

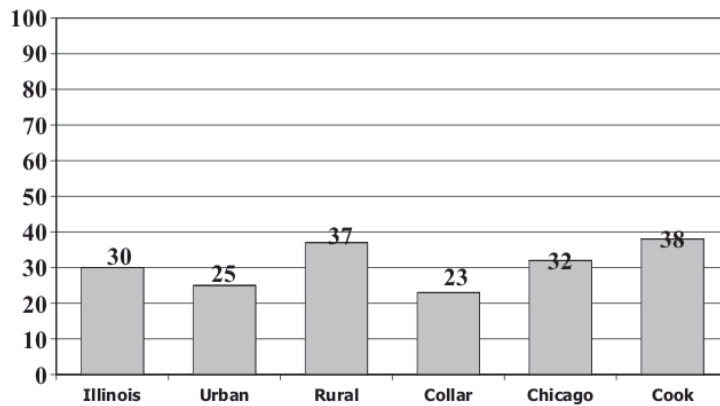
# Healthy People 2010

**The Healthy People 2010 objective is to reduce the proportion of children with dental cavity experience to 42 percent.**

**Why is this important?**

Children who have dental cavities at an early age are more likely to have decay in the future. Dental cavities are a preventable disease. The combination of factors that cause cavities can greatly be reduced through a variety of interventions. Factors include the transmissible nature of the bacteria that cause cavities, diets that include carbohydrates and sugar that fuel bacteria, poor oral hygiene, lack of dental visits and lack of adequate exposure to fluorides.

**Percentage of Children with Untreated Cavities, 2003-2004**

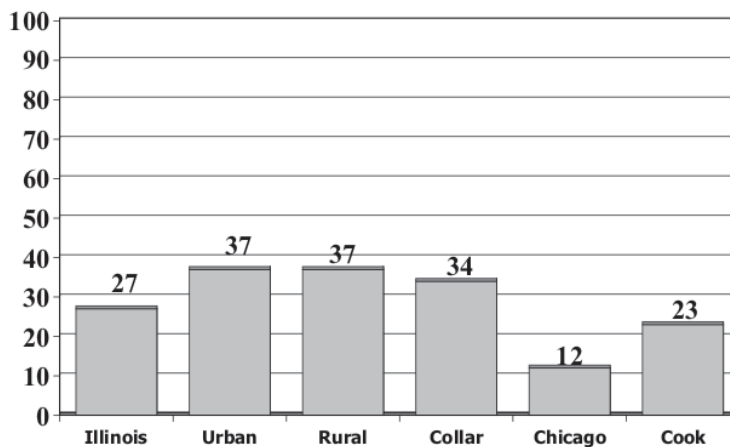


**The Healthy People 2010 objective is to reduce the proportion of children with untreated dental cavities to 21 percent.**

**Why is this important?**

Poor oral health can affect learning. According to the National Maternal and Child Health Resource Center, 51 million school hours per year are lost because of dental-related illness. Children experiencing pain are distracted and unable to concentrate on schoolwork. Children who take a test while they have a toothache do not score as well as children who are undistracted by pain. Early tooth loss caused by cavities can result in failure to thrive, speech problems and reduced self-esteem. Also, children are often unable to verbalize dental pain. Teachers may mistake their behavior for something other than a dental problem.

