

State Dental Director and Key Oral Health Staff Survey

Instructions

The Centers for Disease Control and Prevention's Division of Oral Health (DOH) currently funds 21 states to build and/or maintain effective public health capacity for implementation, evaluation, and dissemination of best practices associated with oral disease prevention and improvement of oral health through Cooperative Agreement DP13-1307, State Oral Disease Prevention Programs.

Your state was one of the recipients of this cooperative agreement. We are reaching out to seek your input to help DOH identify needs and gaps in implementing state oral health programs in key areas, determine what resources state health departments need to improve state oral health program implementation, and provide insights into ways in which the technical assistance provided to state health departments can be improved.

We are seeking your input in the following areas:

- Program leadership and staff capacity.
- Oral health coalitions.
- State oral health plan.
- Oral health surveillance.
- School-based/linked sealant programs.
- 3rd grade Basic Screening Survey.
- Community Water Fluoridation.
- CDC technical assistance.

The survey is voluntary and should take **no more than 32 minutes**. There are no known risks or direct benefits to you from participating or choosing not to participate, but your answers will help provide insight on challenge and lessons learned in implementing state oral health programs. Your feedback will also help guide decisions about how CDC can continue to support states in the future.

Please complete the survey by **{DATE}**.

If you have any questions or concerns about this survey, please do not hesitate to contact Dr. Nita Patel at nfp5@cdc.gov or 404-639-8706.

CDC estimates the average public reporting burden for this collection of information as **32 minutes** per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333.

State Dental Director and Key Oral Health Staff Survey

Section 1. Program Leadership and Staff Capacity

Please tell us a little about yourself and your state oral health program.

1. Which state/territory does your state oral health program represent? *Please enter two character abbreviation.* __ (50 Character Free Response) *Required Question
2. What is your position in the state oral health program? (50 Character Free Response) *Required Question
3. Has your state oral health program experienced any staffing constraints during the five-year Cooperative Agreement (CoAg) (2013 – 2018)? *Examples of staffing constraints include key leadership position remain unfilled, staff positions remaining vacant due to hiring freeze or budget constraints.*
 - a. YES
 - b. NO [SKIP TO QUESTION 5]
4. How did staffing constraints affect the delivery of oral health services within your state over the five-year Cooperative Agreement? *Examples of staffing constraints include key leadership position remain unfilled, staff positions remaining vacant due to hiring freeze or budget constraints.* (150 Character Free Response)

Section 2. Oral Health Coalitions

In the next section, we would like to learn more about the oral health coalition in your state.

5. How long has your state had an oral health coalition?
 - a. 0 (State does not have an oral health coalition.) [SKIP TO QUESTION 10]
 - b. <1 year
 - c. 1-5 years
 - d. 6-10 years
 - e. 11-15 years
 - f. > 15 years
 - g. Do not know
 - h. Other (please specify) _____ (50 Character Free Response)

| | Yes | No | Don't Know |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 6. Does the oral health coalition have a 501c (3) status? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the 501c(3) status achieved during this CoAg (i.e., August 2013 – August 2018)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. What are some of the key achievements of the oral health coalition within your state? (150 Character Free Response) | | | |

9. What have been some of the key challenges faced by the oral health coalition within your state?
(150 Character Free Response)

Section 3. State Oral Health Plan

A state oral health plan is a roadmap for accomplishing the goals and objectives that have been developed in collaboration with partners and stakeholders, including the state oral health coalition, and members from the public health, dental and medical communities.

10. How has your state used data from your state oral health plan for decision-making? Please provide 3 – 5 detailed examples. (150 Character Free Response)

Section 4. Oral Health Surveillance

This CoAg required states to establish an oral and craniofacial health surveillance system using ASTDD Best Practices Plan Guidelines.

