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Best Practice Approaches for State, Community and Territorial Oral Health Programs

A Best Practice Approach Report describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful/innovative implementation.

Best Practice Approach: Dissemination of Data from State-Based Surveillance Systems

Date of Report: August 2021

Executive Summary

An oral health surveillance system should, in a timely manner, disseminate health data to decision makers and the public in a way that enables them to readily understand the implications of the data so that actions can be taken to prevent or control disease. ASTDD encourages health jurisdictions to implement an oral health surveillance system and create a communications or dissemination plan for the system that considers six general topics - primary audience, communication message, communication channel, message marketing, cultural sensitivity, and evaluation. In addition, jurisdictions are encouraged to translate numeric information into everyday language while also interpreting and revealing the meaning of the results. Transforming surveillance system data into a story that frames the issue and presenting visually engaging data will help jurisdictions create a data dissemination message/product that policy makers and the public can grasp and use.

Background and Rationale

Introduction

This best practice approach report (BPAR) is a follow-up to the State-Based Oral Health Surveillance System (SOHSS) BPAR published in 2017 and expands the *Disseminating Oral Health Data* section of the SOHSS BPAR that states:

> *Surveillance systems are not just data collection systems. They must include mechanisms to communicate findings to those responsible for programmatic and policy decisions and to the public, and to assure data are used to inform and evaluate public health measures to prevent and control oral diseases and conditions. In other words,* ***there is no value to a surveillance system unless the information is used for actions that prevent or control disease or a health condition.***

The primary audience for this BPAR is state, territorial, and local oral health program staff including dental directors, epidemiologists, and program coordinators. The secondary audience is health department staff that supervise oral health programs and health department communications staff along with health care professionals, professional organizations, funders, oral health coalitions, and other stakeholders.

Public Health Surveillance Systems

The Institute of Medicine (IOM) report *The Future of Public Health* outlines three core functions for public health: assessment, policy development and assurance.[1] To carry out the assessment function**,** the IOM recommends every public health agency regularly and systematically collect, assemble, analyze, and disseminate information on community health status. Public health agencies accomplish this task through public health surveillance -- the ongoing, systematic collection, analysis, and interpretation of health data.[2] Surveillance is essential for planning, implementing, and evaluating public health practice and, ideally, is coordinated with data dissemination to public health decision makers and other stakeholders.[3] The overarching purpose of public health surveillance is to provide actionable health information to public health staff, government leaders, and the public to guide public health policy and programs.[4] In other words, a public health surveillance system should, in a timely manner, ***disseminate health data*** to decision makers and the public in a way that enables the primary audience to readily understand the implications of the information.

In 2013, the Council of State and Territorial Epidemiologists (CSTE) developed an operational definition for a state oral health surveillance system.[5] That definition includes a core or foundational set of eight surveillance indicators that CSTE encourages all states to collect.

1. Oral health status data for a representative sample of third-grade children, including prevalence of caries experience, untreated tooth decay, and dental sealants meeting criteria for inclusion in the National Oral Health Surveillance System collected at least every five years
2. Permanent tooth loss data for adults obtained every two years
3. Annual data on oral and pharyngeal cancer incidence and mortality
4. Annual data on the percent of Medicaid- and CHIP-enrolled children who had a dental visit within the past year
5. Data on the percent of children 1-17 years who had a dental visit within the past year, obtained every four years

6. Data on the percent of adults (≥18 years) and adults with diabetes who had a dental visit within the past year, obtained every two years
7. Data on the fluoridation status of public water systems within the state, updated every two years
8. Annual data on state oral health programs and the environment in which they operate, including workforce and infrastructure indicators, submitted to the Annual Synopses of State and Territorial Dental Public Health Programs.

Sharing relevant findings with appropriate audiences in a timely manner is one of the most important steps in public health surveillance.

In addition to the eight core indicators, CSTE recommends that all states have a written oral health surveillance plan plus ***publicly available, actionable data*** to guide public health policy and programs.