**Percentage of Children with Dental Sealants, 2003-2004**



# The Healthy People 2010 objective is to increase the proportion of children receiving sealants to 50 percent.

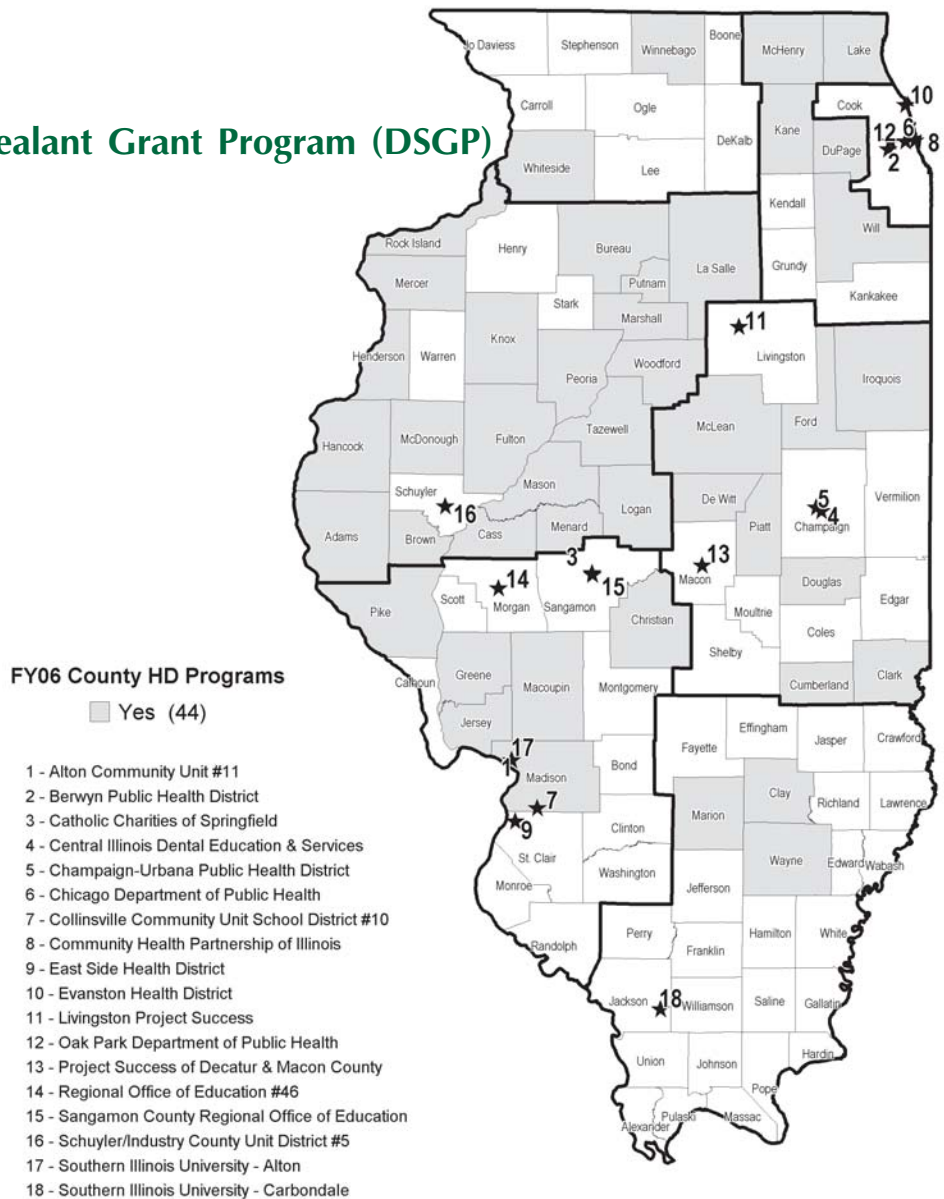
## Why is this important?

Dental sealants are thin plastic coatings applied to the chewing surfaces of molars that prevent dental decay. Sealants have been shown to be a valuable evidenced-based public health measure. When combined with appropriate use of fluorides, dental sealants can virtually eradicate dental decay, the most prevalent dental disease in our society.

Sealants also have been proven cost-effective. According to the National Maternal and Child Oral Health Resource Center's fact sheet entitled "Preventing Tooth Decay and Saving Teeth with Dental Sealants", the 1999 average cost of applying one dental sealant was \$27, compared with the average cost of filling that same tooth at \$73.77. If all children and adolescents receive appropriate amounts of fluoride and have dental sealants applied to susceptible tooth surfaces, most tooth decay could be prevented.

The **Dental Sealant Grant Program (DSGP)** assists high-risk Illinois school children by granting funds and giving technical assistance to public health service providers to develop and implement community dental sealant programs. In fiscal year 2003, the DSGP served 43,487 children placing 81,385 sealants.

