Illinois Oral Health Surveillance System (IOHSS)

The framework for action to promote oral health detailed in the 2000 U.S. Surgeon General report on oral health forms the basis for the Illinois Oral Health Plan (IOHP). One of the priorities of the Illinois Oral Health Plan is to develop an oral health surveillance system. This priority and the collective wisdom of citizens, stakeholders and policy makers have provided a vision and guided the development of a state oral health surveillance system. Since 2000, the Illinois Department of Public Health (IDPH), Division of Oral Health (DOH) has been developing the Illinois Oral Health Surveillance System (IOHSS). A surveillance advisory committee of key stakeholders, along with experts in oral health and epidemiology, guided the development of the IOHSS to assure that it addressed the needs of the communities and promoted the use of surveillance information by the communities. The goal of the IOHSS is to monitor Illinois specific population-based oral disease burden and trends, measure changes in oral health program capacity and monitor and report community water fluoridation quality.

The IOHSS was initially funded by Illinois’ cooperative agreement with the Centers for Disease Control and Prevention (CDC). Partners in creating the IOHSS included dental schools, dental hygiene schools, IFLOSS Coalition (state wide oral health coalition), Illinois’ state dental society and dental hygiene association, Illinois Department of Financial and Professional Regulations, local health departments, the CDC, the Association of State and Territorial Dental Directors (ASTDD) and the Illinois State Board of Education. In addition, the Behavioral Risk Factor Surveillance System (BRFSS), Illinois Cancer Registry and Illinois Fluoridation Reporting System (IFRS) were also used.

The IOHSS is modeled after the National Oral Health Surveillance System (NOHSS). National and state specific indicators were utilized in the IOHSS. The eight indicators that are specified in the NOHSS were related to:

- dental visits
- fluoridation status
- teeth cleaning
- history of decay
- edentulism
- untreated decay
- oral cancer
- sealants

Additional Illinois specific indicators included in the IOHSS were related to:

- Medicaid utilization
- oral health of pregnant women
- dental workforce
- Craniofacial Anomaly Program
- safety net dental clinics
- fluoride use

The IOHSS was successful in using a majority of existing oral health related databases. A network was developed to share the data and reported on Illinois oral health needs. The IOHSS shared reports on Healthy Smiles Healthy Growth Survey of 3rd graders to schools and provided a burden document to all stakeholders in the state. Dental workforce data was collected by the IOHSS through two licensure renewal periods. The IOHSS helped communities report oral health needs in the grant applications, prioritize programs, and expand services to high-risk populations. The IOHSS also contributed data at the national level to the NOHSS and the ASTDD Synopses.
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