illinois Department of Public Health
Dr. Mary Margaret Warrick, Central Counties Health Centers, Inc.
Lauri Wiechman, Carl Sandburg College

CHICAGO, ILLINOIS
Location: University of Illinois, Chicago
Karen Ayala, DuPage County Health Department
Tony Banout, Access Community Health Network
Jill Baskin, The Children’s Clinic
Elissa Bassler, Illinois Public Health Institute
Mary Pat Burgess, Chicago Department of Public Health
Shirl Cannon, Community Nurse Health Association
Anne Carmack, The CORE Foundation
Sharee Clough, Illinois Primary Healthcare Association
Casewell Evans, University of Illinois Chicago
Sheila Hall, Infant Welfare Society of Chicago
Mary Hayes, Pediatric Dental Health Associates
Lynn Hopkins, PCC Community Wellness Center
Christine Hryhorczuk, University of Illinois Chicago
Julie Janssen, Illinois Department of Public Health
Ellen Kunkle, Community Nurse Association
Kathy McLain, Chicago Family Health Center
Diane Metrick, McHenry County Cooperative Clinic
Bruce Miller, Lawndale Christian Health Center
Virginia Montgomery, Chicago Public Schools
Anjanette Nero, Christian Community Health Center
Khatija Noorullah, University of Illinois Chicago
Muhammad Paracha, Asian Human Services
Trisha Roth, Well Child Center
David Rudziewicz, The Core Foundation
Emily Surico, El Valor
Vivain Taylor, Family Christian Health Center
Mila Tsgalis, DuPage County Health Department
Ryan Tuscher, PCC Community Wellness Center
Darryn Weinstein, Midwestern University
Richard Ziegler, Lawndale Christian Health Center

SOUTHERN ILLINOIS
Location: Southern Illinois University, School of Dental Medicine
Dr. Gary Henley, SIU, School of Dental Medicine
Dr. Poonam Jain, SIU, School of Dental Medicine
Dr. Ken Rawson, SIU, School of Dental Medicine
Dr. Bruce Rotter, SIU, School of Dental Medicine
Dr. Dan Stoeckel, SIU, School of Dental Medicine
EAST CENTRAL ILLINOIS
Location: Champaign Public Library
Susan Albee, McLean County Health Department
Jan Bleich, Pike County Health Department
Cathy Coverston Anderson, McLean County Health Department
Lisa Biehl, Douglas County Health Department
Peg Boyce, Parkland College of Dental Hygiene Program
Tammy Byers, Clay County Health Department
Molly Daniel, Sarah Bush Lincoln Health Center
Ronda DeMattei, Southern Illinois University, Carbondale-School of Allied Health
Monica Dunn, Sarah Bush Lincoln Health Center
Dale Fiedler, Southern Illinois Healthcare Foundation
Brian Gibson, Southern Illinois Healthcare Foundation
Nancy Greenwalt, Smile Healthy
Dionne Haney, Illinois State Dental Society
Heidi Johnson, Illinois Department of Healthcare and Family Services
Patricia McIntosh, Illini Community Health Care Foundation
Teri McSherry, Southern Illinois University, Carbondale-School of Allied Health
Amanda Minor, Douglas County Health Department
Deena Mosbarger, Clay County Health Department
Jill Meyers, Smile Healthy
Kim Pankau, Parkland College of Dental Hygiene Program
Ann Roppel, Illinois Department of Public Health
Gina Swehla, Illinois Department of Healthcare and Family Services
Jaci Vaughn, Illinois Department of Healthcare and Family Services