## Dental Sealant Grant Program (DSGP)



The **Disaster Emergency Medicine Readiness Training (DEMRT) Center** was established at the University of Illinois at Chicago (UIC) in the summer of 2003 to help the State of Illinois recruit, train, and retain volunteer medical responders, with a particular focus on enabling oral health professionals to define a role in disaster response and to participate fully as a medical volunteer on a local, state, or federal response team. In July of 2005 the UIC DEMRT Center was named a Regional Training Center by the American Medical Association. It is one of seven centers in the nation capable of providing advanced disaster training and instructor certification and the only such center with a dentist as the Medical Director.

Though DEMRT was initially founded as a training center, it has evolved into a policy “think tank” as well. As part of the State effort to engage the oral health community, the need for protective legislation for oral health professionals was identified. Many oral health professionals were (justifiably) concerned that providing total body care, even during a disaster as part of a medical response team, could be considered acting outside of the Dental Practice Act, which could potentially lead to civil liability and/or suspension of licensure. In response to this concern, the IDPH Division of Oral Health, in conjunction with the State legislature, the American Dental Association, the American Bar Association, the DEMRT Center, and other governmental and civilian entities, drafted an amendment to the Illinois Dental Practice Act to define the “Dental Emergency Responder (DER)” and make IDPH the credentialing authority for the DER. The amendment was adopted in August of 2005 and took effect January 1, 2006. This legislation is the first of its kind and remains unique in the nation.

The **Early Childhood Caries (ECC) Prevention Program (Formerly Baby Bottle Tooth Decay (BBTD) Program)** addresses a rampant form of dental decay found in young children that is caused by a complex interaction of risk and preventive factors including improper feeding practices. It is any caries experience in children three years of age and younger. The term “baby bottle tooth decay” is no longer recommended because it implies that altering bottle use will prevent tooth decay in infants, when in reality, ECC is a complex disease and prolonged use of a bottle is only one of the risks. Interventions must integrate oral health education for parents in non-traditional settings so they begin thinking about oral health before they see the first tooth. The program was created after the IDPH Division of Oral Health completed the first statewide prevalence study of the disease in 1992. Of the 850 children screened, more than 17 percent had ECC and 76 percent of those children still needed dental treatment. The study qualified Illinois for a U.S. Centers for Disease Control and Prevention BBTD Prevention Project Award.

Since that time, an ECC prevalence study has been conducted among two- to four-year old children in the Supplemental Food Program for Women, Infants and Children (WIC). It found that 33 percent of three-year-olds showed signs and symptoms of ECC. This led to a comprehensive statewide educational program targeting low-income families in WIC/Family Case Management and Head Start. The program includes training of WIC/Family Case Management and Head Start staff to recognize ECC and the importance of prevention, and provides a teaching manual and a variety of resources for clients enrolled in the programs. The Early Childhood Caries Program works closely with the Illinois Department of Human Services, Illinois Head Start and a variety of other organizations to administer the program.

The **Craniofacial Anomaly Program** targets the families of infants born in Illinois with cleft lip and cleft palate. Two of the most common congenital anomalies, cleft lip and cleft palate, affect about one in 700 live births. Infants with these anomalies are identified through the Adverse Pregnancy Outcomes Reporting System and birth certificate information. The IDPH Division of Oral Health seeks to help the families of these children by providing them with educational and referral information, including a statewide directory of craniofacial treatment teams and educational pamphlets on the anomalies. Since the program’s inception in 1986, 4,173 Illinois families have been served.

