



# 2021 SYNOPSES OF STATE DENTAL PUBLIC HEALTH (DPH) PROGRAMS

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ASSOCIATION OF STATE & TERRITORIAL DENTAL DIRECTORS

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# HOUSEKEEPING ANNOUNCEMENTS



**Print synopsis questionnaire for reference during webinar.**



**This webinar will be recorded and archived on the *ASTDD* website.**



**Questions will be addressed at the end of the webinar so if you have questions, please make a note of them.**



**Please respond to the polling questions at the conclusion of the webinar.**

## ACKNOWLEDGEMENT

This presentation was supported by a Cooperative Agreement from CDC, Division of Oral Health. Its contents are solely the responsibility of the author and do not necessarily represent the official views of CDC.

# WEBINAR OBJECTIVES



Describe changes to the ASTDD State Synopses survey



Provide information on sources for the information requested




Help states completely and accurately answer the survey questions

# PURPOSE OF SYNOPSES

- To obtain detailed information on ...
  - Programs and services
  - Staffing
  - Budget
  - Policies
  - Infrastructure
  - Workforce

# SYNOPSES OF STATE DPH PROGRAMS

 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

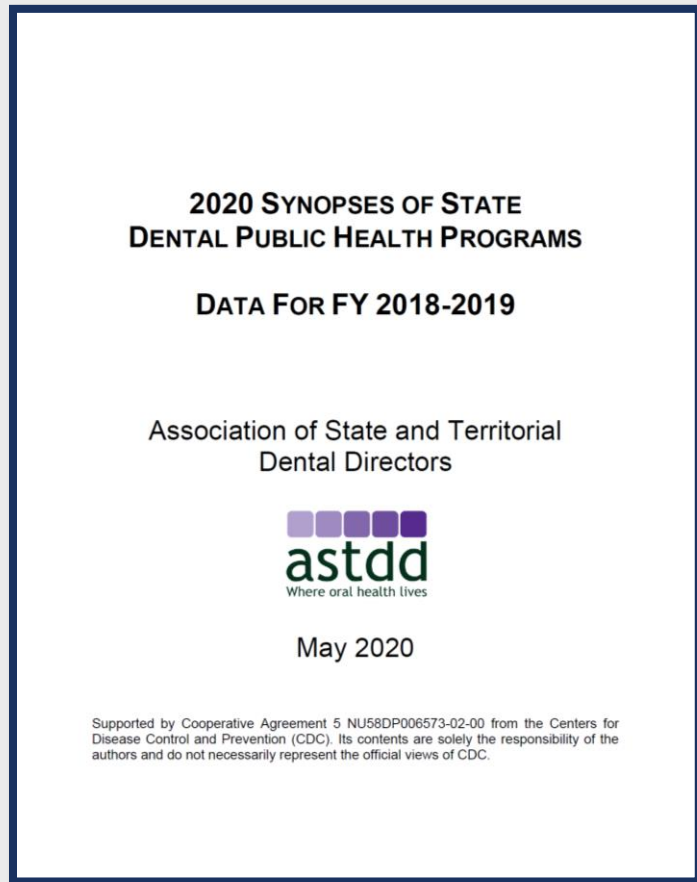
Chronic Disease and Health Promotion Data & Indicators Health Areas ▾ Developers Video Guide

ASTDD Synopses of State Oral Health Programs - Select...  
2011-2020. The ASTDD Synopses of State Oral Health Programs contain information useful in ▶

Year	Location...	Locati...	DataSou...	Class	Topic	Question
2020	AL	Alabama	ASTDD Syno...	Synopses	Leadership	Statewide, br...
2020	AL	Alabama	ASTDD Syno...	Synopses	Leadership	Current state...
2020	AL	Alabama	ASTDD Syno...	Synopses	Leadership	State dental ...
2020	AL	Alabama	ASTDD Syno...	Synopses	Leadership	Years in curr...
2020	AL	Alabama	ASTDD Syno...	Synopses	Leadership	State dental ...
2020	AL	Alabama	ASTDD Syno...	Synopses	Policies	Requirement...
2020	AL	Alabama	ASTDD Syno...	Synopses	Staff	Number of fu...
2020	AL	Alabama	ASTDD Syno...	Synopses	Programs	Prevention P...
2020	AL	Alabama	ASTDD Syno...	Synopses	Leadership	Statutory req...
2020	AL	Alabama	ASTDD Syno...	Synopses	Programs	Oral health (...)
2020	AL	Alabama	ASTDD Syno...	Synopses	Programs	Prevention P...
2020	AL	Alabama	ASTDD Syno...	Synopses	Programs	Special popul...
2020	AL	Alabama	ASTDD Syno...	Synopses	Programs	Special popul...
2020	AL	Alabama	ASTDD Syno...	Synopses	Programs	Prevention P...
2020	AL	Alabama	ASTDD Syno...	Synopses	Leadership	Dental direct...
2020	AL	Alabama	ASTDD Syno...	Synopses	Staff	Number of fu...

