Healthcare Transformation Collaboratives Cover Sheet

1. Collaboration Name:
The Illinois Urgent Dental Care Collaborative (IUDCC)

2. Name of Lead Entity:
Southern Illinois University School of Dental Medicine

3. List All Collaboration Members:
Illinois Department of Public Health Division of Oral Health

Oral Health Forum - Heartland Alliance Health

4. Proposed Coverage Area:
East Saint Louis - Saint Clair County
West Chicago - Cook County

5. Area of Focus:
Access to Care and Improved Oral Health Outcomes

6. Total Budget Requested:
$5,915,393.00

Brief Project Description

The Illinois Urgent Dental Care Collaborative (IUDCC)

Summary: The Illinois Urgent Dental Care Collaborative (IUDCC) seeks to reduce the use of emergency departments (ED) for urgent dental care needs by improving access to community oral health care services and addressing social determinants of health (SDOH) on Chicago's West Side and the communities in and around East St. Louis, Illinois.

Detailed Project Description

Siloed into its own health system, dental care exists in the United States as a service for the privileged. Communities of color and rural residents continue to face barriers accessing basic healthcare care services at a disproportionate rate, and when coupled with social determinants of health (SDOH) like low-income levels and immigration status, the impact is greater. In order to create transformative care models that address these systemic issues of health inequity and racial disparities, effort is required on behalf of all community stakeholders to engage and become involved in the design and implementation of relevant and needed services.

According to 2018 data from Behavioral Risk Factor Surveillance Survey (BRFSS), 1.6% of Illinois adults over the age of 18 years who reported a hospital emergency department visit for dental. To increase timely and equitable access to health care, this project will utilize several strategies defined in the Illinois Oral Health Plan (IOHP) IV[1]: Eliminating Inequities in Oral Health (2021-2025). The IOHP IV is particularly focused on supporting hospital/non-profit programs to develop coordination between local hospitals and treatment sites clinics to reduce ED visits for oral/dental health issues.

IUDCC is an oral health emergency diversion and prevention program that aims to reduce the rate of patients who seek emergency dental care in hospital EDs. This project will focus on coordinating care for non-traumatic oral health conditions that present at two Illinois safety-net hospitals. In order to reduce this rate, a transformational model was designed with the input and leadership of statewide, minority-led, and community-based organizations that connect existing services and resources to create a seamless network of partners to coordinate access to care. Using data to determine targeted outreach areas, IUDCC will implement models in two areas of Illinois with the highest rates of oral health ED visits: Chicago's West Side and East St. Louis.

Lead applicant Southern Illinois University (SIU) School of Dental Medicine (SDM) will partner with the Illinois Department of Public Health (IDPH) Division of Oral Health (DOH) and Oral Health Forum (OHF) of Heartland Alliance Health to pilot two ED prevention initiatives at two partnering safety net hospitals: Touchette Regional of East St. Louis and Saints Mary &

Elizabeth of West Chicago. This collaborative will leverage existing resources to connect with ED patients experiencing non-traumatic oral health conditions with community dental providers and clinics. IUDCC will employ Clinical Health and Community Care Coordinators in each targeted region who will provide oral health outreach services to patients after presenting in the ED for dental care. In East St. Louis, an existing SIU SDM dental clinic will be expanded and readied to accept ED referrals from Touchette Regional, and in Chicago's West Side, referrals from Saints Mary & Elizabeth will flow to area dental providers and Federally Qualified Health Centers (FQHCs). Illinois HFS' Healthcare Transformation Collaborative funding will support professional staff, care coordinators, referral tracking software, and a voucher program to provide definitive care to ED patients. In addition, the IUDCC will work with dental care users of EDs to address other unmet needs and connect to on-going dental care sources to prevent repeat use of ED for dental concerns.

In 2000, the U.S. Surgeon General released its report on *Oral Health in America* where a call to action was raised to begin implementing changes in how oral health care is provided to ensure everyone has access to care; with primary focus on highly vulnerable, distressed communities. Announced was the "silent epidemic of oral diseases" that is affecting "poor children, the elderly, and many members of racial and ethnic minority groups[2]" (17). Twenty-one years later, this silent epidemic that has disproportionately impacted vulnerable communities continues to serve as the number one top avoidable chronic health condition faced in America. Identified as an Ambulatory Care Sensitive Condition (ACSC), dental conditions are proven to be the top avoidable ACSC, and in Illinois, the communities of East St. Louis and West Chicago "are particularly burdened by ED visits" for urgent dental care (Citation 3 p88). "By definition, ACSCs are health conditions for which either good outpatient care can potentially prevent the need for hospitalization or early intervention can prevent complications and progression to more severe disease[3] (8)."

In order to create an intervention model that reduces the prevalence of oral disease and utilization of EDs for untreated, non-traumatic dental conditions, efforts must focus on addressing two major components that contribute to the disparity: lack of access to provider services and behavioral changes that improve dental health habits and educate communities about the best place to go when urgencies are present. Each of these components are directly impacted by SDOHs and health inequities that historically impact low-income and rural households as well as communities of color. The lack of access to health care "is driven by both resource gaps and by social, economic, and other SDOH barriers" faced by communities when attempting to care for personal and familial health. This includes limited access to transportation, limited access to affordable and healthy foods, unemployment, and community violence (Citation 3 p9).

Listed below are the primary goals of this transformative intervention:

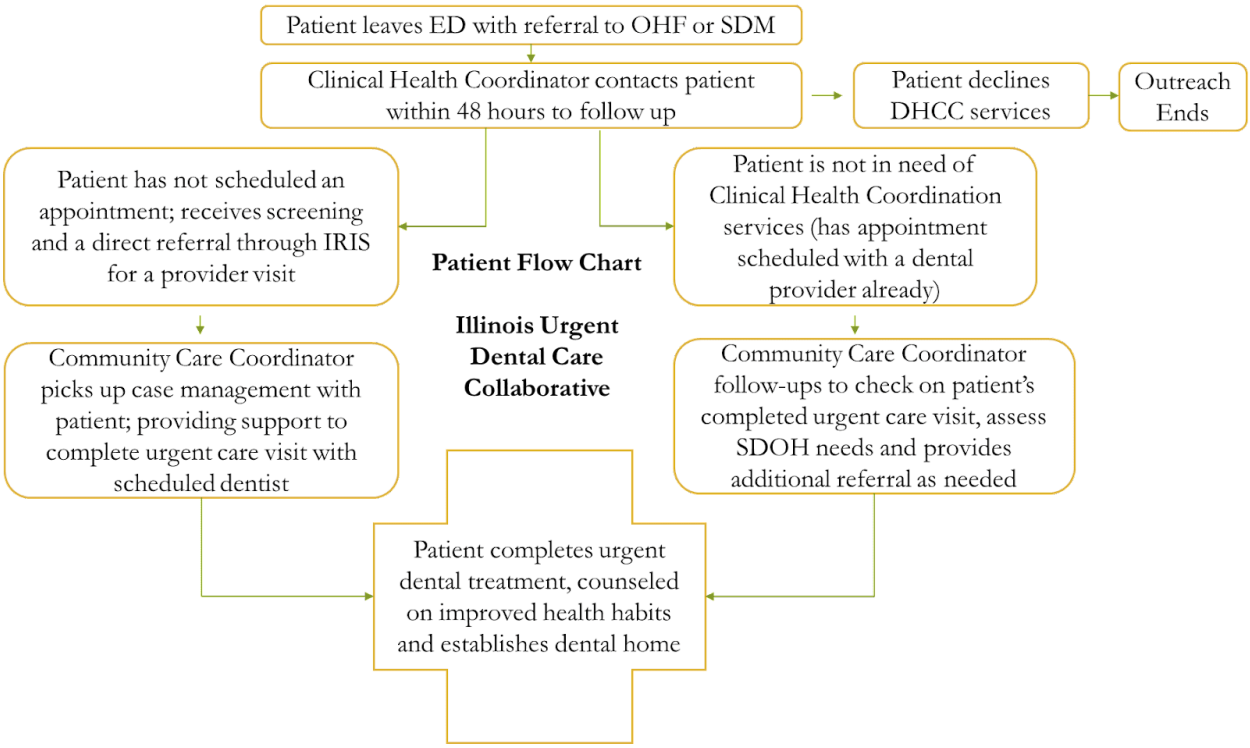
- Establish effective intake, treatment, and discharge protocols for patients entering the ED due to non-traumatic oral health conditions
- Minimize use of opioids to treat oral health conditions
- Direct patients to definitive treatment for emergent oral health issues by creating a network of community providers
- Address SDOHs directly affecting access to oral health care
- Establish community dental homes for adult ED patients that ultimately will help to reduce the future number and repeat use of ED visits for dental care
- Educate medical and support service providers about the establishment of a cloud-based "community dental network" path to refer patients experiencing oral health issues (instead of referring to ED)
- Establish a model other areas of Illinois (urban, suburban, and rural) can replicate to reduce the number of ACSCs due to dental conditions

IUDCC will address this health inequity and systemic issue by developing two community-centered networks of health and support service providers that will coordinate access to dental care services for adult ED patients in the Illinois communities of East St. Louis and West Chicago. The two areas of focus were selected for this targeted intervention based on data collected in the 2021 Transformation Data & Community Needs Report which states "dental conditions are the most frequent avoidable ACSC visit in the emergency department and the most frequent in terms of inpatient hospitalization (p88). The two safety-net partner hospitals were chosen by using IDPH syndromic surveillance data to determine hospitals throughout the state with the highest concentrations of ED visits due to non-traumatic dental conditions.

Although the IUDCC targeted communities are located 300 miles apart, they share significant similarities that will contribute to the successful implementation of the intervention model on opposite ends of the state. Both areas house safety-net hospitals with the highest rates of oral health ED encounters across Illinois and are located in communities of color that are negatively impacted by SDOHs such as low-income and limited access to dental care. Despite having dental coverage through the state's Medicaid program, there is a staggering low rate of available dental providers in the communities with the highest need for Medicaid services, impeding a person's ability to access care despite their efforts to attain services.

Following a patient's ED encounter for an oral health emergency, IUDCC Clinical Health and Community Care Coordinators will provide clinical and case management outreach services to help patients improve their oral health outcomes and habits. Preventive oral health care requires practicing good dental habits as part of a regular health hygiene and wellness routine. "Good oral health practice consists of the continuous implementation of two sets of behavior: utilization of dental services (regular dental checkup, oral health promotion, and professionally applied preventive means) and self-care habits (good oral hygiene, restriction of sugar intake, and

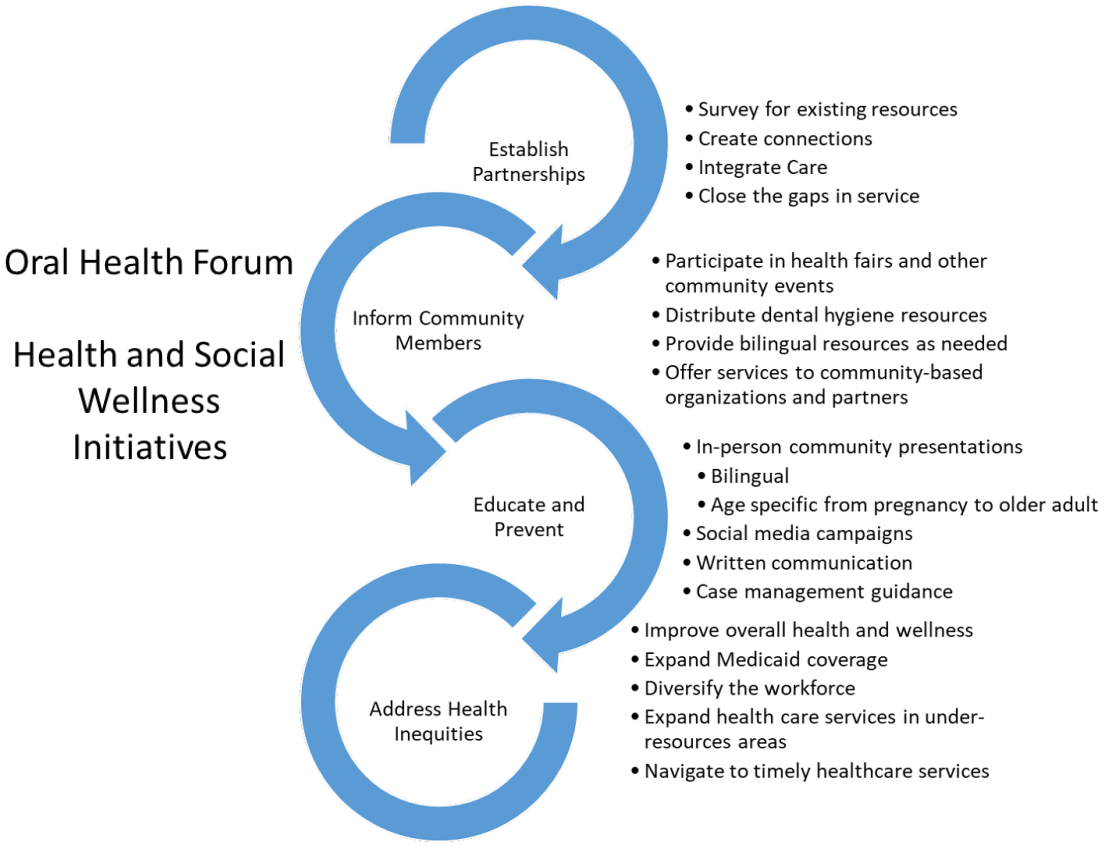
application of fluoride products)[4].” Care Coordinators will work with patients to identify and overcome any existing barriers to accessing care and practice preventive dental hygiene habits; following best-practice of employing community members who are familiar with the areas in which they serve, and with whom patients can relate to directly on issues and experiences being faced by patients. Care Coordinators are proven to help individuals and families with improving health and social outcomes by navigating the system with their patients by providing person-centered care, and offering information and education to support healthy habits.



To ensure a best-practice model is implemented, lead applicant SIU SDM is partnering with OHF to provide direct input and support with piloting an outreach model that will connect adults in need of dental treatment in disparate areas to care. Project partner OHF will serve as an integral component of developing the IUDCC model by adapting OHF's existing oral health case management model to serve the unique needs of each community targeted for this intervention. IDPH DOH will support the collaboration with relevant data and relating with Medicaid Managed Care Organizations (MCOs) at regular intervals.