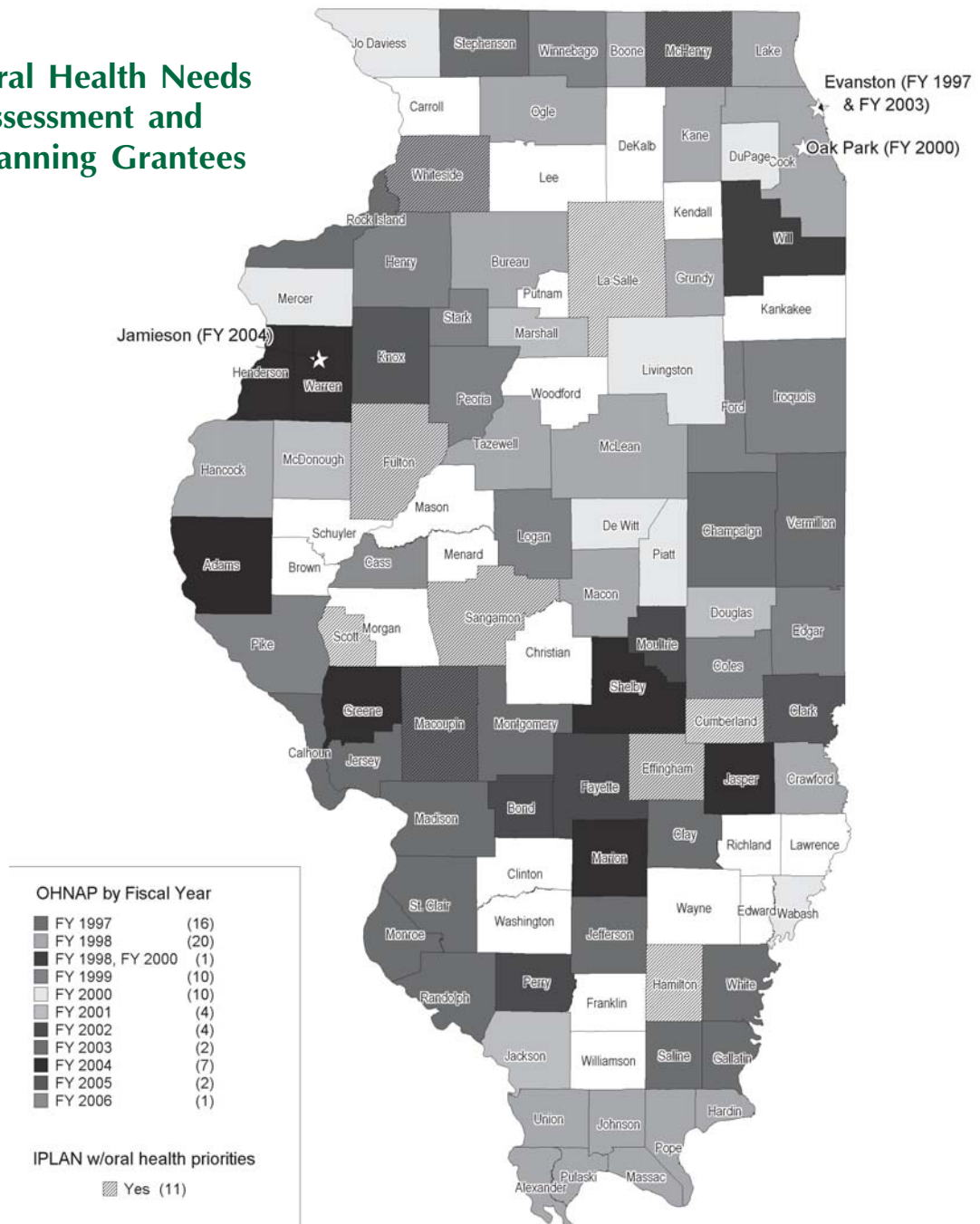
In addition, training and information is provided to perinatal and medical records hospital staff to ensure that the anomalies are detected early and reported correctly. The goal of the Craniofacial Anomaly Program is to improve the identification, reporting and early intervention of cleft lip and cleft palate in Illinois.

## Oral Health Needs Assessment & Planning

The Oral Health Needs Assessment and Planning (OHNAP) Program assists the communities in Illinois in determining their oral health status and planning comprehensive oral health programs specifically to meet community needs. The IDPH Division of Oral Health leads state planning efforts through developing a statewide oral health plan and providing training, technical assistance and quality assurance to local health departments. As of 2005, 66 OHNAP grants have been provided to support planning efforts in 79 communities in Illinois.

The Association of State and Territorial Dental Directors (ASTDD) Seven-Step Model is used to facilitate a systematic data collection and analysis process that is translatable into an action plan. At the heart of this model is a core set of information that all oral health programs should include. The step-by-step process in this model engages the community to provide integrated information about oral health status, the existing health system, and resources. Community resources are best used when targeted to populations currently most at risk. The process is completed with development of appropriate community intervention strategies and implementation of the action plan.

