Proceedings
Illinois Oral Health Summit
September 11, 2001

Illinois’ Response to the Surgeon General’s Report on Oral Health in America

Introduction and Purpose

The landmark Illinois Oral Health Summit convened on September 11, 2001 in Chicago, Illinois. The Summit was planned as one of Illinois’ many strategic responses to the Surgeon General’s Report on Oral Health in America, issued in January 2000. Welcoming comments, and several key presentations on the Summit agenda were completed before an unanticipated adjournment at 10:15 am CST. The tragic events that affected the United States that morning prevented the Illinois Oral Health Summit from continuing as planned. Collectively, the minds and hearts of Summit participants moved from Chicago to New York, Washington D.C., and Pennsylvania. In lieu of formal proceedings, the purpose of this document is to describe the efforts that led up to the Illinois Oral Health Summit, to document the extensive collaborative preparation that helped the Summit to be a reality, and to list next steps in Illinois’ continuing response to improving oral health for its residents.

Background

The Illinois Oral Health Summit was convened by the Illinois Department of Public Health on September 11, 2001 at the University of Illinois in Chicago’s School of Public Health. The Summit was designed to provide a forum for policy makers and key stakeholders in Illinois to learn about key issues in oral health from a variety of perspectives, and in light of that knowledge, to react to a draft of the Illinois Oral Health Plan.

As stated previously, the Illinois Oral Health Summit was one component of a continuous and Illinois-specific response to the “Call for Action” articulated in the Surgeon General’s Report: Oral Health In America. The five key elements in the “Call to Action” are to:

- Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health.
- Build an effective oral health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.
- Remove known barriers between people and oral health services.
- Accelerate the building of the science and evidence base and apply science effectively to improve oral health.
- Use public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.
Illinois has been responding for well over a decade to these key elements of the Surgeon General’s Call to Action. For example, Project Smile, a statewide oral health survey conducted between 1993-1994 gathered the most reliable estimates of dental disease in children ever collected in Illinois. This assessment utilized state of the art dental public health surveillance methods. This documentation resulted in the expansion of the Department of Public Health’s School Based Sealant Program.

Each year, Illinois provides data to the National Oral Health Surveillance System, such as the fluoridation status of the population. Despite this effort, Illinois does not have a state oral health surveillance system in place that produces uniform agreed upon data, collected routinely, and that can be utilized to assess oral health status and oral health service delivery trends.

Communities throughout Illinois have in part filled this void, and established a trend of systematic oral health status assessment. Since 1996, over 50 grantees, representing 61 local health departments have participated in the Oral Health Needs Assessment and Planning Program developed by the Illinois Department of Public Health. The program helps communities to develop local partnerships for collecting data, identify oral health needs, and build oral health improvement plans. These community assessment results represent a growing database of information that suggests both access challenges and disparities in oral health exist in Illinois, particularly for low-income persons of all ages.

The IFLOSS Coalition started its efforts in 1998. The Coalition was developed to help expand safety net clinics and outreach programs for uninsured and under insured individuals. Partners in the statewide IFLOSS Coalition include local health departments, dentists and dental hygienists, community health centers, maternal and child health workers, schools, and other community members. In its short history, the IFLOSS Coalition has established not only a statewide presence, but it has also developed materials and information to assist communities with the start up and maintenance of dental clinics for the underserved.

Between 1999-2001, the federal Bureau of Health Professions (within the Health Resources and Services Administration) funded the UIC School of Public Health to convene individuals and organizations that are critical to the infrastructure of dental health service delivery in Illinois. The Deans of both the UIC College of Dentistry and the SIU Dental program, as well as the Dean of the UIC School of Public Health, and representatives from Dental Hygiene Education Programs, as well as others came together to develop a roadmap that would assure a solid dental public health infrastructure for Illinois. This infrastructure includes physical plants, technology, personnel, state of the art educational programs, and research tools. Results of that effort formed a strong foundation, and served as the basis for several action steps in the draft Illinois Oral Health Plan.
In work on behalf of their constituents, the Illinois Rural Health Association, the Chicago Partnership for Health, the Campaign for Better Health Care and many other groups and organizations in Illinois identified barriers to accessing oral health services in recent years. These barriers include lack of transportation, lack of childcare and language. Living in nursing homes has been identified as a major barrier to oral health care, and to address this need the Illinois State Dental Society and the Illinois Dental Hygienists’ Association have been funded by the Illinois Department of Public Health to address basic oral health needs for those living in long term care facilities. The Illinois Center for Health Workforce studies released its study on Access to Dental Services for Low-Income Children in 2000. Another study on the uncompensated care provided by health care providers and dentists in Illinois contained recommendations to expand access and services to low income and vulnerable populations.

