



# Dental Public Health Activities & Practices

**Practice Number:** 16005  
**Submitted By:** Division of Oral Health, Illinois Department of Public Health Oral Health  
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<b>SECTION I: PRACTICE OVERVIEW</b>		
<b>Name of the Practice:</b> Developing a State Oral Health Plan		
<b>Public Health Functions:</b> Policy Development -- Collaboration & Partnership for Planning and Integration Policy Development -- Use of State Oral Health Plan		
<b>HP 2010 Objectives:</b> 21-1 Reduce dental caries experience in children. 21-2 Reduce untreated dental decay in children and adults. 21-3 Increase adults with teeth who have never lost a tooth. 21-4 Reduce adults who have lost all their teeth. 21-5a Reduce gingivitis among adults. 21-5b Reduce periodontal disease among adults. 21-6 Increase detection Stage I oral cancer lesions. 21-7 Increase number of oral cancer examinations. 21-8 Increase sealants in 8 year-olds' first molars and in 14 year-olds' first and second molars. 21-9 Increase persons on public water receiving fluoridated water. 21-10 Increase utilization of oral health system. 21-11 Increase utilization of dental services for those in long-term facilities, e.g., nursing homes. 21-12 Increase preventive dental services for low-income children and adolescents. 21-13 Increase number of school-based health center with oral health component. 21-14 Increase number of community health center and local health departments with oral health component. 21-15 Increase states with system for recording and referring orofacial clefts. 21-16 Increase the number of states with State-based surveillance system. 21-17 Increase the number of State & local dental programs with public health trained director.		
<b>State:</b> Illinois	<b>Region:</b> Midwest Region V	<b>Key Words:</b> Oral health plan, planning, collaborative planning, state plan, planning process
<b>Abstract:</b> The major findings and suggested framework for action put forth by the U.S. Surgeon General form the basis for Illinois' oral health plan. Augmenting this foundation is the collective wisdom of citizens, stakeholders and policy makers. The result is a comprehensive vision that can be embraced by all involved in the process. The plan articulates goals, priorities and strategies to improve the oral health of all Illinoisans. Its five policy goals reflect specific priorities with recommended strategies and action steps suggesting the manner to address each goal.		
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## SECTION II: PRACTICE DESCRIPTION

### History of the Practice:

Historically, the Illinois Department of Public Health Oral Health (IDPH) programs and activities were linked to national health objectives within the context of departmental planning efforts, such as the Illinois Human Services Plan. In August of 2000, the National Governor's Association announced it would convene a Policy Academy on Oral Health. Interested states were requested to submit an application to the NGA. The application required that a state team be created and that at a minimum, it should have representatives from the Governor's Office, the State Health Agency, the State Medicaid Agency, the State Dental Association, the Primary Care Association, as well as legislators and business leaders. Illinois put together a strong team with representatives from each of these organizations. Although the state was not selected to participate in the academy, the Director of the Department of Public Health charged the Division of Oral Health to convene the state team to develop a state oral health plan and convene a statewide oral health summit where the plan would be unveiled for comment from key leaders, and subsequently modified based on input received, published and disseminated widely throughout the state.

### Justification of the Practice:

Project Smile, a statewide oral health survey conducted during the 1993 - 1994 school year, gathered the most reliable estimates of oral disease in children ever collected in Illinois. Highlights from the survey indicated that 38% of 6 to 8 year old children in Illinois had untreated dental decay and that only 19% of the children in the state had sealants present.