One of the first steps in developing a state oral health surveillance system (SOHSS) or updating an existing system is to produce an oral health surveillance plan -- a written roadmap for establishing, maintaining, and evaluating a surveillance system. The plan should clearly define the system's purpose, objectives, indicators, data sources, primary population(s), required operating resources, data collection schedule and protocol, data analysis methods, intended data usage and dissemination protocols, privacy and confidentiality practices, and evaluation protocol. In general, a surveillance plan should describe practices that assure a SOHSS: 1) is readily able to adopt new methods; 2) captures information about populations at highest risk; 3) is able to link health outcomes data with data on co-morbidities and risk factors; 4) disseminates data to the appropriate individuals in a timely manner; and 5) is sustainable.

Surveillance systems should: 1) communicate findings to those responsible for programmatic and policy decisions and to the public, and 2) assure data are used to inform and evaluate public health measures to prevent and control oral diseases and conditions. As previously stated, there is no value to a surveillance system unless the information is used for actions that prevent or control disease or a health condition.

Purpose of Data Dissemination
- Call to action
- Promote behavior change
- Share new information
- Support policy development
- Share findings/accomplishments
- Document health programs
- Justify program activities

Definition and Importance of Data Dissemination

Data dissemination is the process of communicating information through defined channels and media to reach various primary audiences including policymakers, researchers, health professionals, and consumers.[6] It is an important part of a state oral health program because it helps to bridge the gap between public health knowledge and the application of that knowledge. Significant health deficits and inequalities persist when public health knowledge is not used for action. Oral health surveillance data dissemination is key to achieving oral health equity.[7] For example, 57% of children aged 12-19 have experienced tooth decay in their permanent dentition,[8] a disease that largely could be prevented if proven interventions were widely available and used for all children in the United States.

Data dissemination serves several purposes.[9] It can serve as an *immediate call to action*, for example, a public service announcement to encourage the use of face masks to prevent the transmission of COVID-19. It can be used to *promote behavior change*, such as encouraging people to quit smoking to reduce the risk of lung cancer and tooth loss. Data dissemination can *share new information or insights* about preventive behaviors or treatment options and can *solicit support for policy development*. It can be used to *educate about recent findings or share accomplishments* such as reductions in tooth decay among children. Data dissemination can also document the *magnitude of health problems* and *justify program*

activities. Public health staff may reference past data dissemination reports to review interventions, relevant findings, and important lessons to *prepare for an upcoming intervention or public health program*.

Data Suppression

Although data dissemination is extremely important, there are times when data should not be released. Not releasing data is referred to as data suppression. The two main reasons to suppress data are to protect confidentiality and to prevent the use of unreliable or low-quality data.[10] To protect confidentiality, follow the confidentiality guidelines or standards established by your health department and be aware that public health staff can be held personally liable for not following standards. To prevent the use of low-quality data, most surveillance systems set sample size guidelines to ensure that only representative (and reliable) data are shared. For example, the Behavioral Risk Factor Surveillance System suppresses data when the unweighted sample size is less than 50 or the relative standard error is greater than 0.3. Your state epidemiologist can provide more information on data suppression guidelines.

Different audiences may need to see your data presented in different ways.

Guidelines and Recommendations

Key Components of Data Dissemination

The first step in data dissemination is to create a communications or dissemination plan; ideally ***before*** data collection begins. Early planning will help ensure that you collect the data needed to deliver a consistent and effective message to the right audience at the right time. To help create your communications plan, ASTDD has created a Communications Plan Template. When creating a data dissemination plan, CDC suggests six general topic areas to consider – primary audience, communication message, communication channel, message marketing, cultural sensitivity, and evaluation.[9]

Primary audience: One of the key steps in data dissemination is to identify the primary audience. Who is your primary audience, what does your primary audience need to know, and what do you want them to do with the information? The more you know about your primary audience, the better you can provide tailored messages, activities, and policies. In public health, audiences can usually be classified as either technical/scientific (e.g., health care professionals, public health professionals, researchers, scientists) or non-technical (e.g., consumers, policy makers, advocates, media). Technical and scientific audiences are interested in detail, use an academic vocabulary, and are more likely to understand and/or trust numbers. Non-technical audiences are interested in main points, use a simplified vocabulary and plain language, and may not understand and/or trust numbers.