OHF is a community-based initiative dedicated to improving health and social equity and has provided oral health education and outreach services for more than a decade. Housed as a project in Heartland Alliance Health (HAH), OHF creates initiatives that impact health outcomes in diverse, low-income, and medically under-resourced communities. Communities served by OHF are predominantly Black and Latino immigrant communities who, in addition to experiencing the

highest rates of oral disease, are simultaneously experiencing disproportionate rates of COVID-19 and affected by other social determinants of health. OHF targets its program services using city and county health department data that identify zip codes with the greatest need for dental services. Since 2015 OHF has provided targeted oral health education and case management services in zip codes 60623, 60629, and 60632, and since 2018 has been developing outreach models that go beyond its original child oral health case management model to reach adults and older adults with services that coordinate access to dental care. Partnering with local school systems, health departments, and community health centers, OHF provides oral health education and coordinated access to care services to children, families, adults, and older adults. Partnering with local health and social systems, OHF's model provides ongoing education and case management outreach services that work with patients to identify a dental care plan that will help remove barriers to accessing care and establish a dental home with a provider that meets their needs; i.e. compatible office hours, accepts patient insurance, proximity and ease of access, and cost-effective.



Recognizing the importance of leveraging community resources, IUDCC will survey health and support service providers regularly to identify existing and active referral sources for offering case management outreach that connect families to care. In addition to identifying and vetting

dental provider information across the two pilot site communities, the project will connect with medical and support service providers to which households are referred when challenges outside of oral health are identified. Understanding that barriers to accessing health care are often associated with other social determinants of health, IUDCC will work with households to identify additional challenges being experienced; including income instability and food insecurity, and offer resources to remove barriers, as needed.

Following social work best-practice, all staff included in the IUDCC intervention will receive training on Motivational Interviewing, Trauma-Informed Care, and Harm Reduction practices to ensure patients are served with empathy and patience. IUDCC project partner OHF is well versed in embedding Motivational Interviewing, Trauma-Informed Care, and Harm Reduction practices into community health care models as this creates a welcoming environment for children, adults, and older adults experiencing stress navigating their local health system; helping make oral health a priority for everyone. OHF has established and maintained close ties in the communities it serves to remain trauma-informed and ensure community members receive person-centered services; recognizing the trauma variance in each community as a result of different socioeconomic and public health barriers to accessing care. A trauma-informed approach to training IUDCC collaborators, partners, and staff will create opportunities for providers to better understand why patients are experiencing barriers to good oral health and how that impacts their ability to access dental care.

Transformation Data & Community Needs Report identified targeted areas, this project will develop two community-centered referral networks using the Integrated Referral and Intake System (IRIS). IRIS is a web-based referral application currently used by providers and community-based organizations in some Illinois communities to promote system coordination, improve communication among partners, and provide families with clear pathways to needed services. IRIS supports warm handoffs and successful referrals by streamlining the referral process, closing the communication loop for referring organizations, and fostering collaborative, cross-system discussions to identify gaps and address barriers. IRIS helps community-based programs, clinics, and organizations communicate confidentially without having to download software and can be easily integrated into any provider setting. IRIS is compliant with the 1996 Health Insurance Portability and Accountability Act (HIPAA) and will safely and securely refer ED patients for follow-up care and treatment after seeking ED dental care. The IRIS system will also directly provide several data points that are part of this project's measurable outcomes.

OHF will offer its expertise working with the IRIS network to enhance IUDCC program initiatives by creating community-centered referral networks that connect patients to resources and care. With support from OHF, IRIS networks will be established in the IUDCC targeted communities of East St. Louis and West Chicago, and will create individualized networks that are unique to each area and meet the specific needs of these diverse communities. When patients

enter the ED with non-traumatic dental conditions, it is almost certain they are experiencing dental discomfort, and to address this, IUDCC's project model trains dental, medical, and support service providers on how to talk with patients about their dental habits and understand why they would go so long before seeking care.

The University of Kansas Center for Public Partnerships and Research's (KU-CPPR) is the developer of IRIS, a cloud-based referral model designed to promote system coordination, improve communication among partners, and provide participants a clear pathway to needed services. IRIS supports warm handoffs and successful referrals by streamlining the referral process, closing the communication loop for referring organizations, and fostering collaborative, cross-system discussions to identify gaps and address barriers.

Addressing the dental provider shortages, the project staff will initiate contact with dental providers in IUDCC targeted outreach areas and work with Medicaid MCOs to encourage and incentivize their participation in the electronic referral network. This transformative resource will help IUDCC connect adults in need of urgent dental treatment with direct referrals to health center clinics and private provider offices based on the patient's needs; allowing IUDCC to directly track patient referrals and outcomes. This crucial step will allow the project to see if a referral made to a provider was accepted, and in turn will support improving dental data tracking practices by reporting when a patient connects with a dentist and completes treatment. Additionally, patients will receive referrals for social support, as needed or requested, including Medicaid and SNAP enrollment, and voucher referrals to clinics and providers that serve uninsured patients in the event the patient is ineligible for Medicaid.

OHF will guide IRIS implementation at both safety-net sites with technical assistance and consultation from KU-CPPR, guiding IUDCC partner organizations through the stages of implementation as well as post-launch quality improvement activities. KU-CPPR will provide implementation technical assistance and all system training and user support, in preparation for launch and on an ongoing basis. OHF will complete administrative functions such as building organizations and managing user access and will conduct data management activities. KU-CPPR will provide initial training and ongoing support for staff with this role.

By developing these two community networks, patients in need of dental treatment will receive personalized, person-centered care to target and remove barriers experienced individually by each patient. Before a patient is discharged from the safety-net hospital's ED for the oral health emergency, they receive a referral to see a community dental provider to schedule an exam and follow-up on needed treatment. Within 48 hours of discharge, patients will receive contact from a Clinical Health Coordinator to follow-up on the patient's condition and progress with scheduling an appointment with a provider in the established network. The network will include

FQHCs, Medicaid and private dental providers, oral surgeons, and community based agencies that can support addressing barriers related to social needs.

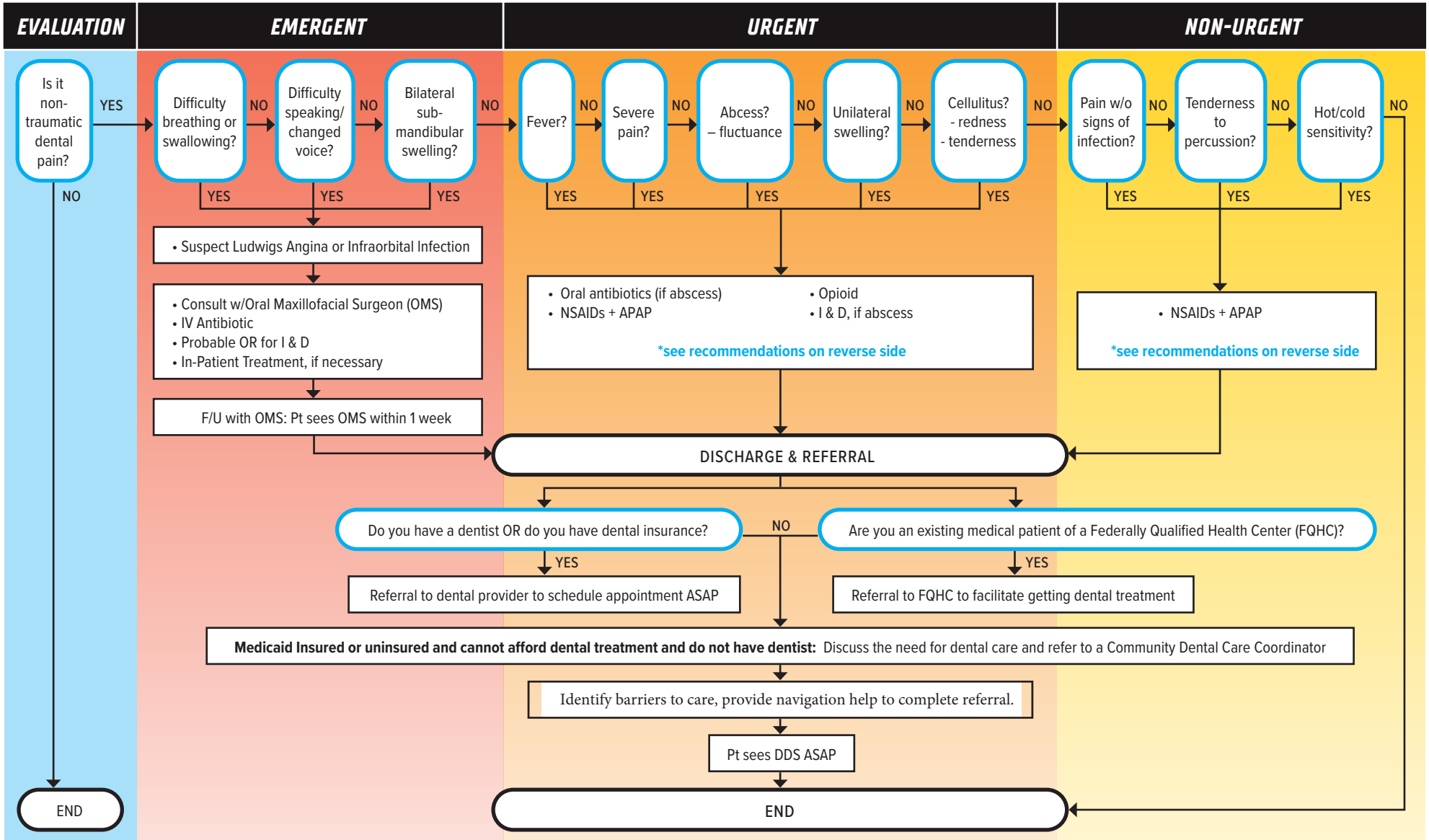
Within the West Chicago outreach area, IUDCC will use a voucher incentive aimed to increase the pool of community providers, including oral surgeons, taking emergencies out from the hospital into dental chairs where definitive treatment can be provided. The Emergency Voucher will be given to non-Medicaid providers who agree to complete care for patients referred by the IUDCC program. Additionally, the program will also offer a Dental Home incentive, that will be given to providers who show proof of establishing a dental home for a program patient by having a 6 months follow up dental checkup. Within the East St. Louis outreach area, SIU SDM will be able to broaden its role as one of the largest safety-net oral health providers in the region by assisting referred patients with enrollment with MCOs. Overseeing the development and implementation of the referrals networks is IUDCC's leadership team, comprised of the project's lead applicant, Southern Illinois University (SIU) School of Dental Medicine (SDM), and contracted collaborators Oral Health Forum (OHF) of Heartland Alliance Health (HAH) and the Illinois Department of Public Health (IDPH) Division of Oral Health (DOH). Core project team members will convene at least monthly and will be composed of representatives from the following collaborative partners:

- Dr. Katie Kosten - Director of Community Dentistry SIU SDM
- Jill Laughlin-Smith - Grants and Contracts Associate SIU SDM
- Dr. Alejandra Valencia - Director OHF
- Leilah Odeh, MSW - Manager of Case Management Services OHF
- Dr. Mona VanKanegan - Chief, IDPH DOH
- IRIS Representative (TBD)
- At least two community members with lived experience
- Representatives of Saints Mary and Elizabeth Medical Center and Touchette Regional Hospital

The standing agenda at the project team meetings will be:

1. Review Data from Touchette and Saints Mary and Elizabeth Hospitals:
    a. Number of referrals in last 30 days (demographic, insurance and treatment need data)
    b. Number of referrals that received definitive treatment
    c. Number of referrals that need follow up to definitive treatment
    d. Number of referrals who need other SDOH services, types of SDOH services provided
    e. Number of referrals
    f. Number of ED vouchers
    g. Number of Dental Home vouchers
2. IRIS actions that build referral networks
3. Challenge items that need to be overcome
4. Summary of notes for grant reporting and for quarterly engagement with MCO representatives

Illinois Urgent Dental Care Collaborative | Treatment & Referral



* **Evidence-Based Recommendations on Oral Antibiotics, Non-Opioid Pain Control and Opioid Prescribing Practices on Reverse Side**

This algorithm was modified by a tool developed by Public Health Madison Dane County and is a public domain resource.

Illinois Urgent Dental Care Collaborative

Dental Pain Protocol | Evidence-Based Treatment Recommendations

It is expected that all recommendations are subject to provider modification based on patient need and protocols for pain and infection control. The following dental pain and infection control recommendations are based on the dental evidence base. Providers should prescribe based on their assessment of patient health history and clinical circumstance.

[redacted]

As identified in the Clinical Algorithm, providers should utilize the following non-opioid and opioid pain control regimens:

1. 400 mg of Ibuprofen and 1000 mg of Acetaminophen every 4–6 hours PRN for pain. Provider may increase dosages at their discretion.
2. If in the provider's judgement the patient requires opiate pain control, patient should be given no more than 10 tablets of Oxycodone and informed there will be no refills.

[redacted]

Per the webinar, the following antibiotic regimens are recommended:

Mild infections (no visible swelling, exudate or pain on palpation present)

- Amoxicillin 500 mg – 1 gram loading dose, then BID
- Keflex 500 mg – 1 gram loading dose, then QID
- Azithromax (Z-Pak) 250 mg – 2 tabs first day, then 1 tab till gone (5 days)

Moderate Infections

- Amoxicillin 500 mg – 1 gram loading dose, then BID plus Metronidazole 500 mg BID
- Clindamycin 300 mg, QID with 450 mg loading dose
- Augmentin 500 mg, 1 gram loading dose then TID

The 5–7 days is the average with 10 days max.

Governance Structure and Processes

1. Please describe in detail the governance structure of your collaboration and explain how authority and responsibility will be distributed and shared. How will policies be formulated and priorities set?

The lead applicant SIU SDM, will equitably partner with OHF in conducting an effective program. Program oversight will follow fiscal and personnel policies of SIU SDM, and IDPH DOH will serve as a supporting entity for the project. In the first year of the project, SIU SDM, OHF, IRIS, and IDPH DOH lead project staff will maintain a bi-weekly Program meeting schedule. To remain flexible in overcoming local challenges and to stand up IUDCC quickly, SIU SDM and OHF will maintain local jurisdiction for quick and effective response to program challenges. Challenge items will be presented and discussed at scheduled project team meetings to identify solutions and be executed by project partner lead. Additional program policies, where needed, will be informed by formal and informal surveys of participants, frontline program staff, community partners and health care project partners to ensure relevance, usefulness and so they meet desired outcomes of the program. The program will also utilize short cycle Plan, Do, Study, Act (PDSA) to remain effective and flexible to changing healthcare system challenges.

