

## 2022 Synopses of State Dental Public Health Programs (FY 2020–2021)

### Introduction

Thank you in advance for your participation in the 2022 annual Synopses of Dental Public Health Programs (Synopses) survey that collects data for state FY 2020–2021. 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, 2022.***

### 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 **<INSERT DATE AND LINK>**.

### 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:

**<INSERT APPROPRIATE CONTACT INFORMATION>**

## General Information

1. State Name
2. During FY 2020–2021, 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. Please provide the website address (URL) for the oral health program. If the oral health program doesn't have a website, enter NA.
7. 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?
8. 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/)

Public reporting burden of this collection of information is estimated to average 351 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data 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 this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

9. 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
- Appointed by state health officer
- Appointed by other
- Other (list mechanism)
- Civil service/government employee
- Contract

10. 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)

11. Briefly describe your state's dental examination/screening mandate/requirement.

12. Does your state have a statewide, broad-based oral health coalition?

- No
- Yes
- Don't know

13. 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

14. During FY 2020–2021, 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"/>

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

No (Skip to Q18)       Yes (Go to Q16)

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

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

18. 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"/>

## Workforce

19. How many dental hygienists are licensed by your state? **Include all licensed hygienists regardless of address.** If unknown or not available, enter NA.

20. 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 (Q19).*** If unknown or not available, enter NA.

21. 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 Q23)       Yes (Go to Q22)       Don't know (Skip to Q23)

22. How many hygienists are on record as having such a designation? If unknown or not available, enter NA.

23. Does your state have dental therapists?

No (Skip to Q25)

Yes (Go to Q24)

Yes, tribal/IHS or pilot programs only (Skip to Q25)

Don't know (Skip to Q25)

24. How many dental therapists are licensed by your state? If unknown or not available, enter NA.

25. Has any organization or agency in your state conducted a statewide oral health workforce survey?

No (Skip to Q28)

Yes (Go to Q26)

Don't know (Skip to Q28)

26. What year was the most recent oral health workforce survey completed?

27. Please provide a URL for the most current workforce report. If not posted online, enter NA.

## State Oral Health Program Administration

28. As of January 1, 2022, 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.

29. 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"/>

30. 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"/>

31. 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
32. 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.
- %
33. 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.
- %
34. 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 Q37)       Yes (Go to Q35)       Not applicable (Skip to Q37)
35. 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.
- %
36. 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.
37. 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**.
38. 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**.

39. Total FTEs that are funded by the state oral health program *(total should be the sum of the previous two questions, Q37+Q38)*:

### State Oral Health Program Budget

40. What **percent** of your FY 2020-2021 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	

41. Compared to FY 2019–2020, did the total state oral health program budget for FY 2020–2021, increase, decrease or remain the same?

- Increased     
  Decreased     
  Same     
  NA/DK

42. Did funds from the following sources increase, decrease, or remain the same between FY 2019–2020 & 2020–2021? (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"/>

43. What was your state oral health program budget for FY 2020–2021? **NOTE: This information will not be shared or reported at the individual state level.**

44. 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 Q46)       Yes (Go to Q45)       Don't know (Skip to Q46)

45. 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:



## 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.

46. 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.
47. During the 2020–2021 school year, how many of the schools answered in the previous question (Q46) 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.
48. During the 2020–2021 school year, how many students at the schools answered in the previous question (Q47) 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.
49. During the 2020–2021 school year, how many schools answered in the first dental sealant question (Q46) 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.
50. During the 2020–2021 school year, how many students at the schools listed in the previous question (Q49) 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.

## 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.

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

- No (Skip to Q54)     Yes (Go to Q52)     In Process (Skip to Q54)

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

53. 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"/>

54. 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"/>

55. Between **2017 and 2021**, 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"/>

56. If you answered YES to dissemination of data in publicly available formats between 2017 and 2021 (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

57. 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"/>

## 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.

58. 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 Q61)       Yes (Go to Q59)

59. Access to care programs.

Number Served:

Target Age Group:

60. Briefly describe your access to care programs.

61. 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 Q64)       Yes (Go to Q62)

62. Dental screening programs.

Number Served:

Target Age Group:

63. Briefly describe your dental screening programs.

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

No (Skip to Q67)       Yes (Go to Q65)

65. Fluoride mouthrinse programs

Number Served:

Target Age Group:

66. Briefly describe your fluoride mouthrinse programs.

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

- No (Skip to Q70)       Yes (Go to Q68)

68. Fluoride varnish programs.

Number Served:

Target Age Group:

69. Briefly describe your fluoride varnish programs.

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

- No (Skip to Q73)       Yes (Go to Q71)

71. Silver diamine fluoride programs.

Number Served:

Target Age Group:

72. Briefly describe your silver diamine fluoride programs.

73. 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 Q76)       Yes (Go to Q74)

74. Oral health literacy/education/promotion programs.

Number Served:

Target Age Group:

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

76. **During FY 2020–2021**, 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 Q79)       Yes (Go to Q77)

77. Basic Screening Survey.

Number Screened in FY 2020–2021:

Target Age Group:

78. Briefly describe the BSS conducted in FY 2020–2021.

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

- No (Skip to Q82)       Yes (Go to Q80)

80. Number served by preschool programs.

81. Briefly describe your preschool programs.

82. 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 Q85)       Yes (Go to Q83)

83. Number served by elementary school programs.

84. Briefly describe your elementary school programs.

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

- No (Skip to Q88)       Yes (Go to Q86)

86. Number served by programs specifically for adolescents.

87. Briefly describe your programs specifically for adolescents.

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

- No (Skip to Q91)       Yes (Go to Q89)

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

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

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

- No (Skip to Q94)       Yes (Go to Q92)

92. Number served by programs specifically for pregnant women.

93. Briefly describe your programs specifically for pregnant women.

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

- No (Skip to Q97)       Yes (Go to Q95)

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

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

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

- No (Skip to Q 100)       Yes (Go to Q98)

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

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

100. 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 102)  Yes (Go to Q101)

101. Briefly describe your programs.

102. 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 2020–2021 and a brief description of the program.

No (Skip to Q115)  Yes (Go to Q103)

103. Other Program #1

Name of Program

Who it Serves

Number Served

104. Briefly describe other program #1.

105. Other Program #2

Name of Program

Who it Serves

Number Served

106. Briefly describe other program #2.

107. Other Program #3

Name of Program

Who it Serves

Number Served

108. Briefly describe other program #3.

109. Other Program #4

Name of Program

Who it Serves

Number Served

110. Briefly describe other program #4.

111. Other Program #5

Name of Program

Who it Serves

Number Served

112. Briefly describe other program #5.

113. Other Program #6

Name of Program

Who it Serves

Number Served

114. Briefly describe other program #6.

115. Additional information, suggestions and/or comments.

**THANK YOU FOR COMPLETING THE 2022 SYNOPSES QUESTIONNAIRE!**

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

**FEBRUARY 28, 2022**

**<ADD CONTACT INFORMATION>**