

# Synopses of State Dental Public Health Programs

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## Supporting Statement B

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## ATTACHMENTS

1. Public Health Service Act [42 U.S.C. 247, 301]
- 2a. Synopses of State Dental Public Health Programs (Word Version)
- 2b. Synopses of State Dental Public Health Programs (Survey Monkey Version)
- 2c. Email Communication with Survey Submission Request
- 2d. Informational Zoom Call with Instructions Invitation Message
- 2e. Email Sent to Verify Respondent Information is Accurate
- 2f. State Synopses Burden Survey
- 2g. Email Reminder of Survey Submission
- 2h Follow Up to Unresponsive States
- 2i. Email sent with directions to fill out Burden Form
- 2j. Informational Zoom Call slide deck
- 2k. Burden Calculation
- 3a. 60-Day Federal Register Notice
- 3b. Public Comments on the 60-Day Federal Register Notice
4. OHD Portal Landing
5. Human subjects document

## **B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

### ***B1. Respondent Universe and Sampling Methods***

In the past 5 years, the response rate on the State Synopsis questionnaire has ranged from 96-100%. Wyoming has reported that it did not have an oral health program in 2020 or 2019, while Maine did not in 2017, and NY did not respond in 2019-21 as the dental director informed ASTDD that New York does not allow programs to respond to any questionnaires.

Though the respondent universe is usually 51, The universe for the 2021 questionnaire (FY 2019-20) was 49 states that have a state oral health program and D.C. (Wyoming was the only state not included since they did not have an oral health program in 2020). The respondents are dental directors or designated program contact if the state does not have a dental director. The questionnaire is distributed as a fillable MS Word document and in 2021 included the option to fill out the questionnaire using an electronic link through SurveyMonkey. As seen in Table B. 1A. below, the response rate for the 2021 questionnaire was 98%.

The estimated respondent universe for the 2022, 2023, and 2024 questionnaires mirror these numbers as seen in Table B. 1B. below but anticipate the 51 respondents.

**Table B. 1A. 2021 (FY 2019-2020) State Survey Response Rate**

<b>Respondent Type</b>	<b>No. in Respondent Universe</b>	<b>Sampling Frame</b>	<b>Desired No. in Final Sample</b>	<b>Response Rate</b>	<b>No. Sampled</b>	<b>Sampling Fraction</b>
State Oral Health Director or designated program contact	50	All Jurisdictions with Programs	50	(49/50) 98%	50	100%

**Table B. 1B. 2022, 2023, and 2024 State Survey Estimated Response Rate**

<b>Respondent Type</b>	<b>No. in Respondent Universe</b>	<b>Sampling Frame</b>	<b>Desired No. in Final Sample</b>	<b>Estimated Response Rate</b>	<b>No. to be Sampled</b>	<b>Sampling Fraction</b>
State Oral Health Director or designated program contact	51	All Jurisdictions with Programs	51	49-51 (96-100%)	51	100%

## ***B2. Procedures for the Collection of Information***

In January of each year, ASTDD emails the State Synopses questionnaire to the dental directors, or the designated program contact if a state does not have a dental director as seen in Attachment 2c. The questionnaire is distributed as a fillable MS Word document with a state specific link to SurveyMonkey for data entry as seen in Attachments 2a and 2b. States are asked to either (1) return the questionnaire by email by the last day of February or (2) enter the information using their state specific link by the last day of February as seen in Attachment 2c.

If states do not return the questionnaire or enter their information directly, they are routinely contacted by email/phone and encouraged to complete the questionnaire as seen in Attachment 2g. Once states submit their responses, ASTDD follows-up with the states as seen in Attachment 2e to confirm their responses are accurate. Data collection closes May 15 of each year. ASTDD stores the State Synopses information in an Access database. A full report with state specific data tables is posted as a PDF document on the members only section of ASTDD's website. A summary report with aggregate information is posted as a PDF document on the public portion of ASTDD's website.

An Access file with the full State Synopses dataset is sent to CDC/DOH the first week of June. In addition, an MS Excel file with a subset of the State Synopses data is sent to CDC DOH's for inclusion on CDC's Oral Health Data portal.

### ***B3. Methods to Maximize Response Rates and Deal with No Response***

The return rate for the State Synopses questionnaire varies by year. During the last five years, the response rate ranged from 96%-100%. Data, as submitted by the state or downloaded from SurveyMonkey, are entered/transferred into an Access database. Once entered, the database is evaluated for logic errors such as total budget percentages not equaling 100. If logic errors are detected, or data completeness does not reach 80%, states are contacted to make corrections. If states do not return the questionnaire or enter their information directly, they are routinely contacted by email/phone and encouraged to complete the questionnaire as seen in Attachments 2h and 2g. Data collection closes May 15 of each year. Once all data are entered, states are sent their individual data and are asked to verify that it is accurate as seen in Attachment 2e.

### ***B4. Tests of Procedures or Methods to be Undertaken***

In 1994, ASTDD originated the annual State Synopses of Dental Programs as a way to share information among dental directors and partners. The State Synopses described program activities and successes and the challenges that programs faced during the previous year. In 1997, ASTDD changed the format to a more structured questionnaire. Since 1998, ASTDD has been hired to collect data through cooperative agreements. Each year the questionnaire is reviewed by ASTDD's Board of Directors, Data Committee, and the CDC to ensure that burden on respondents is reduced and only required information is requested in the collection. Additionally, states are given the opportunity to provide feedback on the questionnaire itself for later iterations to continually refine and improve the questionnaire.

There were not any direct pilots with states to sample the questionnaire, rather annually, ASTDD Board members and ASTDD Data Committee members who work in state oral health programs are asked to review the questionnaire and let the CDC team know if they have any difficulties answering any of the questions.

### ***B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data***

As seen in Table B5 below, Kathy Phipps serves as the data and surveillance coordinator at ASTDD and oversees the development of, collection of, and analysis of The Synopses of State Dental Public Health Programs.

**Table B5: Individuals Consulted on Statistical Analysis**

<b>Name</b>	<b>Contact Info</b>	<b>Organization</b>	<b>Role</b>
Kathy Phipps,	Phone: 805 776 3393	ASTDD	Data & OH

Name	Contact Info	Organization	Role
DrPH	Email: kathyhipps1234@gmail. com		Surveillance Coordinator

## REFERENCES

N/A