- Collaborative effort ASTDD & CDC
- 24<sup>th</sup> year of data collection
- Process
  - ASTDD sends & collects questionnaire
  - ASTDD publishes reports
  - ASTDD submits database to CDC
  - CDC posts portions on web

# ASTDD REPORTS



- Members only
  - Detailed state level report
  - Budget not reported by state
- Publicly available
  - Summary report
  - No state specific information



SURVEY  
DISTRIBUTION



# DISTRIBUTED VIA 2 EMAILS ON 01/04/2021

## *Email #1: Word “form” questionnaire*

- Email from khipps@astdd.org
- Questionnaire is locked so you can only enter data
- If needed, you can request an “unlocked” version

## *Email #2: Unique link to SurveyMonkey questionnaire*

- Email from cwood@astdd.org via SurveyMonkey member@surveymonkeyuser.com
- Based on feedback from last year, the type of link has been changed
- Link is “tied” to dental director’s email address

# SURVEYMONKEY EMAIL

## 2021 Synopses of State Dental Public Health Programs

Earlier today, you received an email from Kathy Phipps regarding ASTDD's 2021 Synopses of State Dental Public Health Programs (Synopses). That email contained the Word version of the Synopses questionnaire and **this email contains the link to your online survey.**

2021 marks the 24th anniversary of the ASTDD Synopses and after many years of trial and error we have a questionnaire that is relatively simple and easy to complete. To meet policies regarding surveys conducted using federal dollars, ASTDD is moving towards electronic data collection, and in future years the Synopses will be collected using this online system. This year, we are giving you two options for completing the survey – (1) you can use this online system or (2) you can complete the previously distributed Word form document and return via email. The benefit of this online system is that skip patterns are built in and, if a question isn't applicable, you will not see the question.

Because different staff and departments may need to complete sections of the Synopses questionnaire, we suggest that you print the Word document and distribute to appropriate individuals. After all information is complete, go online and enter the information. Data entry can be completed in one or multiple sittings. If multiple staff want to directly enter information online, **forward this email to the appropriate people and ask them to enter the information directly** into the Web-based survey. As you complete the questionnaire online, responses are saved once you click the "Next Page" button at the end of each page, and information can be changed at any time. To exit the survey and return to it later, simply close your browser.

To help with this process, we have scheduled a zoom meeting on how to complete the Synopses questionnaire and use the online system. Please join us on Thursday, January 28 at 2:00 Eastern Time. The URL for the meeting room is:  
<https://zoom.us/j/95391080400?pwd=cC9EVzVkUHFWSTBmVGRpdUlvbWFLZz09>  
Meeting ID: 953 9108 0400, Passcode: 901663

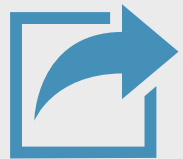
The deadline for completing the 2021 Synopses questionnaire is February 28, 2021. Thank you in advance for your timely participation in this project. We sincerely appreciate your efforts. If you have any questions or comments, please contact Kathy Phipps ([khipps@astdd.org](mailto:khipps@astdd.org)).

[Click to Access Synopses Questionnaire](#)

- Email sent on 01/04/2021 from:
  - [cwood@astdd.org](mailto:cwood@astdd.org) via SurveyMonkey [member@surveymonkeyuser.com](mailto:member@surveymonkeyuser.com)
- If you did not receive, check your spam folder
- Contact me if you need another link:
  - [khipps@astdd.org](mailto:khipps@astdd.org)

# SURVEYMONKEY LINK

- Link is “tied” to dental director’s email – not an IP address
  - Multiple people at different computers can use link and data on each page will be saved once you click “Next”
  - Always use the button in the email to access survey



*IF YOU WANT OTHERS TO USE LINK, FORWARD THE EMAIL*

# SUBMISSION PROCESS

## HOW TO SUBMIT THE SURVEY

```
graph TD; A[HOW TO SUBMIT THE SURVEY] --> B[Preferred option: Submit data using SurveyMonkey]; A --> C[If necessary: Email Word document to khipps@astdd.org];
```

**Preferred option:**  
Submit data using  
SurveyMonkey

**If necessary:**  
Email Word document to  
[khipps@astdd.org](mailto:khipps@astdd.org)

Send the Word document.  
Do not convert to a PDF.