Illinois does not have a state oral health surveillance system in place that produces uniform, agreed-upon data, collected routinely, and that can be utilized to assess oral health status and oral health service delivery trends. Communities throughout Illinois have in part filled this void by participating in a systematic oral health needs assessment process. Since 1996, more than 50 grantees, representing 61 local health departments have participated in the Oral Health Needs Assessment and Planning Program developed by the Illinois Department of Public Health. These community assessment results represent a growing database of information that suggests both access challenges and disparities in oral health exist in Illinois, particularly for low-income persons of all ages. Data from the oral health needs assessment completed in fiscal years 1997 and 1998 in 38 counties across Illinois suggest that the following issues are top and common priorities in these counties:

- (1) Access to oral health care for specific populations
- (2) Development of dental sealant programs
- (3) Oral health education programs
- (4) Early childhood caries intervention programs
- (5) Fluoride status improvement

A statewide oral health coalition, the *IFLOSS Coalition: Communities Working to Improve Oral Health in Illinois*, established in 1998 included representatives from local health departments, state agencies, community and migrant health centers, maternal and child health advocacy organizations, local and state dental and dental hygiene associations and other community members. This coalition has called for coordinated action to address oral health disparities throughout Illinois.

In making advocacy efforts on behalf of their constituents, the Illinois Rural Health Association, the Chicago Partnership for Health, the Campaign for Better Health Care and many other groups and organizations in Illinois identified barriers to accessing oral health services in recent years. These barriers include lack of transportation, lack of childcare and language. These efforts and countless others by individuals, organizations and communities across Illinois justified the resources and effort invested in the development of a state oral health plan.

### Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

A steering committee was created to shepherd the process. Representatives from the Illinois departments of human services, public aid, and public health, the state dental society, the Illinois Primary Health Care Association, the *IFLOSS Coalition: Communities Working to Improve Oral Health in Illinois*, the University of Illinois at Chicago School of Public Health, the Illinois General Assembly and two children's health advocacy organizations served on the steering committee. The committee reviewed strategy suggestions and findings from efforts and research on oral health

conducted in Illinois (noted in the justification section below). Based on this information, the committee proposed a draft list of oral health priorities for the state. Since the summit, the steering committee has continued to function as a group of interested and partnering organizations to finalize the development of the Illinois Oral Health Plan, and to plan for implementation of strategies to meet its goals and recommendations.

Community Meetings: The *IFLOSS Coalition* recommended to the Department and the steering committee that input to the oral health plan should be gathered through a series of community meetings. The purpose of these sessions was to: (1) listen to community perspectives on local oral health issues and priorities; (2) react to the draft proposed set of oral health priorities identified by the Summit Steering Committee; and (3) ask for community input and advice as to how to address oral health priorities in Illinois. Town meetings were held across Illinois in June and July 2001. More than 300 residents from across the state participated in meetings held in Mt. Vernon, Chicago, Bloomington, Aurora, Rock Island, Champaign, and Alton. The themes and advice offered throughout the process were incorporated into the Illinois Oral Health Plan

Community Oral Health Infrastructure Development Plan: A plan to meet the needs of the dental and dental hygiene educational institutions and communities was drafted and submitted to HRSA in 2001. Major priority areas addressed in the project include: 1) community oral health professional education, training, leadership and practice opportunities, 2) development of an oral health surveillance system for the state of Illinois, and 3) community-based practice, prevention and control programs for the reduction of oral health disparities. Over 50 individuals and organizations attended meetings to develop a specific set of plans with action steps and timelines over the course of the grant. The infrastructure plan serves as the foundation upon which the Illinois Oral Health Plan has been built. The final product of this collective effort is included in the appendix to the plan.

Statewide Oral Health Summit: Summit participants were asked to review the summit materials and provide feedback to IDPH's Division of Oral Health. Over the course of the next three months, written comments from 25 individuals and organizations were compiled and organized by the Department's oral health staff and reviewed by the steering committee. The plan was modified, approved by the steering committee and remains on file at IDPH.

The major findings and suggested framework for action put forth by the U.S. Surgeon General form the basis for Illinois' plan. The plan articulates goals, priorities and strategies to improve the oral health of all Illinoisans. Its five policy goals reflect specific priorities and recommended strategies and action steps suggest how to address each of them. Furthermore, potential collaborators and resources needed to support each of the priority areas are identified. The plan concludes with a call for the establishment of a select committee to monitor and provide guidance in the implementation of the plan. It should be emphasized that the plan is a working document. Current and future readers are encouraged to look for opportunities to contribute to sustaining the oral health of all Illinoisans.