These efforts and countless others by individuals, organizations and communities across Illinois created the need for a forum that could provide information to state leaders about the extent and success of these efforts, and to propose a plan for bringing them together. The Illinois Oral Health Summit was designed to serve as that forum for policy makers and resource holders in Illinois.

**Process**

**Steering Committee**

In August 2000, the National Governor’s Association (NGA) announced that it would convene a Policy Academy on Oral Health. Interested states were asked to submit an application that included a description of a state team—with representatives from the Governor’s office, the State Health Agency the State Medicaid Agency, the State Dental Association, the legislature, the Primary Care Association, the business community, and the not-for-profit sector – that would participate in the Academy. Although Illinois was not funded, the application process established a core group of individuals that together could tackle some very important issues in oral health.

The Illinois Department of Public Health, Division of Oral Health, asked this group (and some others) to serve as the Steering Committee for the Illinois Oral Health Summit. The purpose of the Committee was to develop a draft oral health plan for Illinois, and to prepare for and convene an Oral Health Summit in September 2001. Members of the Steering Committee included representatives from the following organizations, associations and state agencies:

- Illinois Maternal and Child Health Coalition
- Illinois Primary Health Care Association
- Illinois State Dental Society
- Ounce of Prevention Fund
• Illinois State Agencies
  o Public Health
  o Human Services
  o Public Aid
• University of Illinois at Chicago School of Public Health

Two members of the Illinois General Assembly, Representatives Renee Kosel and David Miller, also served as members of the Summit Steering Committee and provided invaluable advice and counsel during the Summit planning process.

The Summit Steering Committee convened monthly via conference call between April and September 2001, and all correspondence was conducted via email. The Steering Committee formalized the purpose of the Summit: to showcase existing efforts in Illinois’ response to the Surgeon General’s Call to Action, to provide information to policy makers and resource holders on these existing efforts, and to share the draft of a state oral health plan as yet another element of Illinois’ response to the Surgeon General’s Call to Action. To meet this charge, the Steering Committee developed the Summit agenda, recommended speakers, and coordinated the invitation process for the Summit.

Additionally, the Steering Committee reviewed the strategy suggestions and findings from efforts and research on oral health conducted in Illinois. Based on this information, the committee approved a draft proposed list of oral health priorities for the state developed by the Division of Oral Health.

**Community Input Sessions**

The IFLOSS Coalition recommended to the Steering Committee in April 2001 that a series of community input sessions be held around Illinois. The purpose of these sessions would be to:

• Listen to community perspectives on local oral health issues and priorities.
• React to the draft proposed set of oral health priorities identified by the Summit Steering Committee.
• Ask for community input and advice as to how to address oral health priorities in Illinois.

Seven (7) meetings were held between May 25 and July 17, 2001 in Mt. Vernon, Champaign, Bloomington, Rock Island, Alton, Chicago, and Aurora. These meetings captured input from approximately 300 community members from across Illinois. In general, participants in the community meetings felt that the common priorities shared at these meetings reflected their local needs and issues. Ideas, suggestions or nuances of issues were also often described during the community input sessions. The themes and advice offered throughout this process were incorporated into the proposed
Illinois Oral Health Plan.

A summary of findings from the community meetings was included in the materials distributed at the Illinois Oral Health Summit and is available from the Department of Health, Division of Oral Health. The state summary and notes from each community meeting were sent to the community meeting conveners in August 2001 for review and subsequent distribution.