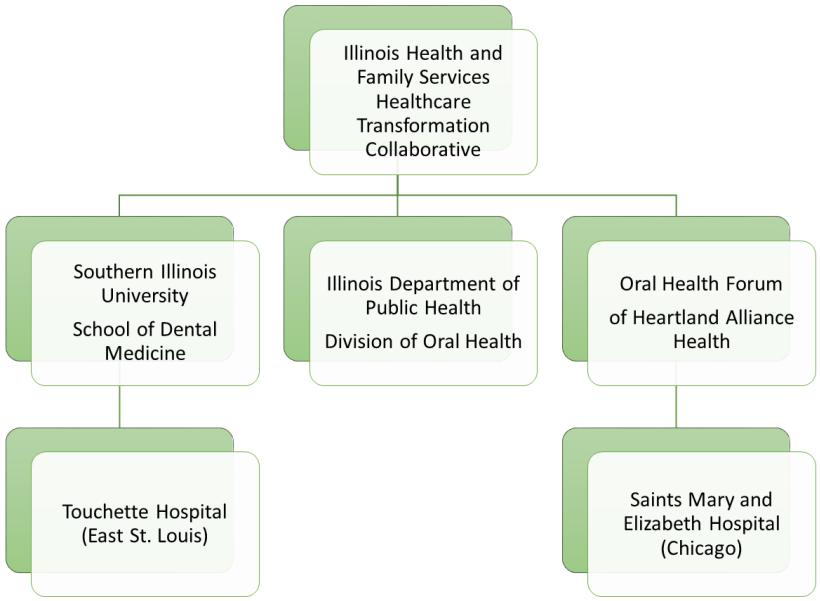
Accountability

2. How will collaborating entities be made accountable for achieving desired outcomes? How will the collaboration be made accountable for acting prudently, ethically, legally, and with extensive participation from each participating entity? What methods will be used to enforce policy and procedure adherence?

The three collaborating entities, lead applicant SIU SDM and two partners OHF and IDPH DOH are publically funded and or non-profit community-based organizations. They each have long-standing, effective, fair, legal, and ethical practices, and are supervised by Boards of Directors or superseding state agencies. Employees of each entity have labor union protections. Each entity will follow and enforce its own published policies and procedures and deliver outcomes as stated in each of its subcontract and scope of work agreements.

As a partnership, the three collaborating entities will support each other's efforts to implement the IUDCC program model in each targeted region. SIU SDM will work with Touchette Regional Hospital and OHF will work with Saints Mary & Elizabeth to connect with oral health ED patients and facilitate referral partnerships that connect patients dental care and services that will help prevent future oral health ED encounters. IDPH DOH will provide simultaneous support to SIU SDM and OHF with implementing the project and providing resources statewide.

Illinois Urgent Dental Care Collaborative Organizational Structure



Payments and Administration of Funds

4. How will you ensure direct payments to providers within your collaboration are utilized for your proposed program's intended purpose? If the plan is to use a fiscal intermediary, please specify.

SIU SDM who is serving as the lead applicant has policies and procedures for monitoring all subrecipients on externally funded projects. Principal Investigators (PIs) receive invoices from their subrecipients and verify the accuracy of the invoice against the contracted scope of work and approved budget. After approving the invoice, the invoice is then sent to the Office of Research and Projects where the Grant Accountant performs an additional review for accuracy. Annually, the Director of Awards Management and/or their designee send a questionnaire to each Principal Investigator/Project Director (PI/PD) asking how their subrecipients are doing to ensure there are no issues/concerns. This process typically occurs during the fall semester. The PI/PD of a grant serves as fiscal officer of the project. Each PI/PD is assigned a Grant Accountant from the SIU - Edwardsville Office of Research and grants management rules, principles, and regulations including the Uniform Guidance. The Grant Accountants of RPFM, under the oversight of the Director of Awards Management, will work closely with the PI/PD regarding the responsible management of grant or contract funds in compliance with the pertinent Federal circulars and policies. Annually, the Director of Awards Management and/or their designee send each subrecipient a questionnaire seeking information on their audit, audit

findings, and internal controls. This process typically occurs during the spring semester. If issues arise during either of these processes, the Director of Awards Management will work with the PI/PD to create a corrective action plan to resolve potential issues/concerns.

Racial Equity

IUDCC will lead this transformative proposal with direct and transparent communication and collaborative efforts; building off the strengths of project partners to address racial inequities and lifting up partners in need of support. Social and structural inequities make it difficult for communities to access and utilize care effectively, therefore addressing the social determinants of health is vital for improving access to care and health outcomes. IUDCC will increase access to services by supporting the basic and health-related needs of participants simultaneously with an approach that is culturally responsive, trauma-informed, and stigma-free. Anti-racism efforts include the deliberate act of balancing power and placing decision-making opportunities with populations most adversely impacted by a power imbalance – the individuals least likely to otherwise have a seat "at the table" when driving transformational change.

Health inequities are the human-created, unjust, avoidable differences in health status observed among various population groups distinguished by a range of characteristics (e.g., race/ethnicity, age, national residency, geography, socioeconomic status, or cognitive disability). They cannot be “solved” only by an individual’s behavior change or by just promoting healthy choices or improved knowledge. As stated in Healthy People 2030[5], to eliminate health disparities and inequities sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.” As the gap in wealth, education, and ready access to information increases, health inequities are projected to increase further. A concerted effort to eliminate health disparity and inequity require multiple pathways that include and gently elevate groups that have been excluded.
The IUDCC will use a health equity approach of care to develop the intervention by:

- Identifying the communities in Illinois more affected by the specific problem (West Chicago and East St Louis) using IDPH syndromic data to support the development and course of the intervention
- Understanding better through the development of the intervention why these disparities exist
- Current understanding of Illinois hospital discharge data indicates that Non-Hispanic Blacks are over twice as likely as to visit the ED for non-traumatic dental conditions. Thus, IUDCC will focus HTC funding on the affected population
- Designing and adapting the intervention to meet the needs of the specific groups more affected by the problem

- Educating those who have the experience, connections, and cultural-specific knowledge with the necessary tools to educate and serve communities who are more affected by this problem
- Continually adjusting project strategies and maintaining quality assurance to ensure disparities are reduced and not reinforced

In an effort to advance internal racial equity efforts, Heartland Alliance (HA) established the Anti-Racism Response Council (ARC). The ARC is comprised of cross-company leaders of color with subject matter expertise in anti-racism, diversity, racial equity, inclusion and social justice, and will be utilized as a direct source to combat racism and health inequities. Similarly, IDPH's Health Equity Council (HEC) exists to inform and challenge agency staff to formulate culturally appropriate, unbiased programming that directly addresses injustices and inequities faced by many residents of our state. The mission of the HEC is "to support a work culture within IDPH that promotes health equity and works to eliminate health disparities through increased coordination with leadership, programs, and strategic partnerships[6]." DOH's Division Chief who is part of the IUDCC leadership team maintains membership on IDPH's HEC.

Racial Equity Impact Assessment Questions

1. Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

The Illinois Urgent Dental Care Collaborative (IUDCC) is targeting the areas in Illinois with the greatest need for a dental health emergency intervention. According to the University of Illinois (UIC) 2021 Transformation Data & Community Needs Report, "East St. Louis, South Cook, South Chicago, and West Chicago are particularly burdened by ED visits and inpatient hospitalizations for avoidable ACSCs (Citation 3 p.88)." Racial groups in these areas are predominantly Hispanic/Latinx and Non-Hispanic Black, and are located in the Illinois communities of East St. Louis and West Chicago. In addition to reaching urban areas, rural communities also are affected by lack of affordable and timely access to dental can, will be encompassed and benefit from this program proposal.

2. Have stakeholders from different racial/ethnic groups — especially those most adversely affected or from vulnerable communities — been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?

In addition to receiving support from local and state elected officials representing both East St. Louis and West Chicago, IUDCC sought out input from stakeholders who are directly impacted by oral health inequities caused by systemic health inequities and institutional racism. In the 2021 Transformation Data & Community Needs Report, stakeholders from East St. Louis and

West Chicago were interviewed to better understand the health needs of community members in areas experiencing disproportionate rates of chronic disease and illnesses and behavioral health conditions.

Stakeholder interviews were held in English, except for West Chicago where 10 of 15 sessions were conducted in Spanish. To best accommodate Spanish speaking stakeholders, materials were translated and sessions were facilitated in Spanish[7] (127). Data from each IUDCC targeted region was reviewed individually to inform project development. In East St. Louis 69 stakeholders participated in a session of which 87% were Black and the remaining 13% were White. In West Chicago, 60 stakeholders participated in sessions, of which 70% were Latinx and 28% were Black; demographic information consistent with general racial makeup of community members who reside in these area and of those who access ED care for oral health emergencies[3] (124).

The feedback provided during stakeholder sessions is imperative to developing effective community-centered models that take into consideration needs identified by community members and validates those needs by targeting top health conditions of concern. Each top health condition identified by utilization data and community input directly relates to oral health care. Stakeholders from East St. Louis identified diet-related diseases (hypertension, heart disease, diabetes and obesity), substance use disorders, and cancer are the top health conditions of concern in the area. The same is true among West Chicago community members, who report diabetes, mental illness, and hypertension as the top health areas of concern.

The biopsychosocial needs in each IUDCC targeted area can be directly impacted by good oral health practices and preventive services. Dietary habits that contribute to health conditions of concern can also cause oral health issues due to diets high in sugar and poor dental hygiene habits. Substance use and mental illness can also directly impact a person's oral health. Substance use conditions related to oral health include[8]:

- Damaged gum tissues (causing inflammation and gum disease)
- Tartar build-up and untreated tooth decay
- Bad breath, staining of teeth, tongue, and gums
- Tooth loss and limited saliva production
- Increased grinding of teeth
- Increased sugar sweet beverage consumption
- Increase poor oral health and hygiene practices

It is also important to note the data utilization findings conducted by the UIC School of Public Health that identified the top health reasons why patients enter the ED for services:

- Utilization Data East St. Louis Top Health Conditions[7] (127)

- Mental illness (primarily bipolar, depression, and schizophrenia)
- Substance use disorders
- Hypertension

- Utilization Data West Chicago Top Health Conditions[3] (124)
  - Mental illness (primarily bipolar, depression, and schizophrenia)
  - Heart disease
  - Respiratory illnesses; i.e. acute asthma and chronic obstructive pulmonary disease (COPD)

Similar to the way oral health impacts overall health, a person's mental health impacts the ability to maintain good dental hygiene, and utilization data presents a concerning need for mental health services. When living with chronic mental health conditions, especially severe mental illness (schizophrenia , schizoaffective, bipolar, and major depression) daily health and wellness habits can decline if the appropriate supports are not available. Conditions like chronic depression and anxiety (which are also symptoms of severe mental health conditions) impact and are impacted by oral health conditions. When living with depression and anxiety, patients may experience barriers and challenges to practicing daily hygiene. "The link between poor dental hygiene and mental health can be a vicious cycle with persistent pain and inflammation in the mouth leading to further anxiety, depression and poor self-esteem. Twice daily brushing with fluoride toothpaste combined with reduced sugar intake is the best way to a healthy mouth and enables people to eat, speak and socialize without pain, discomfort or embarrassment[8]. However, the poor diet and irregular routines of those people experiencing severe depression or substance abuse can result in them missing the warning signs of cavities forming and so lead to developing further illness and infection[9]."

"Dental diseases can lead to those with severe mental illness being almost 3 times more likely to lose all their teeth[10]. Some of the most common mental illnesses can have a negative impact on a person's oral health with depression or affective disorders causing general neglect, damaged gums through over-vigorous brushing or attrition of the teeth caused by excessive grinding. The early signs of eating disorders are often first spotted by dentists as damage is caused to the tooth enamel through purging. In these cases, regular cleaning is important to maintain the uncompromised teeth and gums and fluoride treatments can help with the remineralisation of the tooth enamel[11]."

During its first program year, IUDCC will recruit community stakeholders from different racial backgrounds from each region and convene quarterly to discuss progress and provide quality assurance. Both project locations will leverage the experience of OHF of HAH to gather the perspective and lived experience of the individuals it serves in various ways. HAH's Consumer Advisory Board (CAB) makes thoughtful recommendations on program development and allows community members to collaborate towards a common goal. IUDCC will consult HAH's CAB

on distributing patient feedback surveys to assess current participant satisfaction, which can include questions about providers, transportation, clarity about patient-provider expectations, ease in scheduling appointments, and self-reported health improvements. These surveys will be used to assess participant needs, identify gaps in programming, develop creative solutions to meet needs, and compare satisfaction between programs and by geographic area to identify areas for improvement. Feedback from these surveys will be solicited throughout the duration of the project period for continuous quality assurance.

SIU SDM, with its own internal emergency department, intends to survey the patients who present with non-traumatic dental conditions (NTDC) to gain insight into the history of their experience managing their dental pain, whether or not they have utilized hospital ED services for dental pain, and whether or not those emergent needs were met. Survey responses will be useful in guiding the continued implementation of the IUDCC project so that its resources are effectively targeting the most relevant needs of the community.

3. Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

Historically, people of color have been disproportionately impacted by health and social inequalities that have a direct impact on overall health and wellbeing. Antiquated Medicaid practices and low reimbursement rates have created an imbalance among communities with the availability of dental providers located more commonly in areas with lower rates of Medicaid recipients. In addition, because of significant changes in services covered in Medicaid, there is now misinformation circling that is promulgated and needs addressed. Many care navigators and case managers are unaware that over the last several years, incremental improvements in Medicaid covered services have occurred. The ongoing challenge is to find a Medicaid enrolled provider who is accepting adult patients.

Black and brown communities face the greatest disadvantages to equitable health care. Black communities are historically underserved as a result of centuries of racist policies and practices that deny equitable health, education, and economic supports. In East St. Louis, 96.2%[12] of community members are Black, compared to the statewide rate of 13.9%[13] in Illinois, and the rate at which urgent dental care services occur in EDs is highest among younger to middle-age, Black males (Citation 3 p88). According to 2019 syndromic data surveying of IUDCC safety-net hospitals, Touchette Regional Hospital saw 593 oral health ED visits of which 91% were Black patients.

Illinois Department of Public Health Department of Oral Health
Syndromic Data Pull June 21, 2021 Emergency Department Oral Health Encounters
Illinois Urgent Dental Care Collaborative

Tartgeted Area Safetynet Hospital	Hospital City	Hospital Zip	Based Area	Age <18	Age 18-64	Age >65	Hispanic	NHWhite	NHBlack	OthrUnkn
Touchette Regional Hospital	Centreville	62207	EStl	51	521	21	*	44	542	*
AMITA Health Saints Mary & Elizabeth Medical Center	Chciago	60622	WChi	82	429	43	297	69	150	38

Immigrant community members face challenges to accessing care because of the stigma, language barrier, misinformation and punitive Public Charge policy surrounding enrolling in and using public benefits. In the West Chicago zip code 60622 where project partner Saints Mary and Elizabeth Hospital is located, nearly 36.2% of people are non-White; of which 22.8% are Latinx. This is higher than the state of Illinois rate of 17.5 percent (www.chicagohealthatlas.org). According to 2019 syndromic data tracking of oral health ED encounter rates at IUDCC safety-net hospitals, Saints Mary and Elizabeth saw 554 oral health ED visits (year) of which 54% were Latinx and 27% were Black; totaling 81% of oral health ED encounters being with persons of color.