# A FEW QUESTION CHANGES SINCE 2020

- Deleted from questionnaire:
  - Race/ethnicity of dental director
- Added to questionnaire:
  - Two infection control and prevention questions

# NOT OVERLY COMPLEX OR TIME CONSUMING



Life is not complex. We are complex. Life is simple, and the simple thing is the right thing.

Oscar Wilde

 quotefancy

# GENERAL INSTRUCTIONS



- Print questionnaire
- Distribute to those that provide data
- Supply info for *FY 2019-2020*
- Complete paper questionnaire
- Enter in SurveyMonkey (or Word if necessary)
- **ENTER/RETURN BY FEBRUARY 28, 2021**

## 2021 Synopses of State Dental Public Health Programs (FY 2019–2020)

### Introduction

Thank you in advance for your participation in the 2021 annual Synopses of Dental Public Health Programs (Synopses) survey that collects data for state FY 2019–2020. Your participation and effort are sincerely appreciated. This Synopses continues ASTDD's efforts to provide a complete and accurate picture of state dental public health programs across the nation. Since the Synopses is the only source for much of this information, your contribution is essential. *Please complete and submit the survey by February 28, 2021.*

### Completing the Synopses Questionnaire

ASTDD is moving towards electronic data collection and in future years the Synopses will be collected using an online system. This year, we are giving you two options for completing the survey – (1) you can use the online system or (2) you can complete this Word form document and return via email. The benefit of the online system is that skip patterns are built in and if a question isn't applicable, you will not see the question. To help with the process, we have scheduled a Zoom meeting on how to complete the Synopses questionnaire scheduled for *Thursday, January 28, 2:00–3:00 ET*. <https://zoom.us/j/95391080400?pwd=cC9EVzVkUnFwSTBmVGRpdUlVbWFLZz09>  
Meeting ID: 953 9108 0400, Passcode: 901663

### How to Use the Online (SurveyMonkey) System

Each state dental director/program manager was sent an email with a unique link to the online Synopses questionnaire. Different staff and departments may need to complete sections of the Synopses questionnaire. Distribute blank copies of the questionnaire to appropriate individuals. After all information is complete, go online and enter the information. Data entry can be completed in one or multiple sittings. If multiple staff want to directly enter information online, *forward the email containing the link for your state to the appropriate people and ask them to enter the information* directly into the Web-based survey. As you complete the questionnaire online, responses are saved once you click the "Next Page" button at the end of each page and information can be changed at any time. To exit the survey and return to it later, simply close your browser. When you access the survey again, you will be directed to the last page accessed by someone working on the survey. If you want to go to previous pages, click the "Previous Page" button at the bottom of the page until you reach the page you want. NOTE: If a question has an asterisk (\*) next to the question number, you are required to provide an answer. If you don't know the answer, select or enter don't know (DK) or not applicable/available (NA). **VERY IMPORTANT: The online question numbering system is dependent on the skip patterns. For this reason, the numbers on the paper form may not match the numbers on the online version.**

### Getting Help with the Synopses Questionnaire

If you have questions or need help with completing the questionnaire, please contact:  
Kathy Phipps, ASTDD Data and Surveillance Coordinator  
khipps@astdd.org, 805–776–3393 (Pacific time zone)

# PAGE 1

- Introduction
- General instructions
- How to use the online system
- My contact information



**General Information**

1. State Name
  
2. During FY 2019–2020, did your state have a state oral health program?  
 No (You do not need to complete the questionnaire)       Yes (Go to Q3)
  
3. Does your state currently have a state Dental Director/Program Manager? NOTE: If your state has both a state Dental Director and a Program Manager, this question refers to the Dental Director position.  
 No (Go to Q4)  
 Yes - Acting Director/Manager (Go to Q4)  
 Yes - Permanent Director/ Manager (Skip to Q6)
  
4. How long has the *permanent* state Dental Director/Program Manager position been vacant?
  
5. Is your state actively searching to fill the *permanent* Dental Director/Program Manager position?  
 No       Yes
  
6. What is the Dental Director's/Program Manager's name? If you have both a Dental Director and a Program Manager, provide the name of the Dental Director.
  
7. What are the Dental Director's/Program Manager's credentials/academic degrees (e.g., DDS, RDH, MPH, MPA)? If you have both a Dental Director and a Program Manager, provide the credentials/degrees for the Dental Director.
  