There are special considerations regarding policy makers (key decision makers at the local, state, territorial, and federal levels including elected officials and appointed agency leaders). Most policy makers have responsibilities and priorities that preclude them from spending time reading or reviewing large documents. Because of this, staff of policy makers are a key primary audience for dissemination efforts. They seek out information that is understandable, concise, and unbiased. When creating information for policy makers try to include actions or options, as well as cost-effectiveness or economic impact if available.[7] It may also be useful to include information on potential partners and opponents to the proposed action.

Once you identify the primary audience, consider the following questions: What message is most

relevant to the primary audience? What format and avenue should be used to reach this audience? How can data be translated for optimal messaging? What data presentation format will be best understood?

Communication message: A communication message is the main point of information you want your audience to hear, understand, remember, and in certain cases, act on (e.g., "Eat Smart. Move More"). Focus the message by selecting relevant points, present information so that it captures the audience's attention/interest and use graphics to make your point. Creating communication messages helps you prioritize and define information, ensure consistency, and stay focused when communicating with stakeholders. According to the Model Systems Translation Center (MSTC),[11] effective communication messages should be:

- Concise: Focus on three to five key messages per topic; write one to three sentences for each key message; should be read or spoken in 30 seconds or less.
- Strategic: Define, differentiate, and address benefits.
- Relevant: Balance what you need to communicate with what your audience needs to know.
- Compelling: Design meaningful information to stimulate action.
- Simple: Use easy-to-understand language; avoid jargon, technical terms (e.g., caries, periodontitis), and acronyms. Make sure that all messages are at the appropriate reading/literacy level for your primary audience.
- Memorable: Ensure that messages are easy to recall and repeat; avoid long, run-on sentences.
- Real: Use active voice, not passive.
- Tailored: Communicate effectively with different primary audiences by adapting language and depth of information.

A good sketch is better than a long speech.
Napoleon Bonaparte

Developing key messages can be done through a three-phase process: (1) brainstorm key message concepts with internal stakeholders, (2) refine draft key messages, (3) test, finalize and routinely update key messages. Refer to Developing Key Messages for Effective Communication, created by MSTC, for more detailed information on each phase.

Communication channel: After you determine your primary audience and communications messages, you need to select the appropriate method to communicate the information, often referred to as a communication channel, pathway, or medium. Typical methods for disseminating oral health surveillance system data include, but are not limited to, published reports, online access to surveillance information and reports (e.g., data dashboard), burden of disease documents, policy briefs, fact sheets, infographics, presentations at community and/or professional meetings, news media, social media, and newsletters. Regardless of which method you choose, you need to consider the health literacy, numeracy skills, and information needs of the primary audience(s).

Table 1: Potential communication channels for each primary audience

Communication Channel	Researchers & Scientists	Health Professionals	Oral Health Advocates	Policymakers	Consumers
Burden of disease document	Yes	Yes	Limited	May be used as a reference	No
Published reports	Yes	Yes	Limited	No	No
Online data dashboard	Yes	Yes	Limited	Limited	No
Professional meetings	Yes	Yes	Limited	No	No
Policy briefs	Yes	Yes	Yes	Yes	Limited
Fact sheets	Yes	Yes	Yes	Yes	Limited
Infographics	Limited	Yes	Yes	Yes	Yes

Community meetings	No	No	Yes	Limited	Yes
News media	Yes	Yes	Yes	Yes	Yes
Social media	Yes	Yes	Yes	Yes	Yes

Message marketing: Once the communication channel is selected, focus the message by selecting the most important point and stating that first. Present the information so that it captures the audience's interest and focuses attention on a specific issue. Translate numeric, statistical information into everyday language that individuals will grasp while interpreting and revealing the meaning of the results. Consider presenting information as a story that frames the issue.

