

Executive Summary

The U.S. Surgeon General's Report, *Oral Health in America*, published in May 2000, describes both the "marked improvement in the nation's oral health in the past 50 years" and the simultaneous "silent epidemic of oral disease affecting our most vulnerable citizens." Huge strides have been made in improving the oral health of Illinoisans. Community water fluoridation, dental sealants, advancements in dental technology and growing public awareness of positive oral health behaviors have made it possible for many in Illinois to maintain optimal oral health for a lifetime.

At the same time, Illinois mirrors the nation in that oral disease remains pervasive among families with lower income or less education, the elderly, those with disabilities and chronic disease, those who are under-insured and other minority groups. Low income is a major risk factor for dental decay and periodontal disease. These preventable oral diseases account for a great deal of tooth loss and infections that may influence the outcomes of serious health problems such as cardiovascular disease, diabetes, pre-term low birth-weight babies and others.

The major findings and suggested framework for action put forth by the Surgeon General (See Appendix A) formed the basis for the 2002 Illinois Oral Health Plan. In response to the Surgeon General's Report, the Division of Oral Health at the Illinois Department of Public Health convened a Statewide Steering Committee to develop a Statewide Oral Health Plan. The Committee hosted seven Town Hall meetings to discuss the status of oral health with local health leaders. Based on information collected at the town hall meetings, the Steering Committee proposed a draft list of oral health priorities for the state. In response to the Surgeon General's Call to Action, the group hosted a Statewide Summit to garner support and assess public reaction to the plan (See Appendix B). Although the Summit, scheduled on September 11, 2001, was adjourned early due to the tragic national events of that now-historic date, the draft plan was disseminated to Summit members and participants, who were encouraged to provide feedback for the final plan.

The **Illinois Oral Health Plan I** (IOHP I) was distributed to all participants and partnering organizations in January 2002. The plan was utilized during the transition of state government to the Blagojevich Administration in the spring of 2002. State and local leaders made sure the new administration was aware of the plan and its importance to communities throughout Illinois.

Several components of the first plan have been successfully implemented over the past five years, including:

- ◆ Implementation of a new state oral health surveillance system
- ◆ Expansion of the IFLOSS Coalition
- ◆ New state law to require dental exams for school children in kindergarten, second and sixth grades
- ◆ Integration of oral cancer prevention into the overall state prevention efforts
- ◆ Implementation of the Early Childhood Caries Prevention Program
- ◆ Creation of the Cavity Buster Pilot program – a comprehensive school health curricula
- ◆ Collection of oral health workforce capacity data through the new surveillance system
- ◆ Expansion of continuing education opportunities for oral health professionals
- ◆ Increased community-based experiences for dental and dental hygiene students
- ◆ Increased minority representation in schools of dentistry and dental hygiene
- ◆ Expansion of oral health care services to underserved children through KidCare & All Kids
- ◆ Expansion of school-based dental sealant programs in Chicago
- ◆ Creation of the Dental Educators Forum to improve networking and educational opportunities
- ◆ Increased foundation and private sector support for oral health care programs and services

(See Appendix C for IOHP I Plan accomplishments)