11. How long has your state had an oral and craniofacial health surveillance system?
- 0 (State does not have an oral and craniofacial health surveillance system.) **[SKIP TO QUESTION 13]**
 - <1 year
 - 1-5 years
 - 6-10 years
 - 11-15 years
 - > 15 years
 - Do not know
 - Other (please specify) _____ (50 Character Free Response)

12. Please provide at least 3 – 5 detailed examples of how your state disseminated information on the burden of oral disease during this CoAg (i.e., August 2013 – August 2018). (150 Character Free Response)

Section 5. School-based/linked Sealant Programs

In the next section, we would like to learn more about school-based/linked sealant programs in your state.

| | Beginning of funding period (FY 2013) | End of funding period (FY2017) |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|
| 13. Did your state practice act allow dental hygienists or therapists to place sealants without a dentist's supervision in school settings? | (Y/N) | (Y/N) |
| 14. Can dental hygienists or therapists bill Medicaid for sealants placed in school settings? | (Y/N) | (Y/N) |

15. Were there any other changes in your state that affected the implementation of school-based/linked sealant programs during the five-year funding period (i.e., August 2013 – August 2018)? (150 Character Free Response)

Section 6. 3rd Grade Basic Screening Survey (BSS)

This CoAg required states to conduct at one 3rd grade Basic Screening Survey (BSS) during the five year funding period (i.e., August 2013 – August 2018).

16. Did your state oral health program increase the sample size of the the 3rd grade Basic Screening Survey (BSS) to gain more precise estimates or to obtain estimates for sub-populations of interest (e.g., poor children)? (150 Character Free Response)
17. What were some of the key challenges within your state in conducting the 3rd grade student BSS? (150 Character Free Response)
18. How can your state expand the reach of the 3rd grade student BSS in the future? (150 Character Free Response)
19. Did your state oral health program use your BSS findings to target prevention programs or engage key stakeholders/decision makers? Please describe any additional ways you used BSS findings. (150 Character Free Response)

Section 7. Community Water Fluoridation

20. Has there been any rollback to community water fluoridation within your state over the past 5 years of the CoAg (2013 – 2018)?
- Yes
 - No [SKIP TO QUESTION 18.]
21. Please rank in the order of importance, some of the reasons for community water fluoridation rollback in your state within the past 5 years. (Rank these 1=most important, 4=least important)
- Lack of funding
 - Lack of trained staff
 - Anti-fluoridation movement
 - Changes in policy
 - Other (please specify) _____ (50 Character Free Response)
22. What are some of the challenges your state oral health program has faced over the past 5 years in maintaining community water fluoridation? (150 Character Free Response)
23. What are some of the challenges your state oral health program has faced over the past 5 years in expanding community water fluoridation in the state? (150 Character Free Response)
24. How did your state address the challenges to expanding community water fluoridation in your state? (150 Character Free Response)

Section 8. CDC Technical Assistance

25. Which of the following areas did you reach out to **CDC Subject Matter Experts (SMEs)** for technical assistance over the past 5 years? *Check all that apply.*
- School based sealant program
 - Oral health surveillance
 - Community water fluoridation
 - Evaluation
 - Medical/dental integration
 - Infection control
 - Healthy People 2020
 - Other (please describe) (50 Character Free Response)

For Questions 25 - 28, please select one response.

| | Very satisfied | Somewhat satisfied | Neutral | Somewhat dissatisfied | Very dissatisfied |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 26. How satisfied were you with the technical assistance you received from CDC project officers over the course of the five-year Cooperative Agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. How satisfied were you with the technical assistance you received from CDC SMEs for School-based/linked sealant programs over the course of the five-year Cooperative Agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. How satisfied were you with the technical assistance you received from CDC SMEs for evaluation over the course of the five-year Cooperative Agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. How satisfied were you with the technical assistance you received from CDC SMEs for community water fluoridation over the course of the five-year Cooperative Agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. What additional types of technical assistance from CDC Project Officers will be helpful in the future? (50 Character Free Response) | | | | | |
| 31. What additional types of technical assistance from CDC SMEs will be helpful in the future? (50 Character Free Response) | | | | | |

Survey Complete

Thank you for participating in our survey. Your responses are very important to us. If you have any questions about the survey, please feel free to contact Nita Patel at nfp5@cdc.gov or 404-639-8706.