ADDITIONAL KEY INFORMANT INTERVIEWS
Jim Alexander, The Otho Sprague Memorial Institute
Lisa Bilbrey, IFLOSS
Kathy Chan, Illinois Maternal Child Health Coalition
Anne Clancy, The Chicago Community Oral Health Network
Sharon Clough, Illinois Primary Health Care Association
Mary Houpt, The Wrigley Foundation
Greg Johnson, Illinois State Dental Society
Dr. Lewis Lampiris, American Dental Association
Soo Na, Fry Foundation
Dr. Judith Neafsey, Cook County Stroger Hospital
Dr. Robert Rada, Private Practice
Deborah Saunders, Illinois Department of Healthcare and Family Services
Dr. David Soglin, Cook County Stroger Hospital
Sidney Thomas, Cook County Health and Hospitals Systems
Call to Action

Over the past seven years, Illinois Children's Healthcare Foundation has led efforts to improve children's oral health in the state of Illinois. Our greatest learning on how to achieve measurable results has been through the power of collaboration and engaging strong partners with the same vision.

Though the Foundation is encouraged by the outputs to date in children's oral health, it is keenly aware that oral health remains one of the top children's health care needs. The simple truth is that oral health is vital to overall health and we must together, as advocates for children, build on the current momentum on ensuring all children have access to quality oral health services in their communities.

We must not stop. Making a difference in children's oral health in Illinois will require coordinated approaches and sustainable action plans. The Foundation challenges each reader of this report to consider how to align its efforts to address the identified needs and to continue influencing positive oral health outcomes for children.

Making a difference in children's oral health in Illinois requires all of us to step forward and invest in Illinois' most precious asset: Its children.
The report stated that a “silent epidemic of dental and oral disease is affecting Americans”. The report brought to light that dental caries, the process that results in cavities, is the most common chronic conditions of childhood; its prevalence is five times that of asthma and seven times that of hay fever. The report also stated that oral diseases disproportionately affect disadvantaged children and families. Additionally, it elaborates on the meaning of oral health and explains why oral health is essential to general health and well-being.

The court case argued that state payments to Medicaid providers were so low that equal access did not exist. (42 U.S.C. 1396a(a)(30)(A) ensures all Medicaid recipients receive pediatric care and services to the extent that such care and services are available to the general population.) Virtually no pediatric dentists in Cook County accepted Medicaid. The Court found that the defendants were in violation of both the “equal access provision” and EPSDT (Early and Pediatric screening, diagnostic and treatment services) provision of the Medicaid Act and set the case for status to discuss an appropriate remedy. (See 2006: “Increase in Medicaid Rates for Preventive Services”.)

ILCHF makes its first round of grants in the four broad categories of oral health, mental health, developmental screening and general pediatrics.

As a result of the Memisovski vs. Maram Decision, Medicaid rates increased statewide to a minimum floor of 75% of the 50th percentile of fees charged by private dental practices for preventive services. Reimbursements for restorative services were unchanged.
Impact on Children’s Oral Health in Illinois: an interim report

**2007**

**ILCHF Oral Health Workforce Development Summit**

In response to research conducted regarding the need for strategies to address oral health workforce issues, ILCHF convened key stakeholders in the area of children’s oral health. Issues included the maldistribution of oral health professionals in Illinois and the need for increased access points.

**ILCHF Oral Health Initiative Launched**

In an effort to focus the resources of the Foundation, the Board of Directors voted to commit a minimum of $20 million over the next five years to address children’s oral health in Illinois. Key factors influencing the decision included, research gathered as to the need, lack of resources dedicated to the issue and potential for meaningful impact.

**Illinois Oral Health Plan II Released**

The Illinois Department of Public Health in conjunction with key stakeholders developed a statewide road map for improving oral health systems. ILCHF participated in the development of the plan.

**ILCHF Building the Capacity of the Oral Health System RFP**

ILCHF issued its first oral health RFP designed to improve access points for children’s oral health. Twenty-one grants totaling over $4.5 million were committed.