8. Please provide the website address (URL) for the oral health program. If the oral health program doesn't have a website, enter NA.
  
9. Within your health agency, is the oral health program housed within a larger unit (e.g., Chronic Disease, Maternal & Child Health, Community Health)? If yes, what is the name of that unit?

# PAGE 2

- Info about dental director/program manager
  - If you have both, provide info for DD
- URL for oral health program
- Unit where oral health is located

10. How many levels of authority are between your oral health program and your State Health Official? The name of your State Health Official can be found on the Association of State and Territorial Health Officials website, [www.astho.org/Directory/](http://www.astho.org/Directory/)
11. Is the Dental Director/Program Manager position civil service, appointed, contractual or other? If you have both a Dental Director and a Program Manager, provide information for the Dental Director position.
- Appointed by governor       Civil service/government employee  
 Appointed by state health officer       Contract  
 Appointed by other  
 Other (list mechanism)
12. Does your state have a requirement or mandate for a dental health examination, screening, or certificate at school entry?
- No (Skip to Q15)       Yes (Go to Q14)       Don't know (Skip to Q15)
13. Briefly describe your state's dental examination/screening mandate/requirement.
14. Does your state have a statewide, broad-based oral health coalition?
- No       Yes       Don't know
15. Does your state oral health program participate in any *non-oral health* specific coalitions (e.g., tobacco, maternal and child health, medical/dental integration, etc.)?
- No       Yes       Don't know

# PAGE 3

- Info about oral health program
- School screening requirements
- Coalitions

16. During FY 2019–2020, did your state oral health program work with other state agencies, organizations, or programs on the following health issues/topics.

	No	Yes	Don't Know
Tobacco use prevention and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaping (e.g., e-cigarette) use prevention and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar-sweetened beverage reduction /obesity prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral cancer screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes or pre-diabetes screening and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid and/or other substance abuse prevention and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic stewardship/awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare-associated infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Does your state have a **written** state oral health plan?

No (Skip to Q20)     Yes (Go to Q18)

18. What years does your most current state oral health plan cover?

19. Please provide a URL for your posted state oral health plan. If not posted online, enter NA.

20. Does your state have the following **specific** plans for your state oral health program?

	No	Yes	Don't Know
Communication plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainability plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental sealant plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoridation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# PAGE 4

- Collaborations with other programs
- State oral health plan
- Other plans for state oral health program

 ***Healthcare-associated infections is a new question***

**Workforce**

21. How many dental hygienists are licensed by your state? **Include all licensed hygienists regardless of address.** If unknown or not available, enter NA.
22. How many dental hygienists licensed by your state have an address in the state? **Include only those licensed hygienists with an address in the state.** *This number should be smaller than the previous number (Q21).* If unknown or not available, enter NA.
23. Does your state grant special permits, approvals, or licensure to dental hygienists to work in alternate public health or other settings (e.g., schools, nursing facilities)?  
 No (Skip to Q25)     Yes (Go to Q24)     Don't know (Skip to Q25)
24. How many hygienists are on record as having such a designation? If unknown or not available, enter NA.
25. Does your state have dental therapists?  
 No (Skip to Q27)     Yes (Go to Q26)  
 Yes, tribal/IHS or pilot programs only (Skip to Q27)     Don't know (Skip to Q27)
26. How many dental therapists are licensed by your state? If unknown or not available, enter NA.
27. Has any organization or agency in your state conducted a statewide oral health workforce survey?  
 No (Skip to Q30)     Yes (Go to Q28)     Don't know (Skip to Q30)
28. What year was the most recent oral health workforce survey completed?
29. Please provide a URL for the most current workforce report. If not posted online, enter NA.

# PAGE 5

- Workforce
  - Hygienists
  - Therapists
  - Information on dentists obtained from ADA
- Statewide workforce survey

**State Oral Health Program Administration**

30. As of January 1, 2021, how many **full years** has the current Dental Director/Program Manager been in this position? If less than 1 year, enter <1 year. If position is vacant, enter vacant. If your state has both a Dental Director and Program Manager, enter information for the Dental Director.

31. Does your state currently have a statutory requirement or authority for:

	No	Yes	NA/DK
An oral health program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A state Dental Director?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Does the current Dental Director/Program Manager position require:

	No	Yes	NA/DK
A dental or dental hygiene degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Is the Dental Director/Program Manager position **full-time**? If your state has both a Dental Director and a Program Manager, enter information for the Dental Director.