4. What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

Economic disparities continue to disproportionately impact communities of color which will have a challenging impact on IUDCC efforts to support patients with reaching their oral health goals. Low-income households that rely on public health benefits for dental care currently have extremely limited options for dental homes due to the low rate of providers in Illinois who accept Medicaid patients. Currently, the poverty rate in East St. Louis is 33.4%[12] and 21% in the West Chicago zip code of 60622[14]; compared to the Illinois rate of 12.5%[13] and the U.S. rate of 11.4[16] percent. According to the Urban Institute, although the projected 2021 poverty rate in the U.S. is expected to decrease overall to 7.7% and 2021 poverty rates are projected to be higher at 9.2% for non-Hispanic Black people, 11.8% for Hispanic people, and 10.8% for non-Hispanic Asian American and Pacific Islanders, than for non-Hispanic White people at 5.8 percent[17].

The disproportionate rates of available Medicaid enrolled providers in the East St. Louis and West Chicago communities significantly contributes to the health inequities experienced by community members who are predominantly Black and Latinx. This racial disparity is further complicated by limited access to care due to the need for Medicaid providers. With the expansion of public health benefits made possible by the Affordable Care Act (ACA), "974,572 Illinois residents have gained health coverage," of which 703,749 were newly eligible

Medicaid enrollees. And although the uninsured rate for Illinoisans fell from 12.7% in 2013 (before the ACA) to 7.4% in 2019[18], there remains a significant shortage in availability of providers who accept Medicaid recipients. Oral health ED encounter rates at Touchette Area Hospital in East St. Louis showed that 69% of patients were Medicaid recipients and 16% were uninsured, and in West Chicago at Saints Mary and Elizabeth 57% of patients were Medicaid recipients and 13% were uninsured. However, there remains a drastic disparity in the location of Medicaid dental providers in these two areas with high rates of Medicaid and uninsured patients.

Illinois Department of Public Health Department of Oral Health
Syndromic Data Pull June 21, 2021 Emergency Department Oral Health Encounters
Illinosis Urgent Dental Care Collaborative

Tartgeted Area Safetynet Hospital	Hospital City	Medicare	Medicaid	Insurance	UnInsured	Cases
Touchette Regional Hospital	Centreville	49	412	35	97	593
AMITA Health Saints Mary & Elizabeth Medical Center	Chciago	68	313	101	72	554

According to the Illinois State Dental Society Foundation's "Find a Clinic" and "Find a Dentist" resources, it was discovered that in ESL there are currently 84 general practice dental providers located within 30 miles of the city and only 1 provider accepts Medicaid patients. Additionally in West Chicago community zip code 60622, there are currently 54 general practice dental providers within 2 miles of the community and only 4 accept Medicaid. This drastically low-rate of Medicaid providers creates an imbalanced health system which overloads existing Medicaid providers and reduces the availability of treatment services for these community members.

In addition to a severe shortage of Medicaid dental providers, IUDCC targeted communities facing challenges with making appointments and completing treatment. SDOHs such as low-income levels, limited transportation, insurance status, immigration status, limited available hours, and the need for bilingual providers create challenges for families attempting to navigate the system.

5. What does the proposal seek to accomplish? Will it reduce disparities or discrimination?

This proposal seeks to reduce hospital ED visits for non-traumatic dental conditions by intervening with trained Clinical Health and Community Care Coordinators that will connect patients to health and human resources, and increase provider networks around the two hospitals. After the urgent dental issue has resolved, IUDCC coordinators will provide oral health education and case management support to improve at-home oral health and dental hygiene habits, and establish dental homes for patients; improving long-term health outcomes thus decreasing repeat use of ED for dental care.

Improvements in the Illinois Medicaid dental program that occurred in the last several years have not filtered down to covered members, case managers, and others who professionally interact with Medicaid members. Thus, education on current scope of benefits, timely and appropriate use of benefits and member responsibility (keeping reserved health care appointments) need to be communicated and understood by covered members. It is partially through timely use in the correct health setting of healthcare services that will impact inequities.

By targeting Touchette Regional and Saints Mary and Elizabeth hospitals, the project will directly address reducing disparities and discrimination practices currently established and imbedded into the health care systems in communities with large minority populations. The project will assist patients with applying for public health benefits and other social supports, and will help coordinate access to care for patients, as needed. Patients with existing health benefits will receive support on how to navigate the system and complete treatment as recommended by the ED personnel.

6. What are negative or unforeseen consequences and positive impacts/opportunities for equity as a result of this proposal? Which racial/ethnic groups could be harmed or could benefit? How could adverse impacts be prevented/minimized and equitable opportunities be maximized?

Despite networks collaborating to coordinate services in areas where community members experience greater barriers to accessing dental care, IUDCC recognizes a person's right to self-determination and acknowledges the possibility of patients not following through with referrals received after an ED visit. Behavioral changes are unique for each individual and how improvements are made is dependent on the patient's willingness to change, fear, as well as persistence and patience among community providers.

As a result of this funding this proposal, IUDCC will create positive impacts and opportunities for equity. Black and Latinx groups will benefit from the IUDCC community-centered program model that provides unique services to each community based on the identified needs. By implementing community-based care coordination services in dental and medical settings, IUDCC is positioned to change the conversation on the need for dental care and integrated oral health services in primary and behavioral health care settings. Improving oral health requires daily preventive care and routine visits to a dental provider for cleanings and to check for any signs of infection or cavities. These are good behavioral health habits that can be challenging to adopt once in adulthood. To address this barrier, the IUDCC model relies on communication best practices Motivational Interviewing, Trauma-Informed Care, and Harm Reduction to provide person-centered case management that works with patients, meeting them where they are in their decision to make changes and improve their oral, physical, and behavioral health. Clinical health

and community care coordinators will explore with patients any previous experience or fears that may be associated with not accessing dental care or treatment; using trauma-informed language and non-judgmental care. Coordinators will help patients with identifying oral health goals that are realistic and attainable, and will work with patience as patients go through their personal journey of addressing and improving their health and wellness needs.

The IUDCC project model is dedicated to the long-term outcome of reducing the amount of patients who present at EDs for oral health care by uplifting communities with supports that promote preventive dental hygiene habits and regular oral health maintenance by establishing a dental home for regular screenings and treatment, as needed. Providing community-based outreach services that are relatable and free from judgement, patients who were previously likely to fall between gaps of this fragmented health system after seeking emergency dental care will now be more likely to complete treatment and improve dental hygiene habits. IUDCC will promote project services between network partners, disseminate findings, and identify opportunities for continued project improvement and quality assurance. Furthermore, IUDCC's pilot in East St. Louis and West Chicago will set precedent for future oral health community interventions that can be replicated and established in other parts of the state of Illinois despite geographic location, level of need, available services, and provider shortages.

Maximizing Opportunities

Improved Workforce

- Improved SDOH and clinical health care networks
- Innovative oral health workforce models; integrating community health worker, case management, care coordinator roles into clinical dental positions
- Knowledge increase among ED staff on the management and referral of non-traumatic dental emergencies
- Focus on patient-centered care
- Resourcing the impacted population

Improved Community Health

- Providing other community-based organizations and services to dental resources for their patients by being a part of the IRIS networks
- Improve access to equitable health care in communities of color

7. Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

In order to create effective and long-lasting change that reduces racial disparities and advances racial equity, it is imperative to have direct and transparent communication about the challenges and disparities experienced by populations of color and understanding of how the disparities

evolved over time. It must be conveyed clearly "that racism causes more and different problems than poverty, low-resourced neighborhoods or challenged educational systems do and that fixing those things is not enough. They are interrelated… [and] study after study, as well as so many people's lived experiences, show that even after adjusting for socio-economic factors, racial inequity persists[19]."

IUDCC project efforts will involve deliberate and concerted language that will effectively change the conversation around racial inequities and integrate best-practices for improving communication across health systems; medical, dental, and behavioral. Leveraging practices of *The Language Reframing Project*[20], IUDCC will (1) raise awareness of language and labeling and its negative implications; and (2) reframe language and labeling in discourse and in reference to people of color and other marginalized populations. This will include developing marketing materials and disseminating information on social media. Project evidence details how once an agency or project changes its communications to align with the mission of reframing language, contributing members (staff, partners, etc.) report "pushing forward the language reframing initiative" by integrating racial equity values in the workplace and within their overall worldview.

Additionally, it is imperative to increase the number of dental Medicaid providers in Illinois to provide services in disadvantaged communities (who are predominantly communities of color) and recruit community facing project staff that represents the population of focus. This change in the availability of dental providers and community services will create equal access to care despite income level, immigration status, insurance status, and geographic locations. As part of its project initiatives, IUDCC will thoroughly track and analyze data that will show the need for Medicaid provider services, and will share and support innovations such as Illinois' State Loan Repayment Programs that the case increasing reimbursement rates to encourage providers to work in high need locations; balancing the disproportionate need for Medicaid dental providers. IUDCC will copy successful models such as the one used for the housing model that provides emergency service providers and educators with vouchers working and living in areas with high need; ensuring providers are adequately compensated for their time and service.

8. Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement? Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

The IUDCC model is data driven and replicated from existing successful models with the same intended outcomes of improving oral health care and access to and utilization of services. Working with partners already doing the work, IUDCC will create and connect a service provider network on behalf of patients that with the support of IUDCC clinical and care coordinators will help guide patients as they navigate the health system and adopt good oral

health habits. Project partner OHF is well versed in tracking and analyzing community dental services; serving anywhere from 3,000-5,000 households annually with oral health case management outreach, and reaching as many as 25,000 community members with oral health education resources and dental hygiene supplies. IUDCC will leverage OHF's extensive experience in designing and implementing data tracking models that show the need for and impact of services. Project partner IDPH DOH will use its position to disseminate findings and advocate for the adoption of similar models and address the needs of medically disadvantaged communities. IDPH DOH will also conduct syndromic data surveillance for near-real time monitoring that will position IUDCC to quantify the scope of the problem, examine trends, and identify interventions with dental insurance providers. Syndromic surveillance data will be used for early detection and regular monitoring ED oral health encounters and will be a source of existing health data that will allow for real-time analysis, optimized project effectiveness, and enhanced collaboration within this project collaborators: oral health care providers, community-based organizations, and public health agencies. Additionally, inclusion of IDPH DOH as a lead partner in the project will facilitate the sustainability of implemented strategies in the future and duplication of efforts in other parts of the state.

9. What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

Success indicators include reduction in NTDC presentations to the ED of both safety-net hospitals and completed referrals for treatment of the NTDC. Additional impacts would include establishment of comprehensive treatment plans and respective number of follow-up visits within the established dental home. Assessing the diversity and quality of ongoing stakeholder engagement is best determined by routinely completed survey data of the critical links in the chain: the hospital ED, the patient, and the referral recipients.

Service Area of the Proposed Intervention

East St. Louis Community (zip codes 62001, 62002, 62003, 62004, 62005, 62006, 62007)

West Side Chicago Community (zip codes 60622, 60639, 60647, 60651, 60642, 60610, 60618, 60624, 60607)

Community Input

1. Describe the process you have followed to seek input from your community and what community needs it highlighted.

During the development of the project application, community input was sought from those who are directly impacted by the proposed IUDCC initiatives. Letters of Support were drafted and sent to public officials in both IUDCC targeted areas and were well received. Contacted in both IUDCC targeted areas were Illinois state representatives and senators who offered their support of the project, and local leaders from each area were contacted and offered support; Mayor Robert Eastern III of East St. Louis and Chicago 1st Ward Alderman Daniel La Spata.

IUDCC also leveraged outcomes of an OHF community health worker training that was developed in partnership with IDPH DOH. Designed to inform community health workers throughout Illinois on how to help their patients access oral health care and support the practice of good dental hygiene habits. This training focused on the basics of preventive oral health care for adults, pregnant women, older adults, and other special populations. Training includes what to expect working with patients who are active substance users or living with a diagnosed mental health condition, and how to empathetically and effectively communicate with patients on improving oral health and overall wellness. Training participants stated that the content was "well presented and good information," and that this "will help clients learn the value and importance of oral health."

Throughout the duration of the project, IUDCC will pursue community input to continuously inform program service delivery and maintain quality assurance; including making course adjustments and improvements, as needed. During Year 1 the project leadership team will distribute IRB approved stakeholder surveys that will gather input at both ED sites. Preliminary survey questions will include: 1) Who referred you to the ED for this dental problem? 2) Have you used the ED before for this exact dental problem? 3) Have you used the ED for another dental problem? 4) If yes, was it resolved? Answers to this brief questionnaire will assist in outreach efforts to community members and professionals who may be referring people to ED for dental services instead of outpatient dental clinics. It will also inform the project teams on other interventions and project modifications that need to be made that smooths the way for definitive care.

OFFICE OF THE MAYOR
ROBERT EASTERN III

301 River Park Drive • East St. Louis, Illinois 62201 • (618) 482-6600

Kathryn Kosten, DMD, FACD
Director of Community Dentistry
Southern Illinois University | School of Dental Medicine
2800 College Ave | Alton, IL 62002

September 10, 2021

I am honored to offer my support for Southern Illinois University School of Dental Medicine's (SIU SDM's) application for funding to the Illinois Department of Healthcare and Family services "Healthcare Transformation Collaboratives." The "Illinois Urgent Dental Care Collaborative" project will address immediate healthcare needs and inequities in the East St. Louis and surrounding distressed communities by integrating interventions that prevent and reduce the impact of oral disease and connect individuals to regular healthcare services.

Partnering with the Oral Health Forum, a program housed in Heartland Alliance Health, and the Illinois Department of Public Health's Division of Oral Health, this project will collaborate with two hub hospital emergency departments located in community areas with the highest dental care needs perpetuated by social determinants of health and racial inequities. The collaborative network developed by this project will address current urgent oral healthcare needs among community members, promote strong person-centered health behaviors, and connect patients in need to on-going social supports to attain and maintain better health.

One of the two hub hospitals is Touchette Regional Hospital, which is located adjacent to our East St. Louis community. The hospital will work in close collaboration with SIU SDM addressing the oral health and social needs of community members coming into the emergency department due to preventable dental conditions.

The project plan includes community input processes for area leaders and community members to express the needs of the targeted communities where this project is placed. The project will utilize community health workers and other local oral health workforce members to engage hard-to-reach community members with oral health information. Also, engage with dental providers who can provide clinical treatment services, and work in populations of Illinois that are underserved in. Additionally, this project will complement existing oral health promotion programs and enhance services for people living with disabilities in anticipation of reducing health disparities for this target group.