**ILCHF launches the Community Dentistry Pipeline Initiative—University of Illinois at Chicago Pipeline Project Approved**

In an effort to increase the oral health workforce providing oral health services to underserved children in the state, ILCHF created the Pipeline Project to increase dental students’ exposure and comfort level treating these populations. UIC enrolls approximately 65 students per year. The Foundation committed $1.5 million over five years to University of Illinois College of Dentistry.

**ICAAP: Bright Smiles from Birth**

ILCHF joined funding partner, Michael Reese Health Trust, to implement a curriculum developed by the Illinois Chapter, American Academy of Pediatrics to train primary care providers to help reduce caries in children 0–3 and refer to a dental home. This multi-year commitment is matched dollar for dollar by Medicaid dollars drawn down by Illinois Department of Healthcare and Family Services.

**2008**

**ILCHF Oral Health Grantee Meeting**

In an effort to create an oral health learning community, ILCHF convened its grantees, stakeholders and oral health advisors at a statewide meeting designed to discuss outcomes, reaffirm the mission of the initiative and build consensus around indicators necessary to track.

**Economic Recession**

The impact of the recession resulted in many families losing health insurance and discretionary dollars not being spent on oral health care services. Demand for public health dentistry increased at a time when State and Federal dollars tightened.

**ILCHF Building the Capacity of the Oral Health System RFP**

ILCHF released a similar RFP to the one issued in 2007 to increase access points for children’s oral health. Nineteen grants were committed in the amount of over $3.6 million.

**Southern Illinois University Pipeline Project**

Southern Illinois University, School of Dental Medicine received a six-year commitment in the amount of $1,544,886 to implement its response to the Community Dentistry Pipeline Initiative. SIU enrolls approximately 50 dental students per year.

>> 2008 continued on next page
Illinois Department of Health Care & Family Services Implements a Competitive “Develop Clinics” RFP

Beginning in 2009 through 2010, IDHFS implements a competitive RFP process to increase oral health access and awards a total of $1 million in commitments to ten organizations over two years. Grants were for the development of comprehensive dental programs. (Seven of the ten recipients were ILCHF oral health grantees).

$2 Million Capital Bill through IDHFS for New Access Points

Lead by efforts on the part of the Illinois State Dental Society, legislation was passed in Illinois to fund the construction of new dental clinics in the state. The competitive process began in 2010 and funding decisions announced in 2011. ILCHF staff assisted in the grant review process.

Two ILCHF Oral Health Grantee Meetings

In an effort to build on the momentum of an oral health learning community, ILCHF convened two meetings of grantees and stakeholders. The meetings was designed to share learnings, provide educational opportunities, solicit input around future strategies.

Federal Stimulus Appropriations for Community Health Centers

In response to more Americans losing their health insurance and turning to health centers for care, funds were appropriated to be used over two years to create or retain approximately 270 jobs across the state. The Federal Government awarded $15.2 million to 36 Clinics in Illinois.

ILCHF Building and Strengthening the Capacity of the Oral Health System RFPs Issued

ILCHF offered two rounds of the Strengthening the Capacity of the ILCHF Oral Health Network RFP to address barriers from providing optimal levels of oral health service (technology upgrades and education/outreach among the most requested for), along with a Building the Capacity of the Oral Health System RFP to increase access points. Over $3.5 million was committed to 27 projects.

ILCHF Pipeline Evaluation

ILCHF contracts with Loyola University, Center for Urban Research and Learning to conduct a multi-year evaluation of the overall Pipeline Project.

ILCHF Dental Hygiene Meeting

ILCHF convened representatives from all the dental hygiene programs in the state to discuss shared goals and learn more about their respective programs.

2009

2010

ILCHF Grant Making

external Reports

Policy

Economic

Workforce Development

>> 2010 continued on next page
Pew Center on the States Releases Report

“The Cost of Delay” report on oral health policy efforts gave Illinois a “B” on an “A to F scale” with regard to 8 criteria. Illinois was ranked high for its water fluoridation (99% of the population on community water supplies), school sealant programs and the percentage of children on Medicaid receiving oral health services has risen in recent years (up from 29% in 2000 to 40% in 2007). Illinois ranked particularly low with regard to Medicaid reimbursements (the state reimburses dentists at about 53% of median fees versus the national average of 60.5%) and efforts to authorize a new primary care dental provider (according to Pew’s calculations, it needs at least 420 additional dentists to meet the needs of 1.7 million people estimated to be unserved for dental care).