No       Yes       Not applicable

34. What percent of the Dental Director's/Program Manager's time is **spent on Medicaid issues**? If your state has both a Dental Director and a Program Manager, enter information for the Dental Director.  
%

35. What percent of the Dental Director's/Program Manager's **salary is compensated by Medicaid**? If your state has both a Dental Director and a Program Manager, enter information for the Dental Director.  
%

36. Is the Dental Director/Program Manager currently performing **non-oral health responsibilities**, even temporarily, (such as rural health) that isn't part of the oral health position? If your state has both a Dental Director and a Program Manager, enter information for the Dental Director.

No (Skip to Q39)       Yes (Go to Q37)       Not applicable (Skip to Q39)

# PAGE 6

- Oral health program administration
  - Statutory requirement/authority
  - Requirements for DD position
  - Medicaid time
  - Other non-oral health responsibilities

37. What percent of the Dental Director's/Program Manager's time is *spent on non-oral health duties*? If your state has both a Dental Director and a Program Manager, enter information for the Dental Director.  
%
38. What *type of non-oral health* duties does the Dental Director/Program Manager perform? If your state has both a Dental Director and a Program Manager, enter information for the Dental Director.
39. How many FTE employees or contractors are *funded by* and *work in* the state oral health program? Count only those employees or contractors, including the Dental Director/Program Manager who work in state, district, county, or local programs who are *directly supervised by someone in the state health agency*.
40. How many FTE employees or contractors are *funded by* the state oral health program but *do not work in* the state oral health program? Count only those employees or contractors working in state, district, county, or local programs who are *NOT directly supervised by someone in the state health agency*.
41. Total FTEs that are funded by the state oral health program (*total should be the sum of the previous two questions, Q39+Q40*):

# PAGE 7

- Oral health program administration
  - Other non-oral health responsibilities
  - Number of employees
    - Funded by & work in SOHP
    - Funded by but DO NOT work in SOHP
    - **TOTAL FTEs funded by SOHP (sum of above)**

## State Oral Health Program Budget

42. What **percent** of your FY 2019–2020 state oral health program budget was funded from each of the following sources? *Enter whole numbers only — do not enter percent signs or decimal points (e.g., 50). The total must equal 100. If you are using the online system and the total does not equal 100 you will receive an error message.*

Funding Source	Percent of Budget
State Funding	
Medicaid	
State General Funds	
Tobacco Tax	
Sugar-Sweetened Beverage Tax	
Other Non-Medicaid State Funding	
HRSA Funding	
Maternal & Child Health (MCH) Block Grant (Title V)	
Oral Health Workforce Activities (OHWA)	
Other HRSA Funding	
CDC Funding	
Preventive Health & Health Services (PHHS) Block Grant	
State Actions to Improve Oral Health Outcomes (DP18-1810)	
Other Public Funding	
Private Funding	
DentaQuest Funding	
Other Private Funding	

43. Compared to FY 2018–2019, did the total state oral health program budget for FY 2019–2020, increase, decrease or remain the same?

Increased     Decreased     Same     NA/DK

## PAGE 8

- Oral health program budget
  - **Percent** of budget by source
    - **Whole numbers only, no decimals/symbols**
    - Correct: 50
    - Not correct: 50.2%
  - **Sum must equal 100**

44. Did funds from the following sources increase, decrease, or remain the same between FY 2018–2019 & 2019–2020? (check the appropriate column; if no funding mark NA)

Funding Source	Increased	Decreased	Same	NA/DK
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State General Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugar Sweetened Beverage Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Non-Medicaid State Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal & Child Health (MCH) Block Grant (Title V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health Workforce Activities (OHWA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other HRSA Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Health & Health Services (PHHS) Block Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Actions to Improve Oral Health Outcomes (DP18-1810)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Public Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DentaQuest Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Private Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. What was your state oral health program budget for FY 2019–2020? **NOTE: This information will not be shared or reported at the individual state level.**

46. Does your state allocate other monies to support oral health activities that **ARE NOT** included in your oral health program budget listed in the previous question?

No (Skip to Q49)    Yes (Go to Q48)    Don't know (Skip to Q49)

47. How much additional money is allocated and what programs/services are funded? Examples: (1) MCH block grant funds are provided directly to local agencies to fund local oral health coordinators. (2) CDC funds are provided to environmental health to pay for a fluoridation engineer. (3) State funds are allocated to the Medicaid agency to pay for local oral health case management.