Cultural sensitivity: Messages should be tailored to each cultural or ethnic group or subgroup that you are trying to reach. Use terms that are familiar and comfortable to your audience and use humor cautiously. Be aware that some words, phrases, and icons may have different meanings among cultures. For example, in some Spanish cultures the tooth fairy is a mouse known as "Ratoncito Pérez" or "el Ratón de los Dientes". For more information on cultural sensitivity, refer to the resources section of this document.

Evaluate the impact: Focus an evaluation on whether surveillance information was communicated to those who need it and whether the information had a beneficial effect on the problem(s) of interest.

Another, yet similar, approach to creating a data dissemination plan is to follow these five steps often used in product marketing.[12]

- Step 1: Define the mission of your information campaign. What change do you want? For example, do you want more private practice dentists to place dental sealants, or do you want your legislature to allocate funds for a school-based dental sealant program?
- Step 2: Identify and understand your audience. Who do you want your message to reach? For example, do you want your message to reach all people in your state, your state department of education, or principals of lower income schools? Important: Each audience will require its own message, media, and messenger.
- Step 3: Craft a message for each specific audience. Messages should answer three questions. Why should the audience care? What are you offering? What is the call to action?
- Step 4: Select the "media" for your message. Examples of media include formal written reports, informal written data presentations, fact sheets and data briefs, infographics, social media, news media, and on-line data platforms.
- Step 5: Select the messenger you want to carry your message. Messengers are the well-placed, trusted, and highly leveraged people who have influence with your audience. Messengers convey and amplify your message to your audience through the media you've chosen.

Data-driven storytelling is a powerful way to communicate complex ideas, create buy-in, and inform better decision-making for leaders at every level. Data informs – stories compel.

Translate Data for Optimal Messaging

For data to drive action, the data from a public health surveillance system must be easy to use and understand.[10] That requires translating numeric, statistical information into everyday language while also interpreting and revealing the meaning of the results. Telling the results as a story that frames the issue, using social math (explained later), and presenting visually engaging data will help you create a data dissemination message/product that busy professionals such as policy makers and the public can grasp and use.[10]

Framing Data to Tell a Story: David McCandless, a London-based journalist and information designer, advises data purveyors to design information so it makes more sense, tells a story, and allows the audience to focus only on the information that's important.[13] By asking the following questions, you can develop a message from your data that connects the problem, solution, values, and action.[10]

Social math puts data into a real-world context that your audience easily understands.

- What story do the data tell? What problem and solution, if any, do the data suggest?
- What is your end game? What question were you trying to answer with the data analysis? What is your call to action?
- Who is your audience? What do they value? What is their context? What decisions are they facing?
- What is the numeracy or statistical literacy of the audience? Can they translate percentages and rates? If not, the data will need to be presented as simply as possible, in a clear language with compelling context and visual displays of the results that would tell the same story if the words were removed. What is your understanding of the concept and meaning, not just the tool of data analysis and the recipe for calculating a rate? Do you understand the concept well enough to tell it simply?

Use Social Math: The Berkeley Media Studies Group describes social math as the practice of translating statistics and other data so that they become meaningful to the audience.[14] Unlike infographics, which use visuals such as charts and graphics to present data, social math is the practice of making large numbers comprehensible and compelling by placing them in a social context that provides meaning. Social math helps messages resonate with the primary audience by referencing or comparing the issue's numbers to:

- Familiar numbers or costs (e.g., cost of car payment)
- Dramatic events (e.g., the number of residents displaced following Hurricane Katrina)
- Costs that are smaller and understandable (e.g., the program would cost less than the cost of a cup of coffee each day)
- Current numbers from other issues (e.g., it's more than one-third of what we spend on prescription medication each year)
- How the numbers could benefit the audience (e.g., it would save the state $5 million each year).

The following are four steps for creating a message with social math:[15]

1. Identify the key data point to share with your audience
2. Convert any percentages into numbers
3. Find the comparative data that are relevant to your audience or location (again, use numbers, not percentages)
4. Create your equation.

