



## Dental Public Health Activities & Practices

**Practice Number:** 16003  
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### SECTION I: PRACTICE OVERVIEW

**Name of the Practice:**  
 Incorporating Oral and Pharyngeal Cancer into a State Comprehensive Cancer Control Plan

**Public Health Functions:**  
 Assessment – Use of Data  
 Policy Development – Collaboration and Partnership for Planning and Integration  
 Assurance – Building Linkages and Partnership for Interventions

**HP 2010 Objectives:**  
 3-6 Reduce the oropharyngeal cancer death rate.  
 21-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.  
 21-7 Increase the proportion of adults who, in the past 12 months, report having had an examination to detect oral and pharyngeal cancer.

<b>State:</b> Illinois	<b>Region:</b> Midwest Region V	<b>Key Words:</b> Oral cancer, cancer control plan, partnership, prevention
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**Abstract:**  
 In Illinois, a cancer control partnership was convened and supported by the Illinois Department of Public Health (IDPH), Division of Chronic Disease Prevention and Control. Representatives of the public, private, professional and voluntary agencies along with policymakers concerned about cancer in Illinois were invited to participate in a process to develop a comprehensive cancer control plan. The partnership was charged to provide leadership and a forum for identifying and implementing Illinois' cancer control priorities. The oral health community was well represented in the partnership. The inclusion of oral cancer into a state comprehensive cancer control plan capitalizes on resources not normally available to a state oral health program. As a result, Illinois has been able to: (1) educate a diverse group of stakeholders on the impact oral cancer in Illinois, (2) develop a statewide oral cancer partnership, (3) build capacity for oral cancer prevention and control, (4) garner funds through NIH to support a statewide assessment and for the development of a model for oral cancer prevention and control, and (5) leverage tobacco master settlement agreement monies to support oral cancer prevention activities.

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## SECTION II: PRACTICE DESCRIPTION

### **History of the Practice:**

The Centers for Disease Control and Prevention recognized the need to coordinate and integrate cancer activities across categorical boundaries as early as 1995. In 1998, the Illinois Comprehensive Control Initiative was established. Utilizing data compiled through the Illinois cancer registry and the Behavioral Risk Factor Surveillance System, a white paper was developed by the Division of Oral Health entitled "Oral Cancer in Illinois: Deadly to Ignore." The paper reviewed mortality rates, five-year survival rates, disparities in incidence and prevalence, and argued that a public health approach to oral cancer prevention and control was possible through risk factor reduction and early detection strategies. Based on the data provided by the Division of Oral Health, oral and pharyngeal cancer control was incorporated into the Comprehensive Cancer Control Initiative.

In Illinois, a cancer control partnership was convened and supported by the Illinois Department of Public Health (IDPH), Division of Chronic Disease Prevention and Control. Representatives of the public, private, professional and voluntary agencies along with policymakers concerned about cancer in Illinois were invited to participate in a process to develop a comprehensive cancer control plan. The partnership was charged to provide leadership and a forum for identifying and implementing Illinois' cancer control priorities. The oral health community was well represented in the partnership, including representatives from the IDPH Division of Oral Health, colleges of dentistry, and the state dental and maxillofacial surgery societies. A "Framework for Action" was published and widely disseminated throughout the state. Six priority areas were identified, with specific actions and strategies to address each of the priorities:

- Promote early intervention in the schools as a primary measure to prevent and control cancer, with a special emphasis on youth tobacco use prevention.
- Identify and promote policies related to prevention, screening, early detection and treatment of cancer.
- Coordinate data collection and share findings for all cancers.
- Provide health professionals with appropriate messages, resources and strategies to effectively conduct awareness and education among their patients, clients and the general public.
- Identify education strategies and resources to address issues related to insurance, including the under-insured and uninsured.
- With leadership from an advisory group to the state legislature, increase the capacity (policy and resources) for state and local cancer prevention and control.

### **Justification of the Practice:**

State oral health program capacity to address HP 2010 objectives is extremely limited. The Surgeon General's Report on Oral Health in America calls to educate both the public and policy makers on the relationships between oral health and systemic health, to eliminate oral health disparities, and to develop an infrastructure to assure good oral health for all Americans, inclusion of oral cancer into a state comprehensive cancer control plan capitalizes on resources not normally available to a state oral health program. Illinois has been able to educate a diverse group of stakeholders on the impact oral cancer has had in our state, develop an oral cancer partnership, build capacity for oral cancer prevention and control, garner funds through NIH, and leverage tobacco master settlement agreement monies to support oral cancer prevention activities as a result of incorporating oral cancer into a state comprehensive cancer control plan.

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

Minimal requirements are needed for administration and operations. Utilizing a template provided by the CDC, a white paper with state-specific data on oral cancer incidence, mortality, and behavioral risks was easily assembled and disseminated throughout the agency and the state. Attending partnership meetings and workgroup participation are critical, as is having a staff person assigned to oral cancer prevention and control activities. Collaboration with internal and external partners and leveraging their resources is a key element for success.

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

Minimal cost is needed. Costs associated are primarily staff time devoted to working with partners.

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

A comprehensive approach compliments oral cancer categorical efforts. It fosters the coordination of efforts for a public health approach to cancer prevention and control, increases collaboration between stakeholders in these efforts, leverages resources for the state and community oral health programs and serves as a leadership opportunity for state oral health program.

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

- White paper: Oral Cancer: Deadly to Ignore
- Illinois Comprehensive Cancer Control Plan: "Framework for Action" Moving Forward with Cancer Prevention and Control.

## 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)?*

Incorporation of oral cancer into the state plan has resulted in:

- The establishment of a statewide oral cancer partnership
- A successful application to NIH for funding to support a statewide assessment and for the development of a model for oral cancer prevention and control.
- Supplemental funding through master tobacco settlement agreement monies to support 1) research activities at colleges of dentistry and public health 2) funding to support dental sealant program expansion and tobacco education pilot project.

### **Efficiency**

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

Minimal investment is required. Costs associated are primarily staff time devoted to working with partners.

### **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?*

Yes. A cancer control partnership was convened and charged to provide leadership and a forum for identifying and implementing Illinois' cancer control priorities. Representatives of the public, private, professional and voluntary agencies along with policymakers concerned about cancer in Illinois were invited to participate in a process to develop a comprehensive cancer control plan. The oral health community was well represented in the partnership, including representatives from the Division of Oral Health, colleges of dentistry, and the state dental and maxillofacial surgery societies.

### **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?*

Yes. Incorporation of oral cancer into the state plan supports efforts to:

- 3-6 Reduce the oropharyngeal cancer death rate
- 21-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.
- 21-7 Increase the proportion of adults who, in the past 12 months, report having had an examination to detect oral and pharyngeal cancer

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

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

Unknown.