Source of Funds:

Amount:

Programs or Services Funded:

## PAGE 9

- Change in budget since 2018-19 by source
  - Increased, decreased, same
  - If no money from source, check NA/DK
- Total budget for 2019-2020
  - Info will not be released at state level
- Other state monies not in SOHP budget
  - Example: CDC funds are provided to environmental health to pay for a fluoridation engineer



### School Dental Sealant Programs

The next several questions are designed to obtain information on school dental sealant programs including school-based or school-linked dental sealant programs. If you do not have data on the number of children or schools, please put "NA" in the "Number" box. Your state may have different eligibility criteria for school dental sealant programs but for the questions in this section, we are interested in public primary and middle schools with 50% or more of students eligible for the National School Lunch Program (NSLP, also referred to as free/reduced lunch [FRL]). Please include both traditional public and public charter schools.

#### Definitions:

**School-based dental sealant programs:** Conducted completely within the school setting, with teams of dental providers (dentists, dental hygienists and dental assistants) using portable or mobile dental equipment or a fixed facility within the school setting.

**School-linked programs:** Connected with schools in some manner but deliver the dental sealants at a site other than the school.

**State funds, manages or operates:** The state oral health program provides funding for the implementation of local dental sealant programs and/or provides direct dental sealant services.

**Primary school:** A school offering a low grade of prekindergarten to 3 and a high grade of 8 or lower, defined by the National Center for Education Statistics (NCES).

**Middle school:** A school offering a low grade of 4 to 7 and a high grade of 9 or lower, defined by the NCES.

48. How many public primary and middle schools in your state have 50% or more of the enrolled students eligible for NSLP (also referred to as FRL)? If unknown or not available, enter NA.
49. During the 2019–2020 school year, how many of the schools answered in the previous question (Q48) had a school-based/linked dental sealant program *funded, managed, or operated by your state oral health program*? If you do not have a school dental sealant program enter 0. If unknown or not available, enter NA.
50. During the 2019–2020 school year, how many students at the schools answered in the previous question (Q49) received dental sealants from a program *funded, managed or operated by your state oral health program*? If you do not have a school dental sealant program enter 0. If unknown or not available, enter NA.
51. During the 2019–2020 school year, how many schools answered in the first dental sealant question (Q48) had a school-based/linked dental sealant program that was *NOT* funded, managed, or operated by your state oral health program? If unknown or not available, enter NA.
52. During the 2019–2020 school year, how many students at the schools listed in the previous question (Q51) received dental sealants from a dental sealant program that was *NOT* funded, managed, or operated by your state oral health program? If unknown or not available, enter NA.

# PAGE 10

- School sealant programs
  - Number of schools with  $\geq 50\%$  FRL
    - **Best source: State Department of Education**
  - Programs funded/operated by state
    - Number schools
    - Number children
  - Number programs **NOT** funded/operated by state
    - Number schools
    - Number children

**Oral Health Surveillance**

The following questions are designed to obtain information about oral health surveillance in your state using the Council of State and Territorial Epidemiologists definition.

53. Does your state have a written oral health surveillance plan?

- No (Skip to Q56)    Yes (Go to Q54)    In Process (Skip to Q56)

54. What years does your current oral health surveillance plan cover?

55. Does your state's surveillance plan or another written document describe:

	No	Yes	Don't Know
How your surveillance data will be disseminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How your surveillance system will be evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Do you have current state specific data, collected within the last 5 years, for the following?

	No	Yes	Don't Know
3rd grade oral health data, obtained using BSS protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent tooth loss data for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral cancer incidence and mortality data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of Medicaid/CHIP children with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of children 1–17 years with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of adults 18+ years with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of diabetic adults with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of adults with other chronic diseases (e.g., heart disease) or a risk factor (e.g., smokers) with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of population served by water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional state specific data other than listed (e.g., data from older adult BSS, PRAMS, YRBS, or emergency department data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# PAGE 11

- Oral health surveillance system
  - Written surveillance plan
  - Available & current data (last 5 years)

57. Between **2016 and 2020**, did your state **disseminate** any of the following data in **publicly available formats** (e.g., oral health reports, burden document, fact sheets, data briefs, infographics, web-based content, peer-reviewed publications, presentations at national or statewide meetings, social media, or surveillance plan)? **If you do not have the data, select NA.**

	No	Yes	NA/DK
3rd grade oral health data, obtained using BSS protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent tooth loss data for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral cancer incidence and mortality data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of Medicaid/CHIP children with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of children 1–17 years with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of adults 18+ years with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of diabetic adults with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of adults with other chronic diseases (e.g., heart disease) or a risk factor (e.g., smokers) with a dental visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of population served by water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional state specific data other than listed (e.g., data from older adult BSS, PRAMS, YRBS, or emergency department data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. If you answered YES to dissemination of data in publicly available formats between 2016 and 2020 (previous question), please provide the date and URL of the **most recent** dissemination. If a URL is not available, please describe the type of dissemination (e.g., presentation at NOHC).