Oral Health Example of Social Math

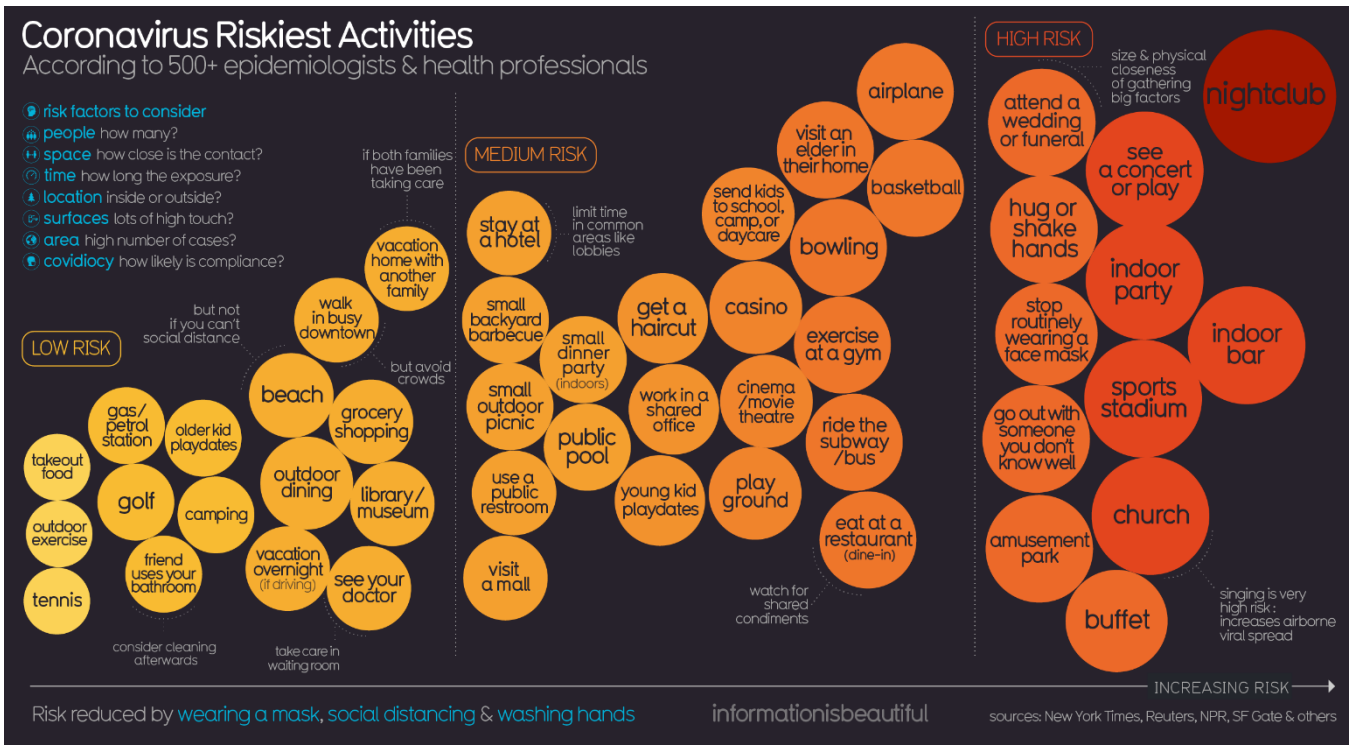
1. Identify the key data point: 20% of kindergarten to third grade children attending public school in Los Angeles (LA) County need dental care.
2. Convert percentages into numbers: There are 433,869 kindergarten to third grade children enrolled in public schools in LA County. Twenty percent of 433,869 is 86,774 children in need of dental care.
3. Find comparative data that is relevant to your audience and/or location: (a) The seating capacity of the Rose Bowl Stadium is about 90,000 and (b) the seating capacity of a school bus is about 72 children.
4. Create your equation: (a) The number of children in kindergarten to 3rd grade needing dental care in Los Angeles County would fill the Rose Bowl Stadium or (b) the number of children needing dental care would fill more than 1,200 school buses.

Present Visually Engaging Data: Health data visualization is a powerful tool and there are numerous resources to help oral health programs turn complex data into visually engaging and understandable graphics. One such resource is the California Healthcare Foundation's (CHF) presentation on how best to visualize health data for clarity, storytelling, and impact. CHF suggests the following:

- Speak with numbers.
- Highlight key facts and figures with style and brevity while keeping it simple.
- Translate complex data into simple messages, select the right numbers to best tell your story, and use appropriate typography techniques.