## Oral Health Needs Assessment and Planning Grantees



### **IFLOSS Coalition: Communities working together to improve oral health in Illinois**

In 1998, the IFLOSS Coalition was created by communities interested in improving oral health in Illinois. Partners in the IFLOSS Coalition include local health departments, dentists and dental hygienists, community health centers, maternal and child health workers, schools, state agencies, advocacy groups, the dental and dental hygiene associations, and other community members. IFLOSS has established regional and statewide networks to distribute materials and information to oral health advocates, operates a consortium for purchasing oral health supplies, and facilitates an oral health listserv. The Coalition meets regularly to discuss program and legislative initiatives, advocacy issues and to assist communities with the start-up and maintenance of dental clinics for underserved areas of the state.

IFLOSS has developed interventions that address access to oral health. The organization has worked to promote legislative agendas to increase funding for HFS medical benefits and public health oral health programs, has developed an oral health marketing plan and a public dental clinic development manual, and holds quarterly meetings allowing partners to network and build capacity.

IFLOSS has also published and/or distributed the following documents:

- *Illinois Oral Health Plan (2002)*
- *Compendium of Community Efforts to Improve Oral Health in Illinois*
- *Women and Children's Oral Health Manual (Early Childhood Caries Prevention Manual)*
- Safety Net Dental Clinics List

### **Illinois State Oral Health Surveillance System**

The framework for action to promote oral health put forth by the U.S. Surgeon General forms the basis for the Illinois Oral Health Plan (IOHP). One of the priorities of this 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 this surveillance system. Since 2000, the IDPH Division of Oral Health has been developing the Illinois' Oral Health Surveillance System (IOHSS).

An IOHSS advisory committee of key stakeholders and experts in oral health and epidemiology has guided the development of the surveillance system, assured that the IOHSS is addressing the needs of the communities and promoted the use of surveillance information by communities. The goal of the IOHSS is to monitor Illinois-specific, population-based data on oral disease burden and trends, measure changes in oral health program capacity, and monitor and report community water fluoridation quality.

The IOHSS is funded by Illinois' cooperative agreement with the Centers for Disease Control and Prevention (CDC). The IOHSS is modeled after the National Oral Health Surveillance System. The IOHSS helps monitor the progress towards reducing oral health disparities and gathers evaluation data for program improvement, decision-making, and policy development/enhancement. With the IOHSS, Illinois is able to identify high-risk populations, allocate the limited resources to the most needy populations, monitor progress and quality improvement, and form policy development.

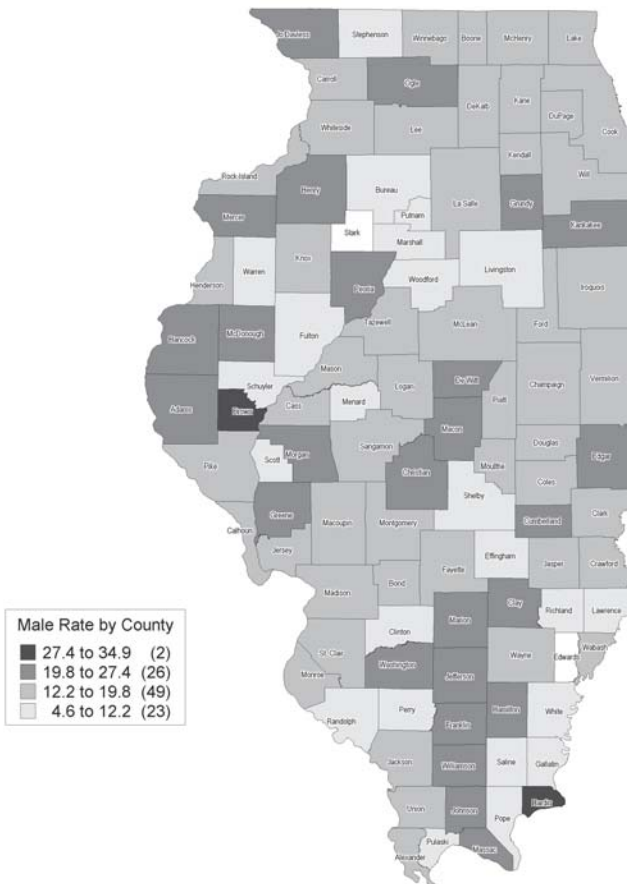
In 2002, as a result of the IOHP I, the State of Illinois received funding from the CDC to develop and implement the IOHSS system in Illinois. In 2007, the IDPH Division of Oral Health will release the IOHSS Burden Document to highlight the state data collected through the IOHSS system. The system tracks workforce, cavity, sealant, oral cancer, and other indicators for the State of Illinois. Copies of the Burden Document will be available from the IDPH Division of Oral Health.