Date of Dissemination:

URL or Type of Dissemination

59. During the last 5 years, has your state added supplemental oral health questions to the listed surveys? **Include only state added questions, do not include the core oral health questions.**

	No	Yes	NA/DK
BRFSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth risk survey/YRBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy risk survey/PRAMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe other type of survey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# PAGE 12

- Oral health surveillance system (continued)
  - Data **dissemination** between 2015 & 2019
  - State added questions – BRFSS, YRBS, PRAMS
    - **DO NOT** include core questions

## PAGES 13-16

- *Programs funded, conducted or facilitated by state oral health program*
- Obtains program and age/population specific information
  - Programs: access to care, dental screening, topical fluorides, SDF, oral health education, BSS
  - Age/population groups: preschool, elementary school, adolescent, pregnant women, adults 18-64, adults 65+, special health care needs
  - *Number served may be included in both programs and age groups*

**Programs Funded/Conducted/Facilitated by State Oral Health Program**

Which of the following programs are *funded, implemented, conducted or otherwise facilitated by your state oral health program*? Indicate which programs the state oral health program supports by checking the "No" or "Yes" box then enter the approximate number of individuals served annually by each program and the target age group. If you do not have data on the number served by a program, please put "NA" in the "Number" box. Provide a *brief* description of each program. For example: "To increase access to dental care in rural areas, we support two mobile dental vans and a loan repayment program". NOTE: If you select No, the number, target age group and description questions will be skipped in the online version.

60. Does your SOHP have an *access to care program*? Definition: Programs designed to increase access to restorative dental services. Examples include dental clinics operated/funded by the state oral health program, programs that assist with payment for dental services (not including Medicaid), and tax credit programs for dental providers in underserved areas.

No (Skip to Q63)     Yes (Go to Q61)

61. Access to care programs.

Number Served:

Target Age Group:

62. Briefly describe your access to care programs.

63. Does your SOHP have *dental screening programs*? Definition: Programs that provide screening and referral services. This may include screenings performed as part of a dental sealant program if referral services are provided as part of the sealant program. *Do not include screenings that are performed as part of a BSS oral health survey.*

No (Skip to Q66)     Yes (Go to Q64)

64. Dental screening programs.

Number Served:

Target Age Group:

65. Briefly describe your dental screening programs.

66. Does your SOHP have a *fluoride mouthrinse program*?

No (Skip to Q69)     Yes (Go to Q67)

67. Fluoride mouthrinse programs

Number Served:

Target Age Group:

68. Briefly describe your fluoride mouthrinse programs.

# PAGE 13

- For each program:
  - Do you have program (no/yes)
  - Number served
  - Target age group
  - **Briefly** describe program

69. Does your SOHP have *fluoride varnish programs*?

- No (Skip to Q72)  Yes (Go to Q70)

70. Fluoride varnish programs.

Number Served:

Target Age Group:

71. Briefly describe your fluoride varnish programs.

72. Does your SOHP have *silver diamine fluoride programs*?

- No (Skip to Q75)  Yes (Go to Q73)

73. Silver diamine fluoride programs.

Number Served:

Target Age Group:

74. Briefly describe your silver diamine fluoride programs.

75. Does your SOHP have *oral health literacy/education/promotion programs*? Examples: state has oral health education materials for a variety of population groups, state provides oral health education to children/adults/health care providers, etc.

- No (Skip to Q78)  Yes (Go to Q76)

76. Oral health literacy/education/promotion programs.

Number Served:

Target Age Group:

77. Briefly describe your oral health literacy/education/promotion programs.

78. *During FY 2019–2020*, did your state conduct an oral health (open-mouth) survey using the *Basic Screening Survey (BSS)* protocol? Do not include BSS surveys conducted in other fiscal years.

- No (Skip to Q81)  Yes (Go to Q79)

79. Basic Screening Survey.

Number Screened in FY 2019–2020:

Target Age Group:

80. Briefly describe the BSS conducted in FY 2019–2020.

81. Does your state have oral health programs specifically for *preschool children*?

- No (Skip to Q84)  Yes (Go to Q82)

82. Number served by preschool programs.

83. Briefly describe your preschool programs.

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- For each program:
  - Do you have program (no/yes)
  - Number served, target age group
  - **Briefly** describe
- For each age group/population
  - Do you have program (no/yes)
  - Number served
  - **Briefly** describe
- *Numbers in programs may duplicate numbers in age group (that is OK)*

84. Does your state have oral health programs specifically for *elementary school children*? Please include numbers reported for school-based dental sealant and fluoride programs.