2011

Oral Health Listening Tour

Staff conducted statewide regional meetings of its grantees and partners to solicit input for the Foundation’s future oral health strategies.

Midwestern University Enrolls First Dental Class

The University matriculates first class of 125 to the new College of Dental Medicine to be located in Downers Grove, Illinois.

Institute of Medicine Releases Report on Oral Health Care

Among other things, the report recommends changing funding and reimbursement for dental care and expanding the oral health work force by training medical professionals to recognize risk for oral disease.

### Abraham Lincoln Memorial Hospital/Healthy Communities Partnership
Lincoln, IL
- 2004: $75,000
  Mobile Health & Dental Health Unit
- 2005: $150,000
  Mobile Health & Dental Health Unit

### Access DuPage
DuPage County, IL
- 2007: $10,000
  DuPage Oral Health Plan

### Adams County Health Department
Quincy, IL
- 2007: $208,638
  Expanding Oral Health Services for Children
- 2010: $75,000
  Improving Dental Services Through the Use of Computer Technology and Digital X-ray

### Alivio Medical Center
Chicago, IL
- 2007: $294,793
  Children's Oral Health Expansion Program
- 2009: $33,255
  Oral Health in High Schools Expansion Program

### Asian Human Services Family Health Center, Inc.
Chicago, IL
- 2010: $400,000
  “Little Kids, Big Smiles” program

### Aunt Martha’s Youth Service Center
Olympia Fields, IL
- 2006: $227,431
  Dental and Behavioral Health Care Services
- 2007: $100,000
  Mobile Oral Health Program

### Aunt Martha’s Youth Service Center
Danville, IL
- 2008: $79,310
  Vermilion County Oral Health Expansion

### Bond County Health Department
Greenville, IL
- 2008: $442,824
  Bond County Dental Clinic
- 2009: $14,995
  Dental Health Education

### Cass County Health Department
Virginia, IL
- 2006: $154,000
  School-Linked Health Center

### Central Counties Health Centers, Inc.
Springfield, IL
- 2007: $202,412
  Augmenting Children’s Oral Health Access

### Chicago Family Health Center, Inc.
Chicago, IL
- 2005: $100,000
  Dental Program Expansion
- 2007: $102,000
  Oral Health Staffing Expansion
- 2010: $276,000
  Chicago Lawn Dental Expansion Project

### The Children’s Clinic sponsored by Oak Park River Forest Infant Welfare Society
Oak Park, IL
- 2007: $70,000
  Expansion of Dental Services and Oral Health Outreach
- 2008: $75,000
  Oral Health Expansion Project
- 2009: $50,000
  Strengthening The Children’s Clinic Service Delivery Model
- 2010: $66,000
  Expansion of Community Oral Health Outreach

**Note:** Year and amount represents the year the grant was made and the full grant award.
Christian Community Health Center
Chicago, IL
- 2004: $61,800
  The Oral Healthcare/Dental Program
- 2008: $146,818
  Children's Dental Initiative
- 2010: $38,438
  Children's Health Integration: Phase II

Christopher Greater Rural Health Planning Corp
Zeigler, IL
- 2006: $200,000
  Zeigler Community Health Center

Community Health Partnership of Illinois
Mendota, IL
- 2004: $377,759
  Sonrisa Sana—Oral Health Program for Migrant Farmworker Children
- 2007: $492,623
  Mendota Health and Wellness Center Pediatric Dental Clinic
- 2009: $71,235
  Healthy Smiles for Life/Sonrisas Sanas para Toda la Vida
- 2010: $48,240
  Integrated Electronic Dental Health Record