The **Oral Cancer Prevention Program** assists local health departments in implementing community-specific plans for early detection (through oral screenings) and increasing public awareness regarding the risk factors of and prevention for oral cancer. The importance of these measures cannot be overstated. Oral cancer is the fifth leading cause of death in African-American males. Three project areas were targeted for grant funding by the IDPH, Division of Oral Health based on rates of oral cancer deaths and late stage detection. They cover ten counties in Central

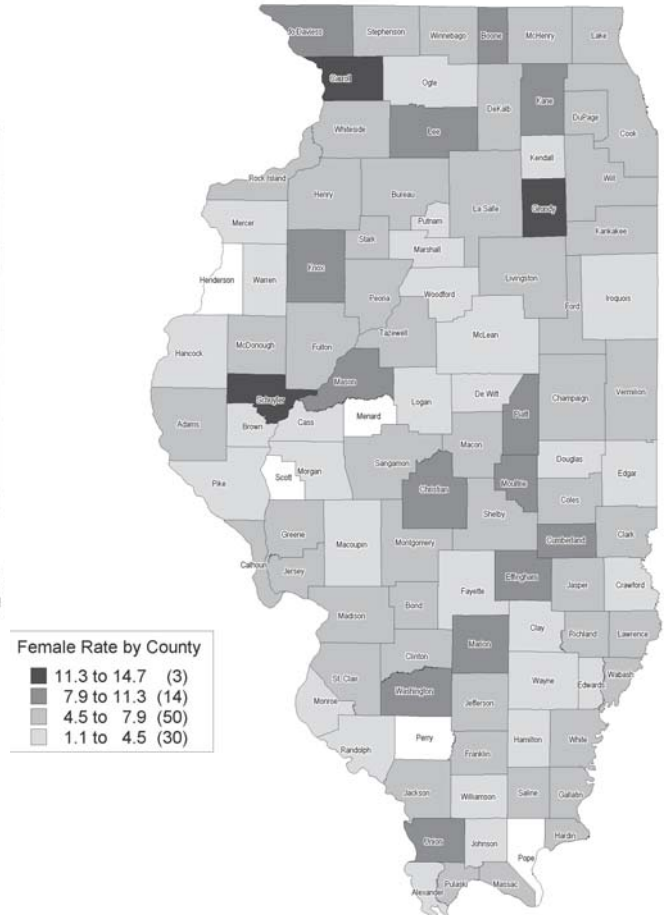
Illinois, six counties in West-Central Illinois, and the East St. Louis area. The grantee communities have developed comprehensive, community-specific plans and are implementing strategies aimed at preventing oral cancer through education and increasing survival rates through early detection and screening. Communities work collaboratively with local dental and medical providers, focusing on high-risk populations and integrating activities with other cancer prevention programs.