We are committed to working closely with all project partners to ensure that it meets our community's needs. This project will strengthen the collaboration between Touchette Regional Hospital and SIU SDM – reaching people with urgent dental care needs and connecting them to outpatient clinical services supporting the establishment of a dental home.

Sincerely,

Robert Eastern III
Mayor

Daniel La Spata

ALDERMAN, 1ST WARD
1958 N. MILWAUKEE AVE.
CHICAGO, ILLINOIS 60647

PHONE: 872-206-2685
E-MAIL: info@the1stward.com

CITY OF CHICAGO
CITY COUNCIL

CITY HALL
2ND FLOOR - OFFICE #13
121 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60602

Committees

Committees and Rules
Contract Oversight and Equity
Environment Protection and Energy
Housing and Real Estate
Pedestrian and Traffic Safety
Special Events, Cultural Affairs and Recreation

September 15, 2021

Kathryn Kosten, DMD, FACD
Director of Community Dentistry
Southern Illinois University | School of Dental Medicine
2800 College Ave | Alton, IL 62002

From the Office of Chicago 1st Ward Alderman Daniel La Spata,

It is my pleasure to announce our support for Southern Illinois University (SIU), School of Dental Medicine's application for funding to the Illinois Department of Healthcare and Family services "Healthcare Transformation Collaborative." The "Illinois Urgent Dental Care Collaborative" project will address immediate healthcare needs and inequities in distressed communities by integrating interventions that prevent and reduce the impact of oral disease and connect individuals to regular healthcare services.

Partnering with the Oral Health Forum, a program housed in Heartland Alliance Health, and the Illinois Department of Public Health's Division of Oral Health, this project will collaborate with two hub hospital emergency departments (north and south Illinois) located in community areas with the highest dental care needs perpetuated by social determinants of health and racial inequities. The collaborative network developed by this project will address current urgent oral healthcare needs among community members, promote strong person-centered health behaviors, and connect patients in need to on-going social supports to attain and maintain better health.

The north hub hospital is Saints Mary and Elizabeth Medical Center located in Chicago's 1st Ward. The hospital will work in close collaboration with the Oral Health Forum (OHF) addressing the oral health and social needs of community members coming into the emergency department due to preventable dental conditions. From my own history with oral health, I know how challenging it can be to access dental and oral healthcare that is financially and geographically accessible. This is a partnership that will lead to better health and less long-term pain for so many working class Chicagoans.

The project plan includes community input processes for area leaders and community members to express the needs of the targeted communities where this project is placed. The project will utilize community health workers and other local oral health workforce members to engage with hard to reach community members with oral health information, engage with dental providers who can provide clinical treatment services, and work in populations of Illinois that remain underserved for oral health care. Additionally, this project will complement existing oral health promotion programs and enhance services for people living with disabilities in anticipation of reducing health disparities for this target group.

We strongly support the SIU School of Dental Medicine's application. We are committed to working closely with all project partners to ensure that it meets our community's needs. This project will strengthen the collaboration between Saints Mary and Elizabeth Medical Center with OHF – reaching people with urgent dental care needs and connecting them to outpatient clinical services supporting the establishment of a dental home.

Please don't hesitate to contact Daniel Castañeda from my office at danielcastaneda@the1stward.com or (773) 904-8958 should you have any questions or need additional information.

Sincerely,

Daniel F. La Spata

City of Chicago, 1st Ward Alderman

District Office
4053 W. Armitage Ave
Chicago, IL 60639
(773) 799-8219

Springfield Office
200-5S Stratton Building
Springfield, IL 62706
(217) 782-0150

Delia C. Ramirez
4th District State Representative

Kathryn Kosten, DMD, FACD
Director of Community Dentistry
Southern Illinois University | School of Dental Medicine
2800 College Ave | Alton, IL 62002

October 13, 2021

From the Office of State Representative Delia C. Ramirez,

It is my pleasure to affirm our support for Southern Illinois University (SIU), School of Dental Medicine's application for funding to the Illinois Department of Healthcare and Family services "Healthcare Transformation Collaborative." The "Illinois Urgent Dental Care Collaborative" project will address immediate healthcare needs and inequities in distressed communities by integrating interventions that prevent and reduce the impact of oral disease and connect individuals to regular healthcare services.

Partnering with the Oral Health Forum, a program housed in Heartland Alliance Health, and the Illinois Department of Public Health's Division of Oral Health, this project will collaborate with two hub hospital emergency departments (north and south Illinois) located in community areas with the highest dental care needs perpetuated by social determinants of health and racial inequities. The collaborative network developed by this project will address current urgent oral healthcare needs among community members, promote strong person-centered health behaviors, and connect patients in need to on-going social supports to attain and maintain better health.

The north hub hospital is Saints Mary and Elizabeth Medical Center located in Chicago's 1st Ward. The hospital will work in close collaboration with the Oral Health Forum (OHF) addressing the oral health and social needs of community members coming into the emergency department due to preventable dental conditions.

The project plan includes community input processes for area leaders and community members to express the needs of the targeted communities where this project is placed. The project will utilize community health workers and other local oral health workforce members to engage with hard to reach community members with oral health information, engage with dental providers who can provide clinical treatment services, and work in populations of Illinois that remain underserved for oral health care. Additionally, this project will complement existing oral health promotion programs and enhance services for people living with disabilities in anticipation of reducing health disparities for this target group.

We strongly support the SIU School of Dental Medicine's application. We are committed to working closely with all project partners to ensure that it meets our community's needs. This project will strengthen the collaboration between Saints Mary and Elizabeth Medical Center with OHF – reaching

people with urgent dental care needs and connecting them to outpatient clinical services supporting the establishment of a dental home.

Sincerely,

Delia C. Ramirez
4th District State Representative

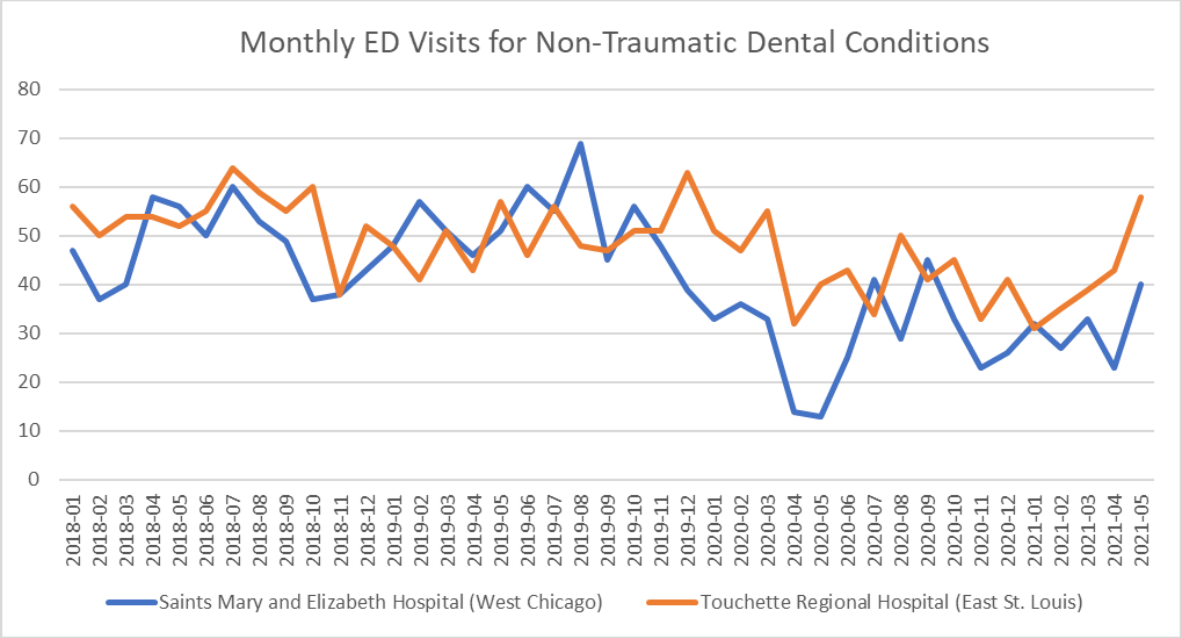
Data Support

1. Describe the data used to design your proposal and the methodology of collection.

As noted in the HFS' 2021 Transformation Reports, ED visit and hospitalization for Medicaid Enrollees are by far the greatest for dental conditions that are better treated in the traditional community dental clinic setting . According to these HFS reports, "West Chicago, South Chicago, South Cook, and East St. Louis are particularly burdened by ED visits and inpatient hospitalizations for avoidable ACSCs." This research coupled with IDPH Syndromic Surveillance data was reviewed and informed the development of this proposal[3] (88).

Centers for Disease Control and Prevention's National Syndromic Surveillance Program provides a near real-time source of data for "detecting, understanding and monitoring health events[21]." This source of data was used by IUDCC in quantifying the scope of the problem of shortages of routine dental care resulting in Illinoisans seeking dental care in EDs. Project team used the ASTDD document Methods in Assessing NTDCs in EDs and selected relevant ICD-10 codes for monitoring dental conditions that are non-traumatic and better treated in an outpatient dental setting. This data showed that for 2018 and 2019 calendar years, Saints Mary and Elizabeth and Touchette EDs experienced 48 and 51 average monthly visits respectively for NTDC. During the COVID-19 emergency that began in March of 2020, data from the two safety-net hospitals indicate that although ED visits decreased sharply, there were still a significant number of monthly ED visits for non-traumatic dental concerns. As recently as April of 2021, the data are beginning to show a sharp increase in NTDC ED visits with lower SARS-CoV-2 infections.

IUDCC leveraged syndromic surveillance data pulled by IDPH DOH to determine which safety-net hospitals in the targeted regions had the highest rates of oral health ED encounters. Hospitals Saints Mary & Elizabeth (West Chicago) and Touchette Regional (East St. Louis) were contacted by IUDCC leadership to partner with the project and decrease the rate at which adults utilize EDs for oral health care. Data during a 41-month period (January, 2018 through May 2021) showed that on average each hospital ED saw 42 patients a month that presented with oral health needs.



The economic health care burden of preventable dental-related ED visits is significant in Illinois, and an increase in the numbers of patients seeking care for urgent dental issues in hospital EDs indicates that these patients have limited resources and other barriers to obtaining routine dental care in their communities. Reported reasons for adults who stated that they do not intend to visit the dentist in the next 12 months were cost, not needing dental care, not being able to easily travel to a dentist, lack of time to get to a dentist, and anxiety over visiting the dentist. While some severe oral injuries or conditions can necessitate a visit to an ED, many dental-related emergency visits in Illinois and across the nation are potentially avoidable and are costly to the health care system. Dental care in the ED generally costs about 10 times as much as care provided in a dentist's office and usually does not solve the cause of the problem. The UIC College of Dentistry reports "preventive dental care practices-- including early and routine treatment at the dentist, combined with good home care (brushing and flossing)-- can save families money… [and] can be greatest for low-income families because they have less disposable income, and more preventable oral disease. Studies have shown that for every dollar spent on preventive dental care - $8 to $50 can be saved in restorative and emergency treatments – and potentially more in additional types of medical treatment[22]."

Syndromic Surveillance data that describe ED use for non-traumatic dental concerns will be used for regular needs assessment for optimal project planning, quality assurance, and course corrections to meet the changing needs of the people who use the ED for dental care. Thus IUDCC will conduct routine monitoring using Syndromic Surveillance data as well as ED surveys that will allow the project team and stakeholders to understand and quantify how ED medical services are used. This activity will also assist in evaluating project impact on NTDC

patient visits to Touchette Area and Saints Mary and Elizabeth's Hospital emergency departments.

Health Equity and Outcomes

1. Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.

Good oral health supports life-long health and achievements in education, employment, and social relationships. Unfortunately, tooth decay or dental caries (cavities) and periodontal disease are bacterially mediated processes that infect many children, most adults, and the elderly. Health status has a bi-directional and complex relationship with many of the identified social determinants. These will be addressed by IUDCC in addition to navigating to affordable, accessible treatment services for oral and other health care conditions.

When employment status is improved by adding insurance benefits and time off for health care visits, health is impacted. When health is improved, a person's employment status can stabilize and even advance. Thus, to improve oral and overall health, advocates need to work to decrease high school dropout rates, improve food security, expand associate degree programs, and establish career ladders, in addition to providing affordable, accessible treatment services for oral and other health care conditions. Thus, health care efforts that increase the chance of securing employment opportunities is crucial to healthier Illinoisans. Other important concepts in the IUDCC proposal are education and training. Education and training can help community members obtain well-paying jobs with usable benefits, and also understanding of their dental benefits in Medicaid insurance plans thereby using them in ways that better self-care and health while controlling costs through timely use of healthcare services.

Illinois is fortunate to invest what it can to better the oral health of under-resourced adults. The Illinois Medicaid program covers dental services for children and youth under age 21, and importantly, adults. However, of the approximately 8,800 Illinois licensed dentists, a total of 2,240 (25%) submitted at least one encounter claim in 2019 for Medicaid reimbursable services. When the Medicaid participation rate is stratified by numbers of encounters, only 20% of dentists provided 50 or more encounter claims in 2019. That is, approximately 4 of 5 dentists across Illinois do not accept Medicaid as a form of payment for services and the few who do, usually have long waiting lists. Calendar year utilization data from Illinois Healthcare and Family Services report that only 22.9% of adults 21-64 years received even one dental service in 2019 (data sourced from IDPH DOH).

IUDCC will also focus its efforts on improving health literacy of Medicaid members and providers, and other sectors of the healthcare system that will maximize the use of Medicaid

benefits for each individual. Benefits and services provided by Medicaid are vastly unknown by patients who are uninformed on what Illinois Medicaid covers for dental and how to navigate to care. IUDCC will work with MCO care coordinators and arrange for needed transportation for health care visits and other benefits that help remove barriers to accessing care and improve overall health and wellness.

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

To create a healthier community and ultimately, a healthier state, we need to bring together emergency room healthcare and community partners to pilot a community resource and navigation platform – a system to make it easier for providers, insurers and community-based care providers to connect people with the resources and timely care they need to solve their urgent care problem and be healthy. The platform is envisioned to be person-centered, consisting of a referral platform for Medicaid providers, social workers, care coordinators, and others to connect directly to resources in their communities and track connections and outcomes. A networked platform supported by a community lead is primarily for healthcare providers to make referrals to timely care services.

