

Illinois Children's Healthcare Foundation  
Impact on Children's Oral Health in Illinois: *an interim report*

2004-2010



Illinois Children's  
Healthcare Foundation

---

## ***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.

## **CONTENTS**

- 1** Letter from the Chairman of the Board and President
- 2** About ILCHF's Children's Oral Health Initiative
- 5** The Outputs: ILCHF Grantmaking in Children's Oral Health, 2004-2010
- 8** ILCHF Children's Oral Health Grantee Survey Results
- 12** Children's Oral Health Care Needs in Illinois: Per Discussion with Oral Health Providers and Stakeholders
- 16** Call to Action
- 18** Appendix A: Key Oral Health Milestones and Environmental Influences, 2000-2011
- 22** Appendix B: ILCHF Children's Oral Health Grantees, 2004-2010
- 28** Board of Directors and Staff

## LETTER FROM THE CHAIRMAN OF THE BOARD AND PRESIDENT

**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](http://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

## ABOUT ILCHF'S CHILDREN'S ORAL HEALTH INITIATIVE

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?"***

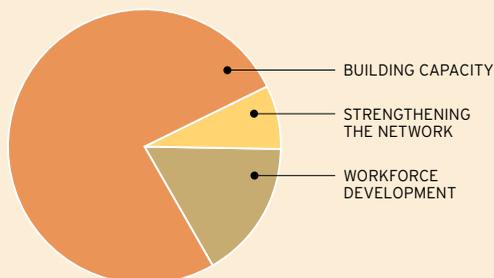
It should be noted that output data is not outcome data. Outcomes are the impacts on those children whom the program was set up to benefit and are measured over the long-term.

*"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

DISTRIBUTION OF ORAL HEALTH FUNDING



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

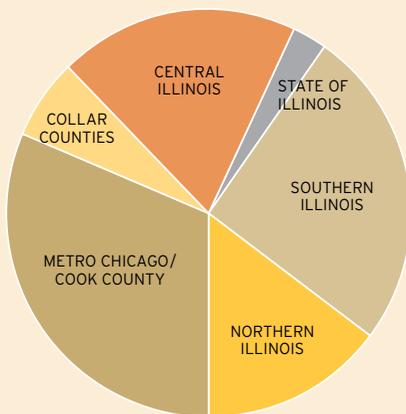
## Who received oral health funding

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

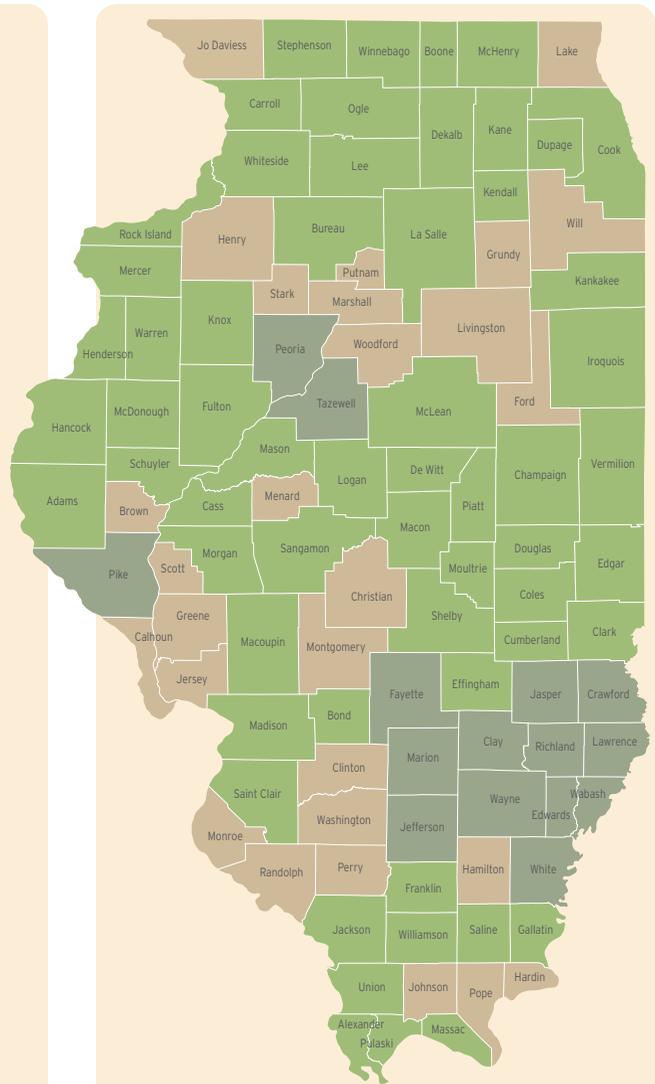
Since the inception of the Foundation, **129** children's oral health grants were invested in all areas of the State.

