



# Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)  
Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

**NOTE: Please use Verdana 9 font.**

<b>CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS</b>
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<b>PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM</b>
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## SECTION I: ACTIVITY OVERVIEW

**Title of the dental public health activity:**

**Illinois Comprehensive Cancer Control Plan**

**Public Health Functions\*:** Check one or more categories related to the activity.

"X"	Assessment
X	1. Assess oral health status and implement an oral health surveillance system.
X	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
X	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

**[\\*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)**

**Healthy People 2020 Objectives:** Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	<u>Healthy People 2020 Oral Health Objectives</u>	
	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
	OH-3	Reduce the proportion of adults with untreated dental decay
	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9	Increase the proportion of school-based health centers with an oral health component
	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
X	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

<b>"X"</b>	<b>Other national or state <a href="#">Healthy People 2020 Objectives</a>: (list objective number and topic)</b>	
X	OH-14.1	Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or on smoking cessation in the past year
X	OH-14.2	Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year
X	STD-9	(Developmental) Reduce the proportion of females with human papillomavirus (HPV) infection
X	IID-11.4	Increase the vaccination coverage level of 3 doses of human papillomavirus (HPV) vaccine for females by age 13 to 15 years
X	IID-11.5	Increase the vaccination coverage level of 3 doses of human papillomavirus (HPV) vaccine for females by age 13 to 15 years

**Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:**

Access to care, oral cancer, cancer control plan, partnership, prevention, health education

**Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.**

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The Illinois Cancer Partnership (ICP) has been an on-going supported activity led by the Illinois Department of Public Health (IDPH), Division of Chronic Disease. Representatives of the public, private, professional and voluntary agencies along with policymakers concerned about cancer in Illinois are invited to participate through the ICP in a process to develop a comprehensive cancer control plan. For this update, as well as for previous cancer control plans, the ICP was charged to provide leadership and a forum for identifying and implementing Illinois' cancer control priorities. The oral health community has been well represented in the partnership. The consistent 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 relationships within the Illinois Cancer Partnership that promote oral cancer as a population concern, (3) build capacity for oral cancer prevention and control activities, 4) provide an updated cancer control plan that is based on current data that include realistic strategies with possible interventions, and (5) leverage federal resources to better understand and support oral cancer prevention activities.

Costs include staff time for a program manager and staff time of the diverse community-based and academic organizations that are part of the cancer partnership that oversees and guide activities.

## SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

**\*\*Complete using Verdana 9 font.**

### **Rationale and History of the Activity:**

1. What were the key issues that led to the initiation of this activity?

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 Cancer Control Plan 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. Two preceding Illinois Comprehensive Cancer Control State Plans include those for years 2005-2010 and 2012-2015.

In 2016, the Illinois Cancer Partnership (ICP) was convened with the focus of updating the Illinois Comprehensive Cancer Control Plan (ICCCP). ICP, functioning under established bylaws, was charged to provide leadership and a forum for identifying Illinois' cancer control priorities based on national priorities and state and national evidence data. The 2016-2021 ICCCP will guide cancer prevention and control activities throughout Illinois with the overarching goal to reduce cancer incidence and mortality. The 2016-2021 ICCCP governs the entire course from prevention to treatment to survivorship and palliative care. Through the work of three strategic priority workgroups – prevention, early detection and screening, and care and treatment the following priority areas were identified:

#### Primary priorities

- Tobacco
- HPV vaccination
- Nutrition, Physical Activity, Obesity
- Early Detection and Screening
- Survivors

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Cancer is the second leading cause of death in Illinois. It impacts individuals, families, communities, health systems and the productivity and economy of the state. This activity (ICCCP) provides a framework for action to reduce the burden of cancer in Illinois using the principles described. Its purpose is to provide an organized approach to cancer prevention and control efforts for the entire state of Illinois.

- What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)
  1. Reestablishment of partners (June 2017)
  2. Review and Revision of ICP Bylaws (Fall 2017)
  3. Formulation and active work of 3 Strategic Priority Sub Work Groups and Plan Implementation Work Group (Fall 2017)
  4. Drafting of Illinois Comprehensive Cancer Control Plan 2016-2021 (Nov/Dec 2017)
  5. Publication of Illinois Comprehensive Cancer Control Plan 2016-2021 (pending)

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

**INPUTS**

Federal funding through the Centers for Disease Control and Prevention was and will be essential in the formulation, implementation and monitoring the ICCCP. Staff leadership within Illinois Department of Public Health and the newly formed Illinois Cancer Leadership Team (ICLT) consisting of the ICCCP Manager, Illinois Breast and Cervical Cancer Program (IBCCP) Manager, and Illinois State Cancer Registry Program (ISCR) Manager are charged overseeing the ICCCP. The ICLT will convene the IDPH Cancer Coalition (Coalition) that brings together other IDPH sections including, but not limited to: Tobacco, Cardiovascular, Immunizations, Minority Health, Illinois Behavioral Risk Factors System, Oral Health, Food Drugs and Dairy, Diabetes, HIV, WISEWOMAN, School Based Health Centers, Family Planning, Health Care Regulation, Health Protection, and the State’s IPLAN.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