The process described above required approximately 18 months to complete. A contractor was hired by the Illinois Department of Public Health to work with the Division of Oral Health in developing the oral health plan. The Division played a key role as convener throughout this effort. The *IFLOSS Coalition* convened and organized the town hall meetings held throughout the state. The steering committee met through conference call on a monthly basis and communicated regularly through e-mail. The steering committee agreed that the plan should be disseminated throughout the state and the nation. All agreed that the plan was the "people's plan" NOT the Illinois Department of Public Health's plan and it would be released and disseminated by lead partners. The ILFOSS Coalition took the lead and published *Roadmap to the Future: Oral Health in Illinois*. This document was a compendium of information and showcased the Illinois oral health plan and the community oral health infrastructure development project. Through this process, federal, state and local decision makers have received copies of the plan, as has every legislator in Illinois, the governor, every agency director in the state, the deans of dentistry and public health throughout the nation, state dental society committee chairs and component and branch presidents.

Outcomes from the planning process and development of the plan include: increased funding for state oral health program infrastructure development, the development of a community focused curriculum for our future oral health workforce, expansion of the dental safety net in both rural and urban communities, academic partnerships for dental public health competency development, and institutionalization of the coalition.

Evaluation instruments have been developed.

**Budget Estimates and Formulas of the Practice:**

- Direct costs associated with the project - approximately \$30,000.
- In-kind services were provided by the wealth of partners described above.

**Lessons Learned and/or Plans for Improvement:**

The intense collaboration required to develop the plan and to garner consensus validates the effort invested in developing a statewide oral health plan. Dialogue between various institutions, agencies, and individuals has been facilitated and common goals have been identified. At this point in time, it appears that many different constituencies are taking ownership of the plan or elements of the plan and moving forward with implementation activities. For example, resolutions are being developed by various organizations to adopt either the entire plan or specific elements. Furthermore, the plan is being used to exemplify to funders and to key policy makers that a cohesive and comprehensive approach to addressing oral health has been developed in Illinois. Lastly, and of specific importance to oral health program managers and state dental directors, are the leadership opportunities inherent in spearheading such a project.

**Available Resources - Models, Tools and Guidelines Relevant to the Practice:**

The Illinois Oral Health Plan remains on file with the Illinois Department of Public Health. The *IFLOSS Coalition* has published *Roadmap to the Future: Oral Health in Illinois*, a document showcasing the Illinois oral health plan.

## SECTION III: PRACTICE EVALUATION INFORMATION

### **Impact/Effectiveness**

*Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?*

Although too early to articulate total impact, preliminary findings indicate that the policy development structure inherent in an oral health plan serves as guideposts to other policymakers and organizations. For example, in Illinois, the Oral Health Plan is being showcased at the Illinois State Dental Society Leadership Conference, the Illinois Public Health Association's Policy Conference, and the Illinois Rural Health Association's Policy Conference. The broad-based planning process involved in developing the plan had a significant impact on oral health programs and activities in Illinois through building awareness and "buy-in" from the myriad of participating partners.

### **Efficiency**

*Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?*

Too early to discern.

### **Demonstrated Sustainability**

*Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?*

Too early to discern.

### **Collaboration/Integration**

*Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?*

Over 300 individuals and organizations participated in the development of the Illinois Oral Health Plan. To date, this is the impact area where this process has been of greatest value.

### **Objectives/Rationale**

*Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?*

The practice has allowed the Surgeon General's Report to be showcased and utilized in building oral health capacity at the State level.

### **Extent of Use Among States**

*Is the practice or aspects of the practice used in other states?*

Interest in developing a state oral health plan been expressed by many state dental directors. A 1999 ASTDD Survey showed that 16 states reported having a state oral health plan and 10 states reported that such a plan is being developed.