It is known that early detection of tooth decay and access to corrective treatment services prevent abscess and pain and is crucial to keeping people out of hospital EDs. In addition, project leadership experience indicates that many in the public health system, some of whom assist with health care navigation, have a limited understanding of Illinois' Medicaid program that facilitates dental services, transportation, and other supports to carry out needed health care visits. Understanding these challenges to good oral health care, IUDCC will leverage additional experience with training community health workers, care coordinators, and dental health professionals and providers on Medicaid benefits and how to help patients navigate the system.

Beginning January 1, 2022, the Illinois Medicaid program will experience an infusion of 10 million dollars that will increase reimbursement rates for key dental procedures such as fillings and tooth extraction. Increases in corrective treatment through these dental procedures, in an outpatient dental setting have the potential to decrease visits to EDs for pain related dental concern. Therefore, key policy priorities and strategies of IUDCC will be to:

1) Work with Illinois MCOs and Fee for service Medicaid program to further develop and support the dental provider network

2) Inform and educate the state's care coordinators, medical case managers, health navigators and community health workers on timely referrals for NTDC to corrective

dental care sources and not to emergency rooms of Saints Mary and Elizabeth and Touchette Hospitals, and

3) Provide workforce mentoring and outreach directed to address racial, ethnic, and geographic underrepresented minorities at all levels of the oral health workforce – community health worker, dental assistant, dental hygienist, dentist, and specialist providers.

3. Why will the activities you propose lead to the impact you intend to have?

IUDCC activities are designed to identify and utilize existing resources to create a community care network that helps medical, dental, and social service providers with communicating on behalf of patients attempting to improve their oral health habits and outcomes. Most oral diseases are highly preventable, and by practicing regular dental hygiene habits and seeing a dentist at least once a year, patients can avoid ED encounters for oral health conditions. This person-centered model provides patients with individualized care coordination services that work within the realm of a patient's goals and ability to implement personal change.

Access to Care

1. Name the specific obstacles or barriers to healthcare access you are targeting in your service area. Describe the causes of these obstacles that your project specifically seeks to address and explain why you have chosen to address these causes.

Every year, more than 15,000 people present to Illinois hospital EDs seeking dental treatment (sourced from IDPH DOH). EDs are rarely equipped or qualified to treat dental emergencies, and most patients leave with a prescription for antibiotics, pain medication, and instructions to "see a dentist." Many of these patients have difficulty accessing a dentist, or worse, are not even aware if and where these dental providers can be found. Thus, millions of dollars are spent for utilization of emergency services in Illinois hospitals that provide little to no solution to the problems that led people there in the first place. And often, patients will present to the emergency room over and over again for the same problem that was never solved, only treating the pain and infection instead of the actual cause.

IUDCC seeks to close the gap between EDs and oral health care services by partnering with two safety net hospitals in the regions of Illinois with the highest rates of oral health ED encounters; positioning the collaborative with a unique opportunity to collect data and track outcomes. By gathering information from patients regarding barriers to accessing care, this project will identify SDOHs to target and remove barriers by connecting patients with care and resources. Follow-up for ED patients with dental care needs will be met with definitive treatment and connected to a

reliable out-patient source of on-going dental care that includes health promotion, prevention, and timely access to health care services.

This project recognizes additional obstacles to project implementation, including:

- lack of specialty services, particularly oral surgeons who participate in Medicaid, have sliding scale or other affordable payment options, offer bilingual services, and are local or in close proximity to patients
- poor coordination and facilitation of care between ED providers and dental providers who can provide resolution to the emergent dental problem
- lack of education in the community about the importance of good oral health habits and establishing a dental home
- socioeconomic disparities that creates a disproportionate availability of providers and services due to low reimbursement rates for dental procedures covered under Medicaid
- challenges working with a siloed oral health system which historically has excluded populations of color and low-income communities from accessing equitable health services

IUDCC chose to address these issues because of the identified inefficacy of current resources due to lack of coordination and awareness between the medical, dental, and support services provider communities. This project understands that by connecting patients with appropriate referrals and providers, patients can receive long term solutions for their oral health's future and also address inefficacies in cast as ED encounters are expensive and void of long-term solutions.

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

A patient may present to their local ED with tooth pain and facial swelling. Through an established protocol and partnership between the hospital and a local dental provider, patients can be routed to a provider who will address the dental emergency and establish a dental home where continuing care may be established. Once the patient presents to the ED, several critical steps take place to connect them to care and receive treatment:

1. In the ED, the patient is evaluated, prescribed medication if necessary, and provided with a referral to follow-up with a dental provider to complete treatment
2. A Clinical Health Coordinator contacts the patient within 48 hours of presenting at the ED and collects necessary information regarding the patient’s ability schedule and travel to a dental appointment. Information is collected regarding insurance status, income level, and presenting need, and is provided with telehealth screening services.

Patients will also receive direct referral to address social determinants of health and challenges presented that create barriers to accessing care; such low-income, language barriers, immigration status, and insurance status. With permission granted by the patient, the Clinical Health Coordinator then sends a direct provider referral through IRIS; addressing any reported barriers to treatment that the patient disclosed.

3. Once entered into the IRIS network for a provider referral, a Community Care Coordinator will monitor the patient referral and provide any assistance needed by the patient or provider to complete the referral and treatment.
4. Once a patient completes a referral and establishes a dental home, they will receive a 6-month follow-up call to chew on patient progress with completing treatment and offer support with adopting regular dental hygiene habits.

This model is designed to revolutionize the delivery of health and human services for oral health emergencies and will coordinate several facets of health and wellness using the relationship with community dental providers as the catalyst to address significant unaddressed needs and determinants of health. In Addition, Community Care Coordinators will work with extended family and community members to educate them about the importance of continuity of care at a dental home to avoid costly visits to the ED.

IUDCC will also implement the following activities to address to project obstacles:

- develop community referral network that connects ED patients and dental providers
- provide ED vouchers for uninsured patients to incentivize providers to accept referred patients
- identification of and assistance with other SDOH factors that may create barriers for patients accessing oral health care

Measurable impacts:

- patients referred who received definitive treatment
- patients who established dental home,
- rate of patients who present in EDs for oral health care over time
- number of providers available for network referrals
- number of available community partners in IRIS to address other SDOH barriers

3. Why will the activities you propose lead to the impact you intend to have?

IUDCC activities are founded on creating lines of communication and protocols that do not currently exist between the pivotal stakeholders of the project. Activities will connect EDs with care coordinators who will serve as a liaison between EDs and community dental providers and clinics. This model is also community-centered; wherein referrals and resource networks are unique to each area and sustainable by bringing together existing health and support systems to

work together to reach the shared outcomes of improving health and wellness for community members. Additionally, this project addresses resolving emergent dental needs and the barriers that prevent patients from seeking resolution to those emergent needs (transportation, access to Medicaid, etc.).

Social Determinants of Health

1. Name the specific social determinants of health you are targeting in your service area. Describe the causes of these social determinants that your project specifically seeks to address and explain why you have chosen to address these causes.

As stated in Healthy People 2030, "SDOHs are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (citation 5)" SDOH are grouped in 5 domains that are rooted in key on-ramps or walls such as safe housing, access to quality education, healthcare, knowledge, racism and opportunity. For example, the mechanism of education, depending upon its quality and safety, works to stratify our population as educational achievement greatly impacts future opportunities for college or jobs. Those receiving poorer quality education have lower probabilities of being accepted into a college or attaining a job that provides a livable wage (medical and dental insurance, sick time etc.) and vice versa, thereby creating a hierarchy based on our education system. Living conditions such as safe housing create hierarchies because the level of comfort, safety, and peace in people's homes significantly affects their health. Poor living conditions can limit an individual's health potential in the short term as well as over the course of their life.

This project seeks to increase the opportunity for equitable health services to ensure everyone has access to quality health care services despite location, race, income, insurance status, immigration status, and housing status.

Economic Barriers: West Chicago[3] (39)

The HFS Transformation Data and Community Needs Report for West Chicago and East St. Louis details how community members spoke about economic barriers impacting their ability to remain healthy and pay for needed health care. Economic barriers to health reported in each area included:

- unemployment and underemployment
- lack of insurance or inadequate insurance
- cost of medication
- cost of healthy food
- cost of transportation
- cost of fitness membership and other wellness programs
- cost of co-pays

Community residents described having to make hard choices between rent, food, transportation and healthcare costs. Across the Latinx and Black communities in West Chicago, residents also described a lack of time to seek care, including preventive care, due to low-wage hourly jobs and lack of insurance due to unemployment or underemployment.

On lack of time for self-care: *"For me, it's poverty. It's the main reason people cannot take care of themselves. They have to work, work, work, and the salaries are minimum. There isn't enough time to work to pay the bills and have time to go to the doctor." – Little Village resident (West Chicago) Female, 46–55 years old*

On lack of insurance and delaying care: *"I have a friend and she had no insurance. She didn't go to the doctor until she got really sick. It got to the point that she was on dialysis and they couldn't even keep her at where she was getting her dialysis treatment, because she didn't have insurance." – Austin resident (West Chicago), Female, 26–35 years old*

East St. Louis community members also reported economic barriers impacting residents' ability to stay healthy and afford needed care and treatment. Of particular concern to East St. Louis Metro Area residents was the cost of healthy food, transportation costs to healthcare services and full-service grocery stores, the cost of copays, health insurance, and medication. Another "affordability" barrier to healthcare was not being able to afford to take the time off of work to get care[7] (39).

East St. Louis community members detailed their barriers, as well: *"although I have private insurance, it does not cover a lot. My medications are very expensive. A lot of times, my family has to help me get my medicine each month, even though I work. I have a decent job and make decent money. Still, it costs me a lot for medication each month." – Madison resident (East St. Louis Metro Area) Female, 56–65 years old*

On the cost of healthy food: *"We can't afford to eat the way we are supposed to eat. I make $1,300 a month and once you pay all the bills, there's not that much left. Then, you have to pay for transportation to get you to the [grocery] store. It's super difficult to eat a proper diet . . . especially if you have a family [to feed]". – Cahokia resident East St. Louis Metro Area), female, 46–55 years old*

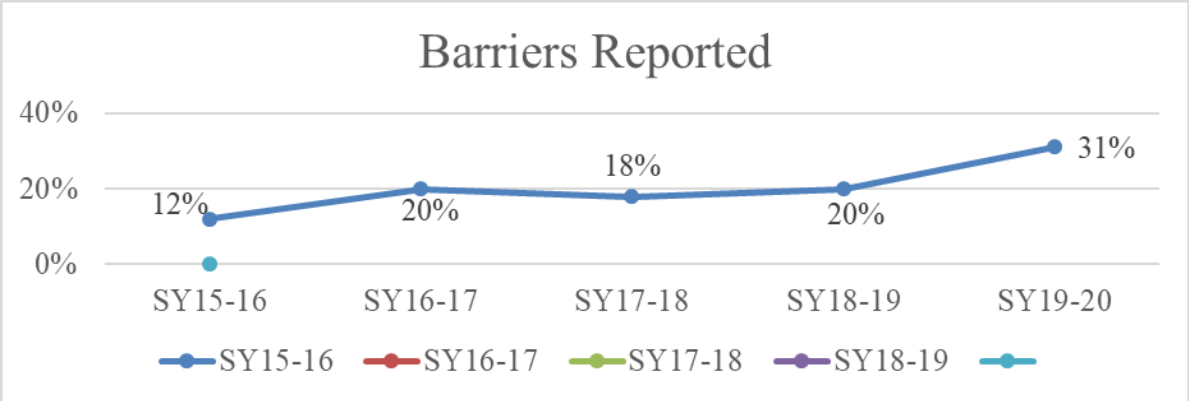
"When I was first diagnosed with diabetes, I took a nutrition class. Then, when I got to the store, I was trying to buy [the food that was recommended] and found out that the sugar-free stuff was higher [in price] than the regular stuff. It was way higher. So I couldn't afford it." – Alton resident (East St. Louis Metro Area) Female, 46–55 years old

What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

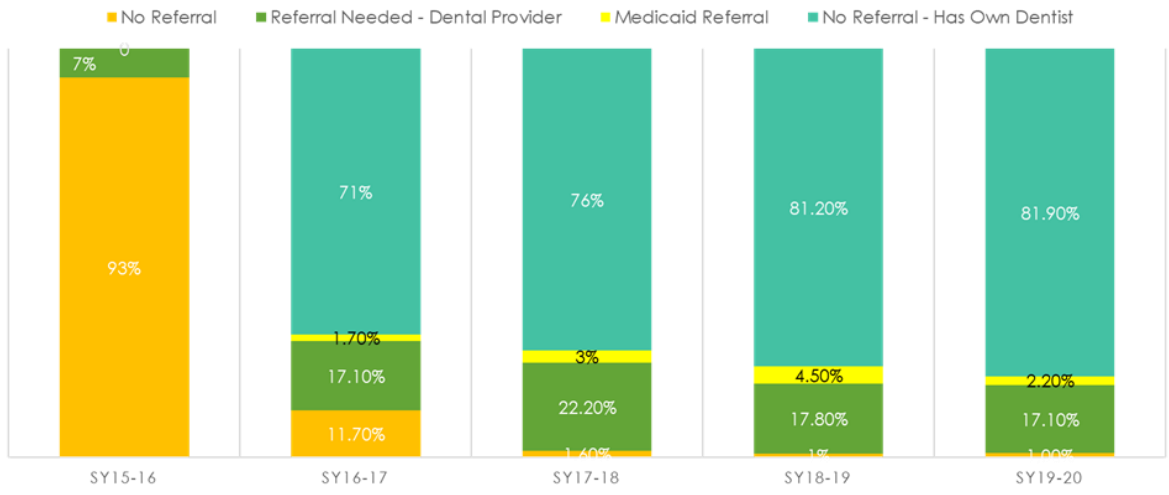
Untreated and unmanaged oral disease is directly linked to poor educational outcomes and general health and wellbeing. The development of oral behaviors as children relies on lessons taught by child caregivers and the value placed on practicing good dental hygiene habits and part of daily health and wellness. IUDCC understands that poor oral health is not directly attributed to abuse or neglect, as often caregivers are working in good faith based on the information available and personal experience. To work with patients on making changes in their oral health habits, clinical health and community care coordinators will provide case management services that go beyond telling a patient what they "should" do. IUDCC case management activities will help patients identify personal health and wellness goals that are attainable and realistic based on the patient's existing resources, values, income, and other SDOHs. Coordinators will track outcomes that measure the success and impact of program services by using IRIS to analyze data and the outcomes of patients referred for services (referrals accepted, patients served, etc.), and tracking long-term patient health outcomes by remaining in contact with patients until a dental home is established.