**PROGRAM ACTIVITIES**

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. Illinois has been able to educate a diverse group of stakeholders on the impact oral cancer has had in our state, contribute to the work of the Illinois Cancer Partnership, build capacity for oral cancer prevention and control, and leverage federal monies to support oral cancer prevention activities as a result of incorporating oral cancer into a state comprehensive cancer control plan. Inclusion of oral cancer into a state comprehensive cancer control plan capitalizes on resources not normally available to a state oral health program.

The ICP 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 workgroup deliberations and contributed to the Illinois Comprehensive Cancer Control Plan 2016-2021.

The state oral health program will be able to specifically engage in all five of the priority areas: 1) Tobacco, 2) HPV, 3) Nutrition, Physical Activity, Obesity, 4) Early Detection and Screening, and 5) Survivorship.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

**OUTPUTS**

- Incorporation of oral cancer into the state plan has resulted in:
- The inclusion of the state oral health program in the statewide oral cancer partnership
  - Inclusion of priority areas that directly impact oral cancers
  - Development of strategies, action steps and measures that will decrease the incidence of oral and head and neck cancers that are of particular concern for the state oral health program.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- How outcomes are measured
  - How often they are/were measured
  - Data sources used
  - Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

**Planned Outcomes**

Outcome	How measured?	How often?	Data sources
Decrease the proportion of adults using tobacco products	Diverse individual, local and statewide efforts/media campaign	Annually	BRFSS
Promote utilization of the Illinois Tobacco Quitline (ITQL)	Diverse individual, local and statewide efforts/media campaign	Annually	ITQL Utilization data
Promote evidence-based education on HPV prevention and transmission prevention	Diverse individual, local and statewide efforts/media campaign	Every 3 years	Survey of providers
Increase the proportion of eligible adolescents who have completed the HPV vaccination series	Diverse individual, local and statewide efforts/media campaign	Annually	Vaccine Database
Promote oral and pharyngeal cancer screening by dentists and dental hygienists	Publication (or update) of targeted provider communication	Every 3 years	Survey of providers
HPV Provider Workshop	Attendance and session reviews	Annually	Post session survey
HPV Student/Parent Workshop	Attendance and session reviews	Annually	Post session survey
Increase HPV vaccine uptake by 10% in target age in clinical practice of select project partners	Vaccine offer and acceptance in health record	Annually	Electronic Health Record reports

**Budgetary Information:**

Minimal additional fiscal resources are needed for administration and operations for the above outlined activities. Utilizing templates provided, a white paper with state-specific data on oral cancer incidence, mortality, and behavioral risks will be assembled and disseminated to the populations of interest. 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.

- How is the activity funded?

Activity will be included in current operations.

- What is the plan for sustainability?

Minimal cost is needed. Costs associated are primarily staff time devoted to working with partners. Illinois Cancer Coalition will allow multitude sections to partner together cross cutting efforts to reduce the financial burden to all partnering agencies.

**Lessons Learned and/or Plans for Addressing Challenges:**

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

A comprehensive approach to any cancer control plan needs to include oral cancers. This allows for inclusion of oral health in the coordination of efforts for a public health approach to cancer prevention and control. The increased collaboration between diverse stakeholders in these efforts yields a relevant and well-thought-out intervention. As many state oral health programs are small by fiscal and personnel measures, leveraged resources that expand impact on resident’s oral health can additionally serve as a collaboration opportunity for state oral health program.

2. What challenges did the activity encounter and how were those addressed?

A major challenge was a change in leadership that occurred during this process that resulted in the re-writing of the cancer plan.

**Available Information Resources:**

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

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

Resources Available upon Request:

White paper: Oral Cancer: Deadly to Ignore

Illinois Comprehensive Cancer Control Plan: “Framework for Action” Moving Forward with Cancer Prevention and Control

Illinois Cancer Partnership Leadership Plan

Illinois Cancer Partnership Logic Models

Illinois Cancer Partnership Evaluation Plan

Cancer Plan Self-Assessment Tool

<https://www.cdc.gov/cancer/ncccp/cancerselfassesstool.htm>

Comprehensive Cancer Control Branch Program Evaluation Toolkit

[https://www.cdc.gov/cancer/ncccp/prog\\_eval\\_toolkit.htm](https://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm)

CDC Social Media Tools, Guidelines & Best Practices

<https://www.cdc.gov/socialmedia/tools/guidelines/socialmediatoolkit.html>

<b>TO BE COMPLETED BY ASTDD</b>	
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