**Summit White Papers**

The Summit Steering Committee determined that a “call for papers” would be another opportunity for organizations or individuals to share information or perspectives on oral health with Summit participants. Participants were invited to submit papers in advance of the Summit, and submissions were received from the Illinois State Dental Society, the Illinois Dental Hygienists’ Association, the Division of Oral Health (Department of Public Health), and the Illinois Chapter of the American Academy of Pediatrics, the Ounce of Prevention Fund, and the Cook County Department of Public Health. Each paper was reviewed by the Division of Oral Health for the Steering Committee, and distributed at the Summit. The Oral Health Summit White Papers are available from the Division of Oral Health.

**Summit Day**

The Summit began with a welcome from both Dr. John Lumpkin, Director of the Illinois Department of Public Health, and Dr. Caswell Evans, Director, National Oral Health Initiative, Office of the U.S. Surgeon General. Dr. Evans congratulated Illinois’ on its impressive efforts, and suggested that Illinois’ oral health plan could serve as a model for the nation. Amy Abel, meeting facilitator, reviewed the Summit agenda and expectations for the meeting.

Lewis Lampiris, DDS, MPH, Chief, Division of Oral Health, began the educational portion of the agenda by providing a historical background on the efforts and events that contributed to the need for an Illinois Oral Health Summit. Dr. Lampiris also described the role and importance of a state oral health plan for Illinois’ current and future efforts. Dr. Lampiris concluded by suggesting the need for a formal charge from the group convened to the Steering Committee, for a continuation of the good efforts to date.

The first panel presentation on the Summit agenda was designed to highlight those issues—highlighted in the Surgeon General’s Report—that are especially critical in Illinois. The first panelist was Dr. Robert Boone, a family physician from Champaign, Illinois. Dr. Boone presented his perspective on the relationship between oral health and systemic health. (NOTE: Dr. Boone’s presentation has been transcribed and his comments are available from the Division of Oral Health, along with the presentation materials from other panelists). Ray Cooke, President of the IFLOSS Coalition and
Director of the Springfield Department of Health, described the role of local health departments in the prevention of oral disease in the entire population. Dr. Bruce Graham, Dean of the UIC College of Dentistry then made a presentation on behalf of the dental and dental hygiene education programs in Illinois. This presentation covered the issues and challenges faced by the educational institutions, particularly the challenge of serving first and foremost as educators, but also as safety net providers of dental services.

Following Dr. Graham’s presentation, Dr. Susan Scrimshaw, Dean of the UIC School of Public Health, asked that the Illinois Oral Health Summit conclude in light of the circumstances unfolding in New York, Washington D.C., and Pennsylvania. At this time, key senators, representatives and agency directors in Illinois were also being called to emergency duties, and could no longer devote their attention to the Oral Health Summit.

Dr. Lampiris assured participants that the Summit Steering Committee would follow up with them, and the Summit adjourned at about 10:15 CST.

Post Summit

The Illinois Oral Health Summit began on September 11, 2001 in a spirit of cooperation, fueled by the momentum of months of positive activity across the state. The Summit Steering Committee made a commitment to continue this effort together, and to emphasize the importance and value of oral health in the most appropriate and important ways possible in the months ahead. Therefore, the following next steps will be implemented in follow up to the Illinois Oral Health Summit, in an effort to develop and adopt a working state oral health plan.

1. The Division of Oral Health and other partners will work to garner reactions from those invited to participate at the Oral Health Summit though correspondence. Materials distributed at the Summit will be reviewed and participants have been asked for comments on the proposed Oral Health Plan to the Division of Oral Health by October 15, 2001.

2. The Steering Committee will review comments and approve a revised plan based on the feedback received from Summit participants, and their own continuous review since the Summit.

3. The Illinois Oral Health Plan will be published and disseminated to all who have participated in the process – as well as to key agency leaders and other leaders in oral health—by November 30, 2001.

4. A legislative hearing or other public forum on oral health issues in Illinois will be convened in December 2001 or January 2002, and a follow up Summit is proposed for fall 2002.