3. Why will the activities you propose lead to the impact you intend to have?

The IUDCC community-based model is designed to provide individualized interventions that will address behavioral changes with patients using communication best-practices: Motivational Interviewing, Trauma-Informed Care, and Harm Reduction practices. IUDCC project activities take best-practices from OHF's case management model for providing oral health outreach services that are proven successful. In 2017, OHF began implementing Motivational Interviewing, Trauma-Informed Care, and Harm Reduction practices into its case management services delivery, and almost immediately saw improvement with outcomes. Adults of children contacted for OHF case management services started providing OHF with more information needed to understand the barriers being experienced to accessing dental care and how to support getting the resources families need. During that first year of implementing these communication best practices, OHF saw an increase in the rate of barriers reported to accessing dental care. The increase remained consistent for three years until SY19-20 when data revealed an increase in barriers reported by families. Of the 31% of families who reported barriers to accessing care, half of those families reported a barrier due to COVID-19. Qualitative data analysis shows that in addition to families having dental appointments cancelled due to COVID-19, families also expressed fear of catching the virus and wanting to wait to visit the dentist until things were safe again.



In 2017 after implementing Motivational Interviewing, Trauma-Informed Care, and Harm Reduction practices into its case management services delivery, OHF saw an increase in the rate of referrals provided to families. During the first year implementing these best practices, OHF saw a 10% increase in the rate of families who accepted referrals for dental providers, and has maintained that increase over the last four years; including a consistent referral rate in SY19-20 despite COVID-19. It is also important to note that the rate of families who did not have a provider and did not accept a referral decreased by 10% from SY16-17 to SY17-18 and has remained steady at 1% over the last three school years. Medicaid referrals began in SY16-17 and saw a steady increase over three years. In SY19-20 the rate dropped by half; and based on the evidence reported in table 3 it is possible to attribute the decrease in Medicaid referrals to the increase of families reporting to have Medicaid benefits; indicating that fewer families are in need of the referral than in previous years.



Care Integration and Coordination

1. Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

Coordination of care, and completed referrals between a hospital's emergency department and an out-patient source of dental care is complex and difficult. Challenges to completion of referral to definitive care include lack of electronic modalities for referrals, health record systems that do not communicate, lack of knowledge of dental access points in a community, lack of Medicaid enrolled dental providers in a community among many others. IUDCC project initiatives aim to first identify existing resources from which partnerships and supports can be established that are then connected as a community-based network, designed to connect patients directly to care on their behalf and provide referrals for support to remove barriers to care. The electronic, cloud-based network IRIS is a transformative method to help community-based organizations and medical and support service providers communicate and track outcomes of a patient referral. At no charge to network partners, dental, medical, and service providers can participate in this secure and private network that is maintained by one central community-based organization (OHF). There is no requirement to install computer software or send reports to the network organizer as data measures and patient outcomes are included as part of the IRIS network. This also creates the ability for referring partners to track if a referral was completed by a patient which is essential to project sustainability; showing data is evidence of successful project outcomes. Furthermore, by designating one centralized network coordinator, community health workers and coordinators will serve as the community liaison between network partners, reducing duplicative services and maximizing resources.

2. Do you plan to hire community health workers or care coordinators as part of your intervention? Yes

Estimated annual caseload per care coordinator: 600
Average estimated cost per caseload: $88

3A. Do you plan to integrate and work with managed care organizations? Yes

3B. Please describe your collaborative's plans to work with managed care organizations.

IUDCC will convene MCO representatives to show the oral health needs in vulnerable communities, what the project is doing to address these needs, and what they can do to support the project; hosting MCO quarterly meetings and updates. IDPH DOH's Advisory Committee (AC), which meets every two months with public health system stakeholders and discusses innovations, opportunities, challenges and burdens faced by the population in accessing dental care. The AC includes an MCO representative who reports to Illinois Association of Medicaid

Health Plans' leadership. IUDCC is already engaged with the MCO representative in the application development and will continue to do so, as a vehicle to inform MCOs as the project progresses. Through this mechanism the collaborative will engage more widely with individual managed care plans informing them of how many of their members needed and received services through IUDCC.

Minority Participation

IUDCC entities majorly controlled and managed by minorities that will be used on the project as subcontractors or equity partners:

Oral Health Forum - Heartland Alliance Health
Illinois Department of Public Health Division of Oral Health

2. Please describe the respective role of each of the entities listed above, and specify whether they will have a role only during the implementation of your proposal or if they will have a role in the ongoing operation of your transformed delivery system.

OHF and IDPH DOH will serve as contracted partners for IUDCC that will participate in the implementation of this project proposal and throughout the ongoing operation, and will continue to serve as integral components beyond the 5-year project period. OHF will serve as the case management and care coordinator partner who will conduct implementation trainings, hire and supervise staff, and track data outcomes for reporting and analysis. IDPH DOH will provide data analysis and oversight throughout the duration of the project and beyond the 5-year project period. IDPH DOH will promote IUDCC project activities and report on outcomes to the Director of IDPH and other state entities.

Jobs

IUDCC existing project staff zip codes of residence: 60607, 60626, 60707, 62025, 63034

Project Leadership Scope of Work

Southern Illinois University School of Dental Medicine (SIU SDM)

Dr. Kathryn R. Kosten, Director of Community Dentistry with SIU SDM, will serve as PI for IUDCC and will be responsible for administrative and programmatic oversight of the project. Dr. Kosten will be responsible for the following programmatic aspects: oversight of all faculty and staff managing patient coordination and care, regular contact with project partners, and communication with the business office for financial recording and disbursement.

Oral Health Forum – Heartland Alliance Health (OHF-HAH)

Dr. Alejandra Valencia, DDS, MPH, MS serves as OHF's Project Director and has worked as a dentist in public health settings for several years before specializing in dental public health. Her expertise is in community-based research, data analysis and interpretation, health equity, and health systems impact. For this project, Dr. Valencia will be the partner liaison between OHF, SIU SDM, IDPH, and the Chicago Safety Net Hospital, Saints Mary and Elizabeth Medical Center. She will also work on building partnerships with Federally Qualified Health Centers (FQHC) and other community dental providers. She will oversee anything related to the main functions of the budget. For more information on Dr. Valencia, please visit https://www.heartlandalliance.org/program/oral-health-forum/who-we-are/.

Leilah Odeh, MSW serves as the Manager of Program Development and Case Management Services at OHF and will provide direct supervision, training, and guidance for the project's Community Care Coordinator. Leilah has extensive experience in serving low-income households and communities, specializing in program management, development, and evaluation. She will be instrumental in providing oversight to the inter-professional team management and developing innovative strategies to ensure the success of the IUDCC. For more information on Leilah Odeh please visit https://www.heartlandalliance.org/program/oral-health-forum/who-we-are/.

The success of this project relies greatly on OHF's community partners, and supporting team. Other OHF experienced personnel will support project operations and continuity of care. That includes an oral health education and case management team, program assistant and coordinator, and a manager of oral health education and community initiatives.

Illinois Department of Public Health Division of Oral Health (IDPH DOH)

Mona Van Kanegan, DDS, MS, MPH is Division Chief of Oral Health within the Office of Health Promotion. Dr. Van Kanegan is relevant on this project as her MPH training included analysis and reporting of Illinois use of EDs for NTDC. The use of EDs for preventable dental-related health conditions is a growing problem in the US. It leads to overcrowding in the ED, delay in patient care, and adds cost to the health care system. For the five years, 2010 to 2014, Dr. Van Kanegan examined trends in age, race, ethnicity, and charges submitted to primary payers such as Medicaid by Illinois emergency departments for non-traumatic dental care. Although ED visits for NTDC represent a small percent of total ED visits, the majority of the people who sought treatment for NTDC in Illinois EDs in the study period were uninsured, or Medicaid enrollees and 18-49 years of age and analysis illustrated that in Illinois, a substantial amount of emergency department resources are utilized for the care of non-traumatic dental visits and this has been a steadily increasing trend.

DOH is excited to partner with IUDCC and will be responsible for providing data and analysis of ED use for non-traumatic dental issues that will inform the project plans on an on-going basis. DOH will work with Illinois Medicaid MCOs on network building, periodically informing MCOs and updating on project progress, as well as providing input and revisions to project plans to IUDCC staff; assisting with measuring project success, including impact and evaluation. DOH staff will also work with IUDCC to promote the project with community partners, stakeholders, health navigators, and other professional audiences.

New Employment Opportunities

IUDCC will create 5 new community-based employment opportunities that are integral components for successful program implementation. Below are the following new employment opportunities for each targeted region:

- East St. Louis
    - 1.0FTE Dentist
        - This new position will ensure the project's ability to house a full-time Medicaid dental provider on-site at the SIU SDM dental clinic and will meet the needs of the expanded volume of new emergency patients to the clinic; maximizing facility usage of existing dental equipment. This position will receive supervisory oversight from both the faculty Director of the East St. Louis Dental Clinic and the IUDCC Program Coordinator.
    - 1.0FTE Clinical Health Coordinator (Dental Hygienist)
        - This new position will oversee the transition of patients from the ED and into the referral program IRIS. The Clinical Health Coordinator is responsible for making direct contact with a patient within 48 hours of ED visit to screen and offer telehealth services to determine the treatment needs and barriers to services being experienced by the patient. This role will serve as a clinical role, as well to assist patients chairside with oral health education. This position will be housed at SIU SDM community dental clinic and will receive direct supervision from the faculty SIU SDM Director of the East St. Louis Dental Clinic and is responsible for providing oversight to the Community Health Dental Assistant. This position is also expected to work on the implementation and maintenance of the East St. Louis IRIS referral network and will ensure network partners participating remain engaged and informed on the project's outcomes. This position is also responsible for tracking ED patient data and reporting outcomes monthly to IUDCC leadership.
    - 1.0FTE Community Care Coordinator (DA)
        - This new position is responsible for providing case management to patients referred through the IRIS system for dental treatment and other

services needed to remove barriers to accessing care; including the acquisition of public benefits and providing 1-on-1 person-centered case management services to improve patient overall health and reach personal goals set by the patient. After the Clinical Health Coordinator sends a patient referral through the IRIS network, the Community Care Coordinator will monitor outcomes as reported through the system (i.e. patient accepted to schedule appointment, provider unable to reach patient, patient outcomes, patient needs and barriers). This position will be housed in SIU SDM's community clinic and will provide dental assistant clinic services in addition to case management, and is responsible for tracking data through IRIS and reporting outcomes monthly to IUDCC leadership.

- West Chicago
  - 1.0FTE Clinical Health Coordinator (DH)
    - This new position will oversee the transition of patients from the ED and into the referral program IRIS. The Clinical Health Coordinator is responsible for making direct contact with a patient within 48 hours of ED visit to screen and offer telehealth services to determine the treatment needs and barriers to services being experienced by the patient. This role will serve as a clinical role by providing remote telehealth screenings, as well to assist patients with identifying needs and barriers to accessing dental care and providing oral health education. This position will be housed at OHF will receive direct supervision from OHF's Director Dr. Alejandra Valencia, DDS and oversight from OHF's Manager of Case Management Services, Leilah Odeh, MSW. Due to limited Medicaid provider ability and no existing direct referral process from Saints Mary and Elizabeth's ED to a community-based or private clinic for treatment services, this position is expected to engage patients in a person-centered conversation that will help determine the best referral for patients based on level of need and available resources. This position is expected to work on the implementation and maintenance of the West Chicago IRIS referral network; including recruitment of dental providers to participate in the direct referral network and ensuring partners participating in the referral network remain engaged and informed on the project's outcomes. This position is also responsible for tracking ED patient data and reporting outcomes monthly to IUDCC leadership.
  - 1.0FTE Community Care Coordinator
    - This new position is responsible for providing case management and care coordination services to patients referred through the IRIS system for dental treatment and other services needed to remove barriers to accessing care; including the acquisition of public benefits and providing 1-on-1

person-centered case management services to improve patient overall health and reach personal goals set by the patient. After the Clinical Health Coordinator sends a patient referral through the IRIS network, the Community Care Coordinator will monitor outcomes as reported through the system (i.e. patient accepted to schedule appointment, provider unable to reach patient, patient outcomes, patient needs and barriers). This position will be housed at OHF and will provide and is responsible for tracking data through IRIS and reporting outcomes monthly to IUDCC leadership.

Please describe any planned activities for workforce development in the project.

All staff associated with IUDCC, new and existing, will receive extensive training on oral health habits and communication best-practices for providing person-centered services. This project model integrates community health work with dental health services which is essential to improving oral health outcomes for adults in medically under-resourced and low-income communities while simultaneously addressing existing challenges that disproportionately impact people of color. Clinical health and community care coordinators, community health workers, dental hygienists, and dental providers will participate in trainings on Motivational Interviewing, Trauma-Informed Care, and Harm Reduction to ensure case management and communication best-practices are utilized when working with patients. Schulman and Thomas-Henkel (2017) discussed lessons learned from the field through qualitative interviews with Drs. Behforouz and Hong[23], who are well versed in providing direct service to underserved populations working at the "Los Angeles County Department of Health Services' Care Connections Program and Whole Person Care Program[17]." Drs. Behforouz and Hong recommend Motivational Interviewing, Harm-Reduction, and Trauma Informed Care training for direct service community workers to ensure clear communication between staff and participants, and ensure workers "understand the relationship between trauma and conditions like" depression and poverty.

Non-clinical staff who have no previous experience working in oral health will receive an Oral Health 101 community health worker five-part training series:

- Module 1: Intro to Oral Health
- Module 2: Oral Health and Children
- Module 3: Oral Health and Pregnant Woman
- Module 4: Oral Health and Older Adults
- Module 5: Oral Health and Adults

This training was designed by OHF in partnership with the IDPH DOH to reach community health workers throughout the state of Illinois with dental health and hygiene resources and training on how to communicate with patients about oral health. IUDCC will leverage this

successful resource to ensure project staff are equipped with the tools to be successful. Additionally, clinical health and community coordinators will receive training on Illinois Medicaid services. This training was designed to help community health workers and care coordinators understand how the Illinois Medicaid program is facilitated, what benefits are covered (including transportation services), eligibility requirements, instructions for how to apply, and resources for documented and undocumented community members.

As part of its training resources, OHF will provide IUDCC project staff and partners with its case management and Medicaid toolkits. These materials were also developed by OHF in partnership with IDPH DOH to train dental health professionals on communication best-practices and case management services. Toolkits are equipped with the following resources:

- Medicaid Toolkit (English and Spanish):
    - Medicaid required documents for completing benefits application
    - Information on AllKids public health benefits and eligibility for parents and caregivers
    - Illinois MCO Transportation Guide
    - Dental benefits offered under Illinois Medicaid
    - Resources for immigrants on benefits eligibility and information about Public Charge
- Case Management Toolkit
    - Motivational Interviewing
        - Strategies and Techniques
        - Promoting Oral Health
    - Trauma-Informed Care - a client perspective
    - Harm Reduction Defined and Best-Practices
    - Why We Lie

Quality Metrics

Alignment with HFS Quality Pillars

1. Tell us how your proposal aligns with the pillars and the overall vision for improvement in the Department's Quality Strategy.