Future plans include expanding the focus on smokeless tobacco in collaboration with the IDPH Tobacco Control Program. Many oral health risks are associated with smokeless tobacco, a known cause of oral cancer. Chewing tobacco has also been linked to dental caries. The National Institutes of Health and the Centers for Disease Control and Prevention found “chewing tobacco users were four times more likely than non-users to have decayed dental root surfaces”. (Tomar, SL, “Chewing Tobacco Use and Dental Caries among U. S. Men,” *Journal of the American Dental Association*, 1999 130:160.) The use of smokeless tobacco can also lead to gingivitis, which can contribute to bone and tooth loss. Prior research (O’Connor, Flaherty, Edwards, and Kozolowski, 2003) has shown that young males ages 12-18, who were not smokers, but regularly used smokeless tobacco, were three times more likely to become smokers. In Illinois, 5.6% of middle school students and 3.7% of high school students currently use smokeless tobacco (YTS 2006, provisional data). The use of one tobacco product may play a role in the dependence of nicotine. In 2002, the Oregon Research Institute conducted a study to determine the effectiveness of dental health workers in promoting behavior change. They found that smokeless tobacco users who received counseling were more likely to quit. Hygienists who are trained through workshops are more likely to discuss cessation efforts with their patients. According to the 2005 Illinois Adult Tobacco Survey, three in ten adults who had a dental visit in the past year were asked by their dentist if they smoked in the past 12 months. An intensive evaluation component is a feature of this project, which is expected to become a model for the nation.

### Oral and Pharyngeal Cancer Incidence Rates 1998-2002 - Male



### Oral and Pharyngeal Cancer Incidence Rates 1998-2002 - Female



The **Orofacial Injury Control and Prevention Program/Project Mouthguard** is an injury control initiative developed by the IDPH Division of Oral Health and office of Health Promotion that is designed to reduce the incidence of orofacial sports injuries. The focus of this project is on increasing knowledge and awareness among Illinois schoolchildren regarding the importance of preventing these types of injuries and implementing community-based programs to extend the requirement for mouthguard use among children who participate in athletic activities.

Facial trauma, including injuries to the jaw and dentition, results from a variety of causes. Although studies show the major causes of facial trauma to be automobile accidents and assaults, contact sports also contribute significantly to orofacial injuries. The Division of Oral Health has conducted studies to determine the incidence, pattern of involvement, degree of injury and etiology of orofacial sports injuries in school populations.

The Orofacial Injury Control and Prevention Program promotes the use of mouthguards in all athletic events that pose the risk of sustaining an orofacial injury by granting funds and providing technical assistance to public health service providers to develop and implement community-based mouthguard programs. Components of this program include data collection, media communications, legislative initiatives, and evaluation.

The **Private Well Testing Program** enables Illinois residents who do not reside in areas served by community water supplies to determine the fluoridation level of their water. In areas where community water fluoridation is not available, such as in many homes with private wells or in mobile home communities, it is possible to prescribe supplemental fluorides. The effect of optimal fluoride levels in drinking water during the years of tooth development and throughout life has been demonstrated. Tooth decay may be reduced by up to 65 percent for individuals who drink water with optimal levels of fluoride from birth. The fluoride level of drinking water must be determined prior to prescribing appropriate fluoride supplements for children. The IDPH divisions of Oral Health and Laboratories will test the fluoride level for private wells serving homes and mobile home communities where children reside.

The school-based **Sodium Fluoride Mouthrinse Program** began in 1976. It is promoted to mainly rural school systems in which a majority of students reside in areas where drinking water comes from private wells rather than from fluoridated community water systems. These preventive programs use a 0.2 percent solution of sodium fluoride in the form of a mouthrinse. The schoolchildren rinse for one minute once each week, usually in their classrooms. The target grades are kindergarten through sixth grade. A variety of clinical trials have shown that fluoride mouthrinse programs result in caries reductions of 20 percent to 30 percent.

The **Spit Tobacco Program, "SOS: Snuff Out Smokeless,"** is a comprehensive statewide educational intervention project. The use of smokeless tobacco is a growing health problem. A survey of smokeless tobacco use among Illinois schoolchildren conducted by the IDPH Division of Oral Health indicated that in certain areas of Illinois approximately one in four adolescent males uses smokeless tobacco products. The "SOS: Snuff Out Smokeless" program includes a media campaign, pamphlet and poster development, a statewide task force, local health department programs and legislative initiatives. The goal of the program is to prevent the onset and reduce the prevalence of smokeless tobacco use among young people through increased awareness and knowledge of the health risks.