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



AREAS OF THE STATE—GRANTMAKING DOLLARS

## Coverage area of ILCHF funding in children's oral health



Light Green Counties for which an ILCHF-funded clinic attracts more than **five percent** of their patients

Dark Green 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.



# ILCHF Children's Oral Health Grantee Survey Results

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 ILCHF'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

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

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 led 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 4 1/2 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 led 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".

---

### **GOAL: Improve the oral health status of children through increased access.**

**90%** reported "significantly"

**10%** reported "somewhat"

### **GOAL: Increased knowledge of parents and their children of proper oral health care.**

**79%** reported "significantly"

**21%** reported "somewhat"

### **GOAL: 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).

**83%** reported "significantly"

**13%** reported "somewhat"

**4%** reported "does not apply"

### **GOAL: Increase the number of oral health professionals providing services to children** (either through training or recruitment).

**51%** reported "significantly"

**32%** reported "somewhat"

**4%** reported "none"

**13%** reported "does not apply"

### **GOAL: ILCHF funding is a catalyst to leverage additional resources in the area of children's oral health.**

**54%** reported "significantly"

**25%** reported "somewhat"

**4%** reported "none"

**17%** reported "does not apply"



# Children's Oral Health Care Needs in Illinois: Per Discussion with Oral Health Providers and Stakeholders

**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 Debrates, *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*  
Shelia 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*.



2000

Surgeon General's Report: "Oral Health in America" Released

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.

2004

Illinois Court Ruling: *Memisovski v. Maram*

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".)

Inaugural Year of ILCHF Grant Making

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

2005

Illinois All Kids Program

Illinois significantly reformed Medicaid developing the Nation's first universal coverage program for children. It provides comprehensive, affordable health insurance, regardless of family income, immigration status or health condition. It builds off Illinois state Medicaid and State Children's Health Insurance Program funded exclusively with state funds.

Mandatory Dental Exams for Kindergarten

As mandated by the Illinois School Code, all children in kindergarten, 2nd grade and 6th grade are required to have a dental examination by May 15th of each school year in compliance with the rules adopted by the Illinois Department of Public Health. Each child must present proof of a completed exam. The exam documents oral health status (caries experience and untreated caries) as well as treatment needs.

ILCHF Oral Health Research Phase Began

ILCHF researched strategies across the country designed to address oral health needs of children. Additionally, an inventory of state and local resources was developed.

2006

Increase in Medicaid Rates for Preventive Services

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.

## 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

### 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

### 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.

### Strengthening the Capacity of the ILCHF Network RFP

ILCHF developed and released an RFP designed to strengthen its current oral health grantees by allowing them to identify barriers preventing them from providing optimal levels of service. Partially in response to the worsening economic climate, grantees did not focus on expansion strategies but rather internal efficiencies. Just over \$978,000 was committed to 18 organizations. Barriers included access, education/public awareness, specialty care and internal efficiencies.

### 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.

## 2010

### 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.

>> 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.



---

From 2004 to 2010, Illinois Children's Healthcare Foundation awarded **129** grants for a total of **\$22,262,772**.

---

**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*

---

**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*

---

**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*

---

**Crusaders Central Clinic Association**

Rockford, IL

- 2004: \$250,000  
*Oral Access to Children in Need*
- 2005: \$90,000  
*Oral Access to Children in Need*
- 2007: \$184,246  
*Expanded Dental Care for Children with a Medical Home*
- 2008: \$173,806  
*Expanding Access to Oral Health Care through Innovation and Technology*
- 2010: \$53,857  
*Pediatric Dental Access Coordination*
- 2010: \$100,000  
*Pediatric Oral Health Service Expansion*

---

**DeWitt/Piatt Bi-County Health Department**

Monticello, IL

- 2007: \$160,000  
*DeWitt/Piatt Bi-County Health Department Dental Clinic*

---

**Douglas County Health Department**

Tuscola, IL

- 2006: \$205,000

*Douglas County Health Clinic*

- 2008: \$200,000

*Dental Clinic Full-Time Expansion Project*

- 2009: \$17,969

*Education of Young Children and Their Parents*

---

**DuPage County Health Department**

Wheaton, IL

- 2005: \$350,000

*Mobile Dental Health Program*

---

**Erie Family Health Center**

Chicago, IL

- 2006: \$261,876

*Expansion of Oral Health Services at Erie Humboldt Park Health Center*

- 2009: \$66,750

*Orthodontics: A Continuum of Primary Care Oral Health Care*

---

**Family Christian Health Center**

Harvey, IL

- 2005: \$150,000

*Comprehensive Dental Care for Underserved Children and Families in Harvey*

---

**Fulton County Health Department**

Canton, IL

- 2008: \$226,630

*Fulton County Dental Clinic*

---

**Gallatin County Community Unit School District Number 7**

Junction, IL

- 2006: \$307,800

*Gallatin County School Dental Clinic*

---

---

**Greater Elgin Family Care Center**

Elgin, IL

- 2007: \$500,000

*Greater Elgin Family Care Center's Children's Dental Clinic*

- 2009: \$51,000

*Adding Specialty Care and Enhancing Transportation Services for GEFCC's Children's Dental Clinic*