No (Skip to Q87)  Yes (Go to Q85)

85. Number served by elementary school programs.

86. Briefly describe your elementary school programs.

87. Does your state have oral health programs specifically for *adolescents*?

No (Skip to Q90)  Yes (Go to Q88)

88. Number served by programs specifically for adolescents.

89. Briefly describe your programs specifically for adolescents.

90. Does your state have oral health programs specifically for *children or adults with special health care needs*?

No (Skip to Q93)  Yes (Go to Q91)

91. Number served by oral health programs for children/adults with special health care needs.

92. Briefly describe your programs for children/adults with special health care needs.

93. Does your state have oral health programs specifically for *pregnant women*?

No (Skip to Q96)  Yes (Go to Q94)

94. Number served by programs specifically for pregnant women.

95. Briefly describe your programs specifically for pregnant women.

96. Does your state have oral health programs specifically for *adults 18–64 years*?

No (Skip to Q99)  Yes (Go to Q97)

97. Number served by programs specifically for adults 18–64 years.

98. Briefly describe your programs specifically for adults 18–64 years.

99. Does your state have oral health programs specifically for *older adults 65+ years*?

No (Skip to Q102)  Yes (Go to Q100)

100. Number served by programs specifically for older adults 65+ years.

101. Briefly describe your programs for older adults 65+ years.

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- For each age group/population
  - Do you have program (no/yes)
  - Number served
  - **Briefly** describe
- *Numbers in programs may duplicate numbers in age group (that is OK)*

102. Does your SOHP work with dental healthcare personnel on infection prevention and control issues? Examples: continuing education courses on infection prevention and control, development of infection prevention and control policies and procedures, etc.

No (Skip to Q 104)  Yes (Go to Q103)

103. Briefly describe your programs.

104. Does your state oral health program offer *programs not listed in the previous section* that you would like to include in the Synopses database and reports? If yes, please provide the name of the program, who it serves, the number of people served in FY 2019–2020 and a brief description of the program.

No (Skip to Q117)  Yes (Go to Q105)

105. Other Program #1

Name of Program

Who it Serves

Number Served

106. Briefly describe other program #1.

107. Other Program #2

Name of Program

Who it Serves

Number Served

108. Briefly describe other program #2.

109. Other Program #3

Name of Program

Who it Serves

Number Served

110. Briefly describe other program #3.

111. Other Program #4

Name of Program

Who it Serves

Number Served

112. Briefly describe other program #4.

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- Infection prevention & control
- If you have additional programs you want to describe (optional)

*New question on infection prevention & control*



113. Other Program #5

Name of Program  
Who it Serves  
Number Served

114. Briefly describe other program #5.

115. Other Program #6

Name of Program  
Who it Serves  
Number Served

116. Briefly describe other program #6.

**Additional Comments**

117. This is the second time ASTDD has used a web-based system for collecting data for the Synopses of State Dental Public Health Programs. If you entered data using the web-based system, please evaluate the overall on-line process.

	Did not use web-based System	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The online system was easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer the online system to a traditional Word questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

118. Additional information, suggestions and/or comments.

**THANK YOU FOR COMPLETING THE 2021 SYNOPSES QUESTIONNAIRE!**

**COMPLETE ONLINE OR RETURN THIS WORD DOCUMENT BY:**

**FEBRUARY 28, 2021**

**[kphipps@astdd.org](mailto:kphipps@astdd.org)**

# PAGE 17

- Rate web-based data entry system
- Additional information/comments

# PLEASE USE SURVEYMONKEY

## Tips & Tricks

- Unique link sent to dental director in email
  - Forward email to staff that will enter data
- Can enter info at multiple sittings
- Saves info once you click “Next Page”
- Will return to last page viewed
- Has skip patterns, numbers on Word document may not match numbers online
- \* = must answer question

## Example

**2021 Synopses of State Dental Public Health Programs (FY 2019-2020)**

General Information

\* 1. State Name

**Drop down box**

\* 2. During FY 2019-2020, did your state have a state oral health program?

Yes

No (You do not need to complete the questionnaire)

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QUESTIONS?

# POLLING QUESTIONS

