

Form Approved
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Instructions

The Centers for Disease Control and Prevention's Division of Oral Health (DOH) currently funds 21 states to build 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 challenges 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.

Section 1. Program Leadership and Staff Capacity

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

1. Which state or territory does your state oral health program represent? Please enter two-character abbreviation. **Required Question*

2. What is your position in the state oral health program?

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.*

Yes

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.*

Section 2. Oral Health Coalition

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?

- 0 (State does not have an oral health coalition.) [SKIP TO QUESTION 10] 11–15 years
- <1 year >15 years
- 1–5 years Do not know
- 6–10 years

Other (please specify)

6. Does the oral health coalition have a 501c (3) status?

- Yes
- No
- Don't Know

7. Was the 501c(3) status achieved during this CoAg (August 2013–August 2018)?

- Yes
- No
- Don't Know

8. What are some of the key achievements of the oral health coalition within your state?

9. What have been some of the key challenges faced by the oral health coalition within your state?

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 of 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

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?

- | | |
|--|-----------------------------------|
| <input type="radio"/> 0 (State does not have an oral and craniofacial health surveillance system.) [SKIP TO QUESTION 13] | <input type="radio"/> 11–15 years |
| <input type="radio"/> <1 year | <input type="radio"/> >15 years |
| <input type="radio"/> 1–5 years | <input type="radio"/> Do not know |
| <input type="radio"/> 6–10 years | |

Other (please specify)

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

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.

13. Did your state practice act allow dental hygienists or therapists to place sealants without a dentist's supervision in school settings?

Beginning of funding period (FY 2013)

End of funding period (FY 2017)

14. Can dental hygienists or therapists bill Medicaid for sealants placed in school settings?

Beginning of funding period (FY 2013)

End of funding period (FY 2017)

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?

18. How can your state expand the reach of the 3rd grade student BSS in the future?

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)

22. What are some of the challenges your state oral health program has faced over the past 5 years in maintaining community water fluoridation?

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?

24. How did your state address the challenges to expanding community water fluoridation in your state?

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 specify)

26. How satisfied were you with the technical assistance you received from **CDC project officers** over the course of the five-year Cooperative Agreement?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

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?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

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?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

Attachment B: Instrument: Online Survey- Web Version

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="radio"/> Very satisfied | <input type="radio"/> Somewhat dissatisfied |
| <input type="radio"/> Somewhat satisfied | <input type="radio"/> Very dissatisfied |
| <input type="radio"/> Neutral | |

30. What additional types of technical assistance from **CDC Project Officers** will be helpful in the future?

31. What additional types of technical assistance from **CDC SMEs** will be helpful in the future?

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.