- 2010: \$20,511

*Revitalizing and Enhancing GEFCC's School-Based Oral Health Care Program*

---

**Hancock County Health Department**

Carthage, IL

- 2007: \$300,000

*Hancock County Dental Clinic Expansion*

- 2009: \$25,000

*Better Oral Health Through Access to Transportation*

- 2010: \$75,000

*Better Oral Healthcare Through Panoramic Radiography*

---

**Heartland Health Outreach**

Chicago, IL

- 2005: \$250,000

*Spang Center-Senn School-Based Clinic*

- 2008: \$290,343

*Dental Service Expansion Project*

---

**Heartland International Health Center**

Chicago, IL

- 2007: \$299,487

*Roosevelt High School Dental Site*

- 2008: \$299,645

*School-Based Dental Service Expansion Project*

- 2009: \$71,052

*Oral Health Outreach and Sustainability Program*

---

**Henderson County Rural Health Center Inc**

Macomb, IL

- 2008: \$165,485

*Eagle View Community Health System-Oral Health Expansion*

---

**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, College of Dentistry**

Chicago, IL

- 2007: \$1,500,000

*Pipeline Approach to Changing Community-Based Dental Practice Patterns*

---

**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*

---

## BOARD OF DIRECTORS AND STAFF

### Officers

#### Board Chair

Charles E. Box

*Retired Chair, Illinois Commerce  
Commission; Retired Mayor, Rockford*

#### Vice Chair

Kathy L. Halloran

*Retired, formerly Executive Vice President,  
NICOR, Inc.*

#### Treasurer

Floyd D. Perkins

*Attorney at Law; Partner, Ungaretti and  
Harris; Former Bureau Chief, Charitable Trust  
Division, Illinois Attorney General's Office*

#### Secretary

Terry F. Hatch, MD

*Head of the Division of Pediatric  
Gastroenterology, Professor of Pediatrics,  
Southern Illinois University School  
of Medicine*

### Directors

Philip C. Cali

*Retired, formerly Executive Vice President-  
Operations, NICOR, Inc.*

Louise Coleman, EdD

*Retired Superintendent of Schools, Joliet  
Public Schools District 86*

Peter E. Doris, MD

*Clinical Professor of Radiology and Medicine,  
University of Chicago*

J. Kevin Dorsey, MD, PhD

*Dean and Provost, Southern Illinois  
University School of Medicine*

Matthew Hunsaker, MD

*Director, Rural Medical Education  
Program, University of Illinois College  
of Medicine, Rockford*

Marisol Morales

*Associate Director, Steans Center for  
Community-based Service Learning,  
DePaul University*

John L. Novak

*Retired Treasurer, DuPage County,  
Illinois*

Michael L. Parker

*Retired, formerly Senior Vice President,  
Liberty Mutual Middle Markets*

Ruth Rosenthal, MD

*Psychiatrist, Private Practice*

Christine Rosso

*Adjunct Professor, Northwestern University  
School of Law; Former Chief of Charitable  
Trusts and Solicitation Bureau, Illinois  
Attorney General's Office*

Jim Ryan

*Distinguished Fellow, Benedictine University;  
Former Attorney General, State of Illinois*

Kay L. Savings, MD

*Medical Director, Children's Hospital of  
Illinois at OSF St. Francis Medical Center;  
Professor of Pediatrics, University of Illinois  
College of Medicine, Peoria*

James L. Schroeder, MD

*Senior Associate Dean for External Affairs,  
Feinberg School of Medicine of Northwestern  
University*

Billie Wright Adams, MD

*Pediatrician, Private Practice*

### Director Emeritus

C. William Pollard

*Chairman Emeritus, The ServiceMaster  
Company; Chairman, FairWyn Investment  
Company*

### Staff

Tammy Lemke

*President  
tammylemke@ilchf.org*

Bob Egan

*Senior Program Officer  
bobegan@ilchf.org*

Harvey Saver

*Program Officer  
harveysaver@ilchf.org*

Debra Pitts-Brown

*Foundation Manager  
debrapittsbrown@ilchf.org*



**Illinois Children's  
Healthcare Foundation**  
1200 Jorie Boulevard  
Suite 301  
Oak Brook IL 60523  
[www.ilchf.org](http://www.ilchf.org)