The CORE Foundation
Chicago, IL
- 2010: $100,000
  CORE Center Dental Clinic Expansion Project

Christopher Greater Rural Health Planning Corp
Christopher, IL
- 2009: $46,097
  Rea Dental Clinic Upgrade
- 2009: $125,000
  Renovations and Equipment Upgrade to Rea Dental Clinic

Clay County Health Department
Flora, IL
- 2009: $12,743
  Oral Health Needs Assessment & Planning Process

Community Health & Emergency Services, Inc.
Carbondale, IL
- 2006: $215,000
  Access to Oral Surgeries for Illinois Children
- 2008: $144,974
  Dental Expansion Proposal

Community Health Care, Inc.
Moline, IL
- 2007: $126,336
  Expanding Pediatric Dental Care

Community Health Improvement Center, Inc.
Champaign, IL
- 2010: $320,500
  Implementation of Pediatric Oral Health Services at the Frances Nelson Health Center

DeWitt/Piatt Bi-County Health Department
Monticello, IL
- 2007: $160,000
  DeWitt/Piatt Bi-County Health Department Dental Clinic
<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Year</th>
<th>Amount</th>
<th>Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas County Health Department</td>
<td>Tuscola, IL</td>
<td>2006</td>
<td>$205,000</td>
<td>Douglas County Health Clinic</td>
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<tr>
<td></td>
<td></td>
<td>2008</td>
<td>$200,000</td>
<td>Dental Clinic Full-Time Expansion Project</td>
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<td></td>
<td></td>
<td>2009</td>
<td>$17,969</td>
<td>Education of Young Children and Their Parents</td>
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<td>DuPage County Health Department</td>
<td>Wheaton, IL</td>
<td>2005</td>
<td>$350,000</td>
<td>Mobile Dental Health Program</td>
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<td>Erie Family Health Center</td>
<td>Chicago, IL</td>
<td>2006</td>
<td>$261,876</td>
<td>Expansion of Oral Health Services at Erie Humboldt Park Health Center</td>
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<tr>
<td></td>
<td></td>
<td>2009</td>
<td>$66,750</td>
<td>Orthodontics: A Continuum of Primary Care Oral Health Care</td>
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<tr>
<td>Family Christian Health Center</td>
<td>Harvey, IL</td>
<td>2005</td>
<td>$150,000</td>
<td>Comprehensive Dental Care for Underserved Children and Families in Harvey</td>
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<tr>
<td>Fulton County Health Department</td>
<td>Canton, IL</td>
<td>2008</td>
<td>$226,630</td>
<td>Fulton County Dental Clinic</td>
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<tr>
<td>Gallatin County Community Unit School District</td>
<td>Junction, IL</td>
<td>2006</td>
<td>$307,800</td>
<td>Gallatin County School Dental Clinic</td>
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<tr>
<td></td>
<td></td>
<td>2007</td>
<td>$500,000</td>
<td>Greater Elgin Family Care Center's Children's Dental Clinic</td>
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<tr>
<td></td>
<td></td>
<td>2009</td>
<td>$51,000</td>
<td>Adding Specialty Care and Enhancing Transportation Services for GEFFCC's Children's Dental Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2010</td>
<td>$20,511</td>
<td>Revitalizing and Enhancing GEFFCC's School-Based Oral Health Care Program</td>
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<tr>
<td>Hancock County Health Department</td>
<td>Carthage, IL</td>
<td>2007</td>
<td>$300,000</td>
<td>Hancock County Dental Clinic Expansion Project</td>
</tr>
<tr>
<td>Heartland Health Outreach</td>
<td>Chicago, IL</td>
<td>2005</td>
<td>$250,000</td>
<td>Spang Center-Senn School-Based Clinic</td>
</tr>
<tr>
<td>Heartland International Health Center</td>
<td>Chicago, IL</td>
<td>2007</td>
<td>$299,487</td>
<td>Roosevelt High School Dental Site</td>
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<td>2008</td>
<td>$299,645</td>
<td>School-Based Dental Service Expansion Project</td>
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<td>2009</td>
<td>$71,052</td>
<td>Oral Health Outreach and Sustainability Program</td>
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<td>Henderson County Rural Health Center Inc</td>
<td>Macomb, IL</td>
<td>2008</td>
<td>$165,485</td>
<td>Eagle View Community Health System-Oral Health Expansion</td>
</tr>
</tbody>
</table>