Another resource is Information is Beautiful, which has numerous examples of how complex data can be turned into understandable and engaging graphics (refer to Figure 1).

Figure 1: Data visualization example. Source: Information is Beautiful



Best Practice Criteria

The ASTDD Best Practices Committee has selected five best practice criteria to guide state and community oral health programs in developing their best practices. For these criteria, initial review standards are provided to help evaluate the strengths of a program or practice to prevent oral disease.

1. Impact/Effectiveness
    a. An oral health surveillance system should communicate data and information to responsible parties and to the public in a timely manner.
    b. Data and findings from a surveillance system should be used for public health actions.
2. Efficiency
    a. Data dissemination is conducted on a periodic but regular schedule.
    b. Cost-effective strategies are used in disseminating/communicating surveillance data.
3. Demonstrated Sustainability
    a. A mature surveillance system shows several years of data, analyzes trends, and communicates changes to health status to policy makers and the public.
4. Collaboration/Integration
    a. Partnerships are established to expand data dissemination efforts to broaden the reach and impact of the dissemination message.
    b. Data and findings from the surveillance system are used to integrate oral health into other health programs.
5. Objectives/Rationale
    a. The communication/dissemination plan for a state oral health surveillance system has a clearly defined method for how data will be disseminated to improve the oral health of the jurisdiction's residents.

Evidence Supporting Best Practice Approaches

The ASTDD Best Practices Committee takes a broad view of evidence to support best practice approaches for building effective state and community oral health programs. Practices that are linked by strong causal reasoning to the desired outcome of improving oral health and total well-being of priority populations will be reported on by the Best Practices Committee. Strength of evidence from research, expert opinion and field lessons fall within a spectrum: on one end of the spectrum are promising best practice approaches, which may be supported by little research, a beginning of agreement in expert opinion, and very few field lessons evaluating effectiveness; on the other end of the spectrum are proven best practice approaches, ones that are supported by strong research, extensive expert opinion from multiple authoritative sources, and solid field lessons evaluating effectiveness.

Research may range from a majority of studies in dental public health or other disciplines reporting effectiveness to the majority of systematic review of scientific literature supporting effectiveness. Expert opinion may range from one expert group or general professional opinion supporting the practice to multiple authoritative sources (including national organizations, agencies or initiatives) supporting the practice. Field lessons may range from success in state practices reported without evaluation documenting effectiveness to cluster evaluation of several states (group evaluation) documenting effectiveness. To access information related to a systematic review vs. a narrative review: Systematic vs. Narrative Reviews.

Research Evidence

A recent practice report by Brownson et al.[7] stated that the gap between discovery of public health knowledge and application in practice settings and policy development is due in part to ineffective dissemination. Their review found that:

- Passive approaches to dissemination are largely ineffective because uptake does not happen spontaneously
- Stakeholder engagement in data collection and evaluation processes enhances dissemination
- The dissemination of complex data to nonscientists is enhanced when messages are framed in ways that evoke emotion and interest and demonstrate usefulness
- At a health department level, dissemination approaches should be time-efficient, consistent with organizational climate, culture, and resources, and aligned with the skills of staff members
- Dissemination to policy audiences needs to consider unique characteristics of policy makers as dissemination targets (e.g., time horizons, need for local data)
- The objective of dissemination is to achieve impact, and measures of agency impact often differ significantly from the markers of importance to practice and policy audiences.

State Practice Examples

The following practice examples illustrate various elements or dimensions of the best practice approaches for dissemination of data. These examples should be viewed in the context of the states and program's environment, infrastructure, and resources. End-users are encouraged to review the practice descriptions (click on a practice name to view the description) and adapt ideas to fit their state and program. Table 2 provides a list of programs and activities submitted. Each practice name is linked to a detailed description.