The IUDCC project model aligns with the HFS quality pillars to create comprehensive, community-based health programs that address the disparities created by racial and income inequalities and exacerbated by limited access to health care and health resources. Targeting the social determinants of health that contribute to a person's oral health and wellbeing, this project is dedicated to ensuring everyone has access to care and focuses primarily on reaching adults in areas with high rates of ED oral health encounters. This project is built on a foundation of evidenced-based interventions and best-practice models that utilize data to inform targeted outreach campaigns, and will serve as a leader in the area of oral health data collection and analysis of dental case management and care coordination.

Pillar – Maternal and Child Health

Proposed measurable quality metrics:

Annual Dental Visit (ADV) Age Groups:

- A2-3 years
- 4-6 years
- 7-10 years
- 11-14 years
- 15-18 years
- 19-20 years

Medicaid Plan Report Card 6 performance areas:

1. Doctors' Communication
2. Access to Care,
3. Women's Health
4. Living with Illness
5. Behavioral Health
6. Keeping Kids Healthy

Pillar – Equity

Proposed measurable quality metrics:

Adults' Access to Preventive/Ambulatory Health Services (APP) DENTAL HOME

- Create a unified data tracking method for use in different communities
- Increase availability of Medicaid dental providers
- Monitor quality of care by distributing patient satisfaction surveys
    - Leverage the Consumer Assessment of Healthcare Providers and Systems (CAHPS) dental survey

Pillar – Community-Based Services and Supports
Proposed measurable quality metrics:

- Community providers and support network for increasing access to primary oral health
- Establish a community oral health model that can be implemented across different communities

Other proposed measurable quality metrics:

- Improving the oral health data tracking methods
    - IUDCC will track the number of patients reached, referrals provided, and referral outcomes, and will serve as a liaison between patient and provider, as needed to ensure treatment is completed and needs are met.
    - In addition, IUDCC will follow the guidance from the Dental Quality Alliance to track and report on quality measures for pediatric and adult populations as it relates to access and process of dental services for individuals enrolled in public (Medicaid, CHIP), private (commercial) and uninsured. For adults, as well as children, a set of two measures will be used to assess ambulatory care sensitive dental related emergency department visits (see table below). The children's set of measures are validated by the National Quality Forum (NQF), the adult measures were developed for implementation.

IUDCC aligns directly with three population-focused pillars for improvement: *Equity - improving opportunities for people to be treated in their communities*, and *Community-Based Services and Supports - improving health equities around access to primary care*. As a result of IUDCC intervention methods and access to dental health ED data, IUDCC will also be positioned to support the pillars *adult behavioral health* and *maternal and child health.* By proxy, IUDCC will support the improved health and wellness of adults experiencing behavioral health issues who also present with oral health conditions, and support the children and families of adults who enter the ED for dental issues, as well as children who present with oral health emergencies. According to 2019 IDPH DOH syndromic hospital data surveillance pulled for IUDCC project partners Touchette Regional and Saints Mary and Elizabeth, 12% of patients who entered EDs for oral health care were children. Data and trends will be tracked by the project and slated for discussion during project meetings and reporting purposes.

Dental Quality Alliance (American Dental Association)

Evaluating Quality of Care Measures

Measure Abbreviation	Measure Name	Description	NQF#*	Measure Domains
EDV-A-A	Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults	Number of Emergency Department (ED) Visits for Non-Traumatic Dental Conditions in Adults	N/A	Access
EDF-A-A	Follow-up after ED Visits for Non-Traumatic Dental Conditions in Adults	The percentage of ambulatory care sensitive dental condition emergency department visits among adults aged 18 years and older in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit	N/A	Process
EDV-CH-A	Ambulatory Care Sensitive ED Visits for Dental Caries in Children	Number of emergency department visits for caries-related reasons for all children	2689	Access
EDF-CH-A	Follow-Up after ED Visits for Dental Caries in Children	Percentage of ambulatory care sensitive ED visits for dental caries among children 0 through 20 years in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit	2695	Process

*National Quality Forum Number

2022 Adults Measures User Guide-Dental Quality Alliance

2022 Pediatric Measures User Guide-Dental Quality Alliance

14. Milestones

Year I - Project Development and Implementation; i.e. posting job positions, hiring, training, network building; promoting, etc.																	
Milestone	Meeting/review Interval	1	2	3	4	5	6	7	8	9	10	11	12	Y2	Y3	Y4	Y5
Award from State of Illinois																	
Convene Overall Steering Committee and 2 project teams: Touchette and Saints Mary and Elizabeth (project team to include community partners)	monthly																
Convene Overall Steering Committee	quaterly																
Recruit, hire and train staff OHF, SIU-SDM (Clinical Health and Community Care Coordinators)																	
Recruit, hire and train staff at SIU-SDM dental clinic (professional staff)																	
Purchase and install needed dental equipment																	
Collaborate with IRIS partner to develop (revise as needed) detailed patient and technology workflow	monthly																
Evaluate and add to SDoH resources on IRIS platform for each pilot site	monthly																
Enrich program at pilot sites based on feedback from patient and community partners	quarterly																
Develop project outreach materials directed to dental providers, case workers/health navigators	quarterly																
Establish data collection and analysis processes and procedures, engage MCO representatives	monthly																
Train pilot site ED staff, and pilot area Clinical and other care managers/coordinators on project and referral processes	quarterly																
Initiate acceptance of IUDCC program referrals	ongoing																
Review data reports of intake, referrals, completed referrals, process and outcome measures with project steering team that includes MCO representatives	quarterly																
Serving patients, maintaining and expanding network, quality assurance																	
Decrease NTDC visits at each pilot site safety net hospital by at least 10 %	annually																
Document annual performance through publications: report, briefs and journal article submission																	
Conduct trainings, outreach and expand professional referral network																	

Illinois Urgent Dental Care Collaborative (IUDCC) Project Milestones

16. Sustainability

IUDCC will ensure project sustainability and continuity after 60 months by leveraging existing resources and partnerships. Clinical and community health work positions created for the project will gain revenue by billing Medicaid for services and SIU SDM is positioned to continue housing these vital positions with future grant opportunities. OHF has established sustainable government funding for its existing case management services and is confident in the ability to secure sustainable funding for this new position to continue serving in targeted Chicago zip codes. Additionally, project partners SIU SDM and OHF will explore opportunities for funding and ensure the IRIS network remains in operation and partnering providers remain engaged in the system to continue receiving direct referrals for treatment.

Patients who receive services as part of IUDCC will receive support that will help establish a dental home and promote long-term positive health outcomes. Patients will receive support for successfully navigating the health care system based on their individual needs, and uninsured adults will receive the resources needed to obtain public health benefits. Furthermore, the implementation of the electronic referral network IRIS will provide IUDCC with substantial data that will show referral success rates and thus show the impact of and need for dental case management and care coordination Medicaid billable services to bridge the access gap for disadvantaged and vulnerable communities.

Illinois Urgent Dental Care Collaborative

2021 HTC Proposal Bibliography

1. https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/prevention-wellness/oral-health/oral-health-plans/Illinois%20Oral%20Health%20Plan%20IV.pdf
2. https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf
3. https://www2.illinois.gov/hfs/SiteCollectionDocuments/20210226TransformationReportWestChicagoDigitalCMP.pdf
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7038016/
5. https://health.gov/healthypeople
6. https://dph.illinois.gov/topics-services/life-stages-populations/minority-health.html
7. https://www2.illinois.gov/hfs/SiteCollectionDocuments/20210226TransformationReportEastStLouisDigitalCMP.pdf
8. https://www.sahealth.sa.gov.au/wps/wcm/connect/985daa004a3397b1ba0ffa90d529bdaa/A4_Drugs+and+OH+A4+Fact+Sheet_WEB.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-985daa004a3397b1ba0ffa90d529bdaa-ngue-UD
9. https://www.randrdental.com/blog/how-can-i-tell-if-i-have-cavities/
10. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4841282/
11. https://www.bhevolution.org/public/severe_mental_illness.page#:~:text=Severe%20mental%20illness%20is%20often,major%20depression%20and%20bipolar%20disorder
12. https://datausa.io/profile/geo/east-st-louis-il
13. https://datausa.io/profile/geo/illinois
14. https://www.unitedstateszipcodes.org/60622/#employment
15. https://talkpoverty.org/state-year-report/illinois-2019-report/
16. https://www.census.gov/library/publications/2021/demo/p60-273.html
17. https://www.urban.org/research/publication/2021-poverty-projections-assessing-impact-benefits-and-stimulus-measures
18. https://www.hhs.gov/about/news/2021/06/05/new-hhs-data-show-more-americans-than-ever-have-health-coverage-through-affordable-care-act.html
19. https://www.opportunityagenda.org/explore/resources-publications/lessons-talking-about-race-racism-and-racial-justice
20. https://press.rebus.community/introductiontocommunitypsychology/chapter/oppression-and-power/
21. https://www.cdc.gov/nssp/overview.html
22. https://dentistry.uic.edu/news-stories/the-value-of-preventive-oral-health-care/
23. https://healthleadsusa.org/resources/integrating-community-health-workers-into-care-teams-lessons-from-the-field/

AMITA HEALTH®
SAINTS MARY AND ELIZABETH MEDICAL CENTER
CHICAGO

9/28/2021

Kathryn Kosten, DMD, FACD
Director of Community Dentistry
Southern Illinois University
School of Dental Medicine
2800 College Ave.
Alton, IL 62002

Dear Dr. Kosten,

Saints Mary and Elizabeth Medical Center of Chicago is pleased to support the Southern Illinois University (SIU), School of Dental Medicine's application for funding to the Illinois Department of Healthcare and Family services "Healthcare Transformation Collaboratives." The "Illinois Urgent Dental Care Collaborative" project (IUDCC) will address immediate healthcare needs and inequities in distressed communities by integrating interventions that prevent and reduce the impact of oral disease and connect individuals to regular healthcare services.

Partnering with Heartland Alliance Health's Oral Health Forum and the Illinois Department of Public Health's Division of Oral Health, this project will collaborate with Saints Mary and Elizabeth Medical Center as one of two hub hospital emergency departments located in community areas with the highest dental care needs perpetuated by social determinants of health and racial inequities. The collaborative network developed by this project will address current urgent oral healthcare needs among community members, promote strong person-centered health behaviors, and connect patients in need to on-going social supports to attain and maintain better health.

We look forward to supporting this initiative to better meet the healthcare needs of our community. Identifying the dental needs of our patients proactively and connecting them with needed resources for preventive care will better promote their health and wellbeing while simultaneously reducing the number of unnecessary Emergency Room visits for dental care issues.

The IUDCC project plan includes community input processes for area leaders and community members to express the needs of the targeted communities where this project is placed. The project will utilize community health workers and other local oral health workforce members to engage with hard-to-reach community members with oral health information, engage with dental providers who can provide clinical treatment services, and work in populations of Illinois that remain underserved for oral health care. Additionally, this project will complement existing oral health promotion programs and enhance services for people living with disabilities in anticipation of reducing health disparities for this target group.

AMITA Health
Saints Mary and Elizabeth
Medical Center Chicago
2233 W. Division St. &
1431 N. Claremont Ave.
Chicago, IL 60657

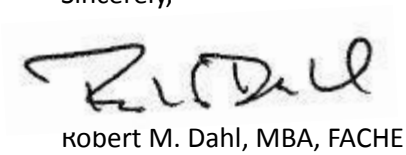
312.770.2000

AMITAhealth.org

AMITA HEALTH®
SAINTS MARY AND ELIZABETH MEDICAL CENTER
CHICAGO

We strongly support the SIU School of Dental Medicine's application. We are committed to working closely with all project partners to ensure that it meets our community's needs. This project will strengthen the collaboration between Saints Mary and Elizabeth Medical Center and SIU – reaching people with urgent dental care needs and connecting them to outpatient clinical services.

Sincerely,



Robert M. Dahl, MBA, FACHE
President & CEO
AMITA Health Saints Mary and Elizabeth Medical Center

AMITA Health
Saints Mary and Elizabeth
Medical Center Chicago
2233 W. Division St. &
1431 N. Claremont Ave.
Chicago, IL 60657

312.770.2000

AMITAhealth.org

Touchette
REGIONAL HOSPITAL

Kathryn Kosten, DMD, FACD
Director of Community Dentistry
Southern Illinois University | School of Dental Medicine
2800 College Ave | Alton, IL 62002

August 30, 2021

Dear Dr. Kosten,

Touchette Regional Hospital, which proudly serves the East St. Louis community, is pleased to support the Southern Illinois University (SIU) School of Dental Medicine's application for funding to the Illinois Department of Healthcare and Family services "Healthcare Transformation Collaboratives." The "Illinois Urgent Dental Care Collaborative" project will address immediate healthcare needs and inequities in distressed communities by integrating interventions that prevent and reduce the impact of oral disease and connect individuals to regular healthcare services.

Partnering with Heartland Alliance Health's Oral Health Forum and the Illinois Department of Public Health's Division of Oral Health, this project will collaborate with Touchette Hospital as one of two hub hospital emergency departments located in community areas with the highest dental care needs perpetuated by social determinants of health and racial inequities. The collaborative network developed by this project will address current urgent oral healthcare needs among community members, promote strong person-centered health behaviors, and connect patients in need to on-going social supports to attain and maintain better health.

As Touchette Hospital continues to build relationships, educate, and provide services for our surrounding community, I believe this initiative will help to continue positive community engagement. It is important for us here at Touchette Hospital to support the SIU School of Dental Medicine because we serve a community that unfortunately lacks access to basic healthcare, such as bi-annual dental check-ups. Poor oral hygiene can often time lead to more serious health conditions so it is important that these services be offered to those who need it most.

The project plan includes community input processes for area leaders and community members to express the needs of the targeted communities where this project is placed. The project will utilize community health workers and other local oral health workforce members to engage with hard to reach community members with oral health information, engage with dental providers who can provide clinical treatment services, and work in populations of Illinois that remain underserved for oral health care. Additionally, this project will complement existing oral health promotion programs and enhance services for people living with disabilities in anticipation of reducing health disparities for this target group.

We strongly support the SIU School of Dental Medicine's application. We are committed to working closely with all project partners to ensure that it meets our community's needs. This project will strengthen the collaboration between Touchette Regional Hospital and SIU SDM – reaching people with urgent dental care needs and connecting them to outpatient clinical services.

Sincerely,

Jay Willsher, President