*Note: Year and amount represents the year the grant was made and the full grant award.*
The Hope Institute for Children and Families
Springfield, IL
- 2008: $164,929
  Dental Prevention and Intervention Clinic at Noll Medical Pavilion
- 2010: $121,486
  Dental Prevention and Intervention Clinic

Illinois Chapter, American Academy of Pediatrics
Chicago, IL
- 2007: $93,281
  Bright Smiles from Birth
- 2009: $115,965
  Bright Smiles from Birth
- 2010: $124,929
  Bright Smiles from Birth

Infant Welfare Society of Chicago
Chicago, IL
- 2004: $80,000
  Children’s Oral Health Promotion Program

Kane County Health Department
Aurora, IL
- 2007: $177,472
  Kane County Health Department KCHAIN Program

Knox County Health Department
Galesburg, IL
- 2007: $300,000
  Dental Clinic Access Expansion Project
- 2009: $54,000
  Dental Clinic Access Expansion Project

Lawndale Christian Health Center
Chicago, IL
- 2010: $400,000
  Lawndale Pediatric Oral Health Center

Local Initiatives Support Corporation/Chicago
Chicago, IL
- 2008: $124,000
  The Integrated Services in Schools (ISS) Mobile Dental Program

Logan County Health Department
Lincoln, IL
- 2010: $128,152
  Logan County Dental Clinic

Loyola University Chicago
Chicago, IL
- 2008: $250,000
  Community-Based Dentistry Pipeline Initiative Evaluation

Macoupin County Public Health Department
Carlinville, IL
- 2008: $82,495
  Integration of Oral Healthcare with Medical Care, Behavioral Care, and Public Health
- 2010: $50,000
  Healthy Smiles for Healthy Kids Oral Health Education Program

McHenry County Health Department
Woodstock, IL
- 2007: $255,000
  Dental Clinic Expansion Project
- 2009: $75,000
  Oral Health Care Case Management Services

McLean County Health Department
Bloomington, IL
- 2010: $50,000
  McLean County Health Department Dental Clinic Improvement

Mercer County Health Department
Aledo, IL
- 2005: $50,120
  Improving Dental Access for Children Through a School-Linked Health Center
### Milestone Inc.
Rockford, IL
- 2004: $262,090
  Improving Dental Access for Special Needs Children
- 2005: $259,860
  Improving Dental Access for Special Needs Children
- 2008: $101,740
  Equipment Rejuvenation Project
- 2010: $24,718
  Compliance with the Illinois Dental Practice Act
- 2010: $64,328
  Sensory Improvements Project

### OSF Saint Francis Medical Center
Peoria, IL
- 2009: $50,000
  General Dental Practice Residency Program

### PCC Community Wellness Center
Oak Park, IL
- 2007: $200,000
  PCC’s Austin Family Health Center

### Pike County Health Department
Pittsfield, IL
- 2010: $400,000
  Pike County Dental Clinic

### Sarah Bush Lincoln Health Center
Mattoon, IL
- 2006: $50,000
  Women & Children FIRST Dental Program
  School-based Outreach Project
- 2008: $300,000
  Women & Children FIRST Dental Program
- 2009: $75,000
  Sarah Bush Lincoln Dental Services