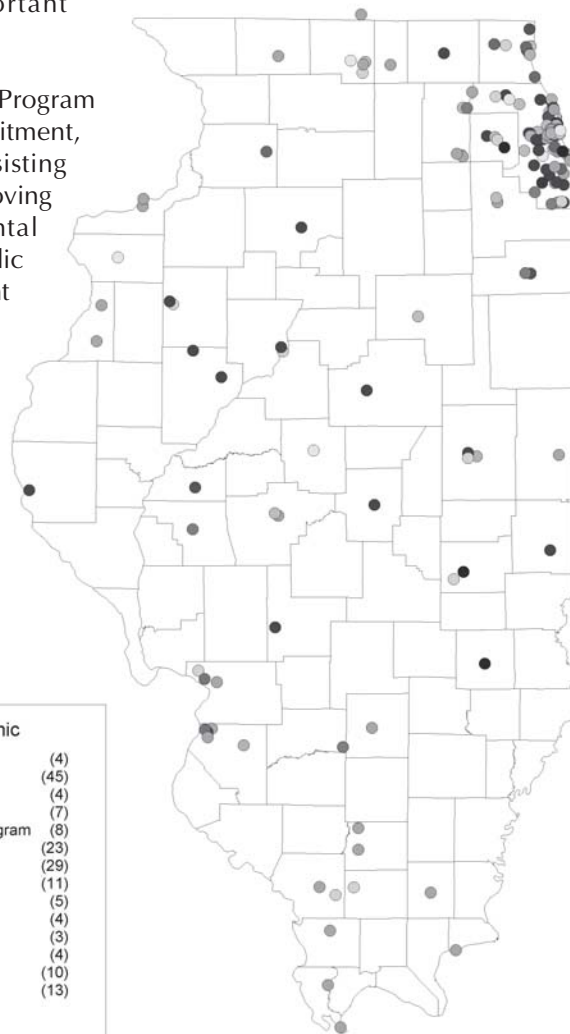
**Oral Health Improvements for HFS Beneficiaries.** Under the administration of Governor Rod R. Blagojevich, oral health care services have been expanded to families in need of care. In his first year in office, income eligibility for Medicaid/ State Children's Health Insurance Program, offering preventive and restorative dental care to children, was increased from 185 to 200 percent of the federal poverty level (FPL). In addition, income standards for parental coverage through Family Care, which offers restorative care to eligible adults, were expanded from 49 to 90 percent of the FPL. In 2004, eligibility for parents through Family Care was increased to 133 percent of the FPL, and by January 1, 2006, parents or caretaker relatives with income up to 185 percent of the FPL were covered. On that same date, HFS rates paid to dental care providers for children's preventive dental services were substantially increased, an effort that is expected to result in enhanced access to preventive care for Illinois children.

In July 2006, the Governor introduced **All Kids**, the first program in the nation to provide access to comprehensive, affordable health care, including preventive and restorative dental services, to every uninsured child. The Illinois Department of Healthcare and Family Services (HFS) has worked closely with its dental administrator on a periodic outreach campaign targeting the families of children ages 3 to 18 who have been continuously enrolled in HFS programs for 12 months, but have not had a dental service during that time frame. In addition, with a grant from the Michael Reese Health Trust and under the State's ten percent Title XXI administrative cap, HFS is working with IDPH and physicians of pediatric care to conduct a fluoride varnish pilot project at selected sites in Cook County. The results of the fluoride varnish pilot should contribute to the body of knowledge about best practices in dental health care delivery to improve access to important preventive measures.

HFS' administrator for its Dental Program is responsible for provider recruitment, education, client education, assisting with referrals to dentists, and improving children's participation in dental services under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. This effort has resulted in an increase in preventive dental health utilization that will be measured and monitored over time.

## Safety Net Dental Clinics

Type of Clinic	
●CHC	(4)
●FQHC	(45)
●Hospital	(4)
●Mental Health	(7)
●Mobile Dental Program	(8)
●NP	(23)
●PH	(29)
●PH/FQHC	(11)
●Referrals	(5)
●SBHC	(4)
●SBHC-mobile	(3)
●SCH-DDS	(4)
●SCH-DDS-RES	(10)
●SCH-RDH	(13)



IDPH, Division of Oral Health  
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