### Shawnee Health Service and Development Corporation
Carterville, IL
- 2005: $205,550
  School Based Health Center Oral Health Expansion
- 2007: $163,258
  Expansion of Child and Adolescent Oral Health Services
- 2010: $28,876
  Comprehensive Oral Health Education and Awareness Program

### SmileHealthy NFP
Rantoul, IL
- 2005: $135,000
  Rantoul Head Start Dental Clinic
- 2008: $103,873
  SmileHealthy Mobile Dental Clinic
- 2009: $59,600
  Family Oral Health Investment
- 2010: $34,000
  Sedation Collaboration Planning Project

### Southern Illinois Healthcare Foundation
Bethalto, IL
- 2006: $113,500
  Expansion of Oral Health Services in Bethalto

### Southern Illinois Healthcare Foundation
Granite City, IL
- 2007: $127,416
  Expanding Dental Services in Granite City

### Southern Illinois Healthcare Foundation
Effingham, IL
- 2008: $206,311
  Providing Dental Care to the region from Effingham

### Southern Illinois Healthcare Foundation
Sauget, IL
- 2009: $39,195
  Southern Illinois Healthcare Foundation’s Hospital Dentistry Program
- 2010: $64,000
  Strengthening SIHF’s Capacity to Gather Information and Integrate Dental and Medical Services

**Note:** Year and amount represents the year the grant was made and the full grant award.
Southern Illinois Healthcare Foundation
Belleville, IL
- 2010: $400,000
  Expanding Access to Oral Health Services in Belleville

Southern Illinois Regional Wellness Center
East Saint Louis, IL
- 2005: $127,480
  Oral Health Intervention Program

Southern Illinois University at Carbondale, School of Allied Health
Carbondale, IL
- 2004: $296,000
  The Rural Dental–Behavioral Health Model for Underserved Children Program
- 2005: $200,000
  The Rural Dental–Behavioral Health Model for Underserved Children Program
- 2009: $74,469
  Strengthening the Capacity of A Rural Dental–Behavioral Health Model for Underserved Children

Southern Illinois University School of Dental Medicine
Alton, IL
- 2005: $88,200
  Dental Care for Developmentally Disabled Children
- 2008: $1,544,886
  SIUCARES: Southern Illinois Underserved Children’s Access through Rotational Education and Service

St. Bernard Hospital
Chicago, IL
- 2006: $100,000
  Pediatric Oral Health Initiative Dental Clinic
- 2007: $187,400
  St. Bernard Hospital Dental Clinic
- 2009: $40,000
  Dental Center Evaluation

University of Illinois at Chicago, Mile Square Health Center
Chicago, IL
- 2005: $350,000
  Expanding Oral Health Services to Chicago’s South Shore Neighborhood
- 2008: $300,000
  South Shore Mile Square Expansion Initiative

Well Child Center
Elgin, IL
- 2004: $52,325
  Well Child Center’s Pediatric Dental Clinic
- 2005: $20,000
  Well Child Pediatric Dental Clinic
- 2009: $62,423
  Increasing Oral Health Capacity through Digital Radiology and Electronic Patient Records
- 2010: $64,500
  From Dental Clinic to Dental Home: Establishment of a Dental Home for Children through Integration, Community Education and Outreach

Whiteside County Community Health Clinic, Inc.
Rock Falls, IL
- 2007: $75,000
  Whiteside County Community Health Clinic’s Children’s Dental Program: linking children with dental needs to a medical/dental home for services
- 2010: $75,000
  Improving Oral Health for Rural Children through Dental Imaging and Electronic Education

Will-Grundy Medical Clinic, Inc.
Joliet, IL
- 2005: $60,267
  Dental Home Project

University of Illinois at Chicago, College of Dentistry
Chicago, IL
- 2007: $1,500,000
  Pipeline Approach to Changing Community-Based Dental Practice Patterns
# Board of Directors and Staff

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