Table 2. State Practice Examples Illustrating Strategies and Interventions for Data Dissemination

Practice Name	State	Practice #
Improving Data Collection and Measurement to Support School-Based Oral Health Programs	CA	06009

2018-2019 Third Grade California Smile Survey	CA	06010
Generating Equitable Health Rankings: Identifying Oral Health Burden Across Colorado	CO	07008
Maryland Medicaid Adult Dental Pilot Program Mapping Project	MD	23015
Minnesota Oral Health Statistics System (MNOHSS)	MN	26012
Future Smiles Data Collection and Dissemination	NV	31011
Oral Health Data Dissemination	NC	36013
Advocate for Expansion of Dental Coverage in Medicare	CMA	99005

Highlights of Practice Examples

CA Improving Data Collection and Measurement to Support School-Based Oral Health Programs (Practice #06009)
The L.A. Trust began its oral health work in 2012 with the aim to reduce dental caries in Los Angeles Unified School District (LAUSD) students by 25% over five years by integrating oral health care into LAUSD's wellness strategy. To streamline data collection and monitoring the L.A. Trust developed a Data xChange that integrates student data with academic and attendance measures. The data has been used to inform policy and financing to sustain oral health services.

CA 2018-2019 Third Grade California Smile Survey (Practice #06010)
The 2018-2019 California Smile Survey (CSS) is a statewide oral health assessment of third grade children. CSS results will inform oral health indicators of the California Oral Health Plan 2018-2028 and serve as baseline measures for monitoring progress of preventing early childhood tooth decay in California. The results were published in the California Dental Association Journal, a journal that reaches 25,000 dental offices and their staff. Results were also disseminated to 59 local oral health programs representing a vast majority of California's population. Additionally, implications of the findings were presented at the project directors' meeting where programs and policies to address disparities in oral health were discussed.

CO Generating Equitable Health Rankings: Identifying Oral Health Burden Across Colorado (Practice #07008)
The Colorado Department of Public Health and Environment Oral Health Unit and chronic disease epidemiologist utilized modifiable determinants of health and county-specific race and ethnicity data to identify and prioritize counties in Colorado with the highest healthcare needs. The County Health Rankings (CHR) mode was selected as the method of choice based on its applicability and proven ability to effectively rank counties. The CHR model can be applied to program-specific planning to identify how need varies across the state. This work has helped guide the Oral Health Unit in their upcoming strategic planning process, as well as strengthen partnerships and identify new opportunities to collaborate.

MD Maryland Medicaid Adult Dental Pilot Program Mapping Project (Practice #23015)
With the help and support of Maryland Medicaid and the Maryland Department of Health Office of Oral Health, the Maryland Dental Action Coalition (MDAC) developed a series of maps to depict the location, by county and/or zip code, of dual-eligible adults, locations of safety-net providers that treat adult dental patients on Medicaid and social service agencies that work with dual-eligible population. In 2017 with the passage of legislation to establish a Medicaid adult dental pilot program, the maps enabled MDAC to identify areas of the state with the highest concentrations of dual-eligible adults and shortages of Medicaid provider to treat them. MDAC used the information to develop a targeted direct mail campaign to make duals aware of their new dental benefit, increase the number of providers in areas of the state with the highest concentration of duals, and form effective partnerships with social service agencies.

MN Minnesota Oral Health Statistics System (MNOHSS) (Practice #26012)
The Minnesota Department of Health (MDH) Oral Health Program developed an oral health surveillance system known as the Minnesota Oral Health Statistics System (MNOHSS). MNOHSS was developed to meet the demand for timely, accurate, easy-to-use and understand oral health data. Educators, researchers, policymakers, funders, oral health advocates and dental professionals can use MNOHSS to assess population oral health, identify trends and oral health disparities, inform programs and policies, and prioritize and target

resources and develop research hypotheses. Currently MNOHSS has 40 indicators from nine datasets and includes mobile-responsive technology, data queries, oral health data report, dynamic charts, downloadable data and interactive maps.

NV Future Smiles Data Collection and Dissemination (Practice #31011)

The Future Smiles Data Segment (FSDS) program was implemented to understand how and why they share their data and with whom. Oral health outcomes are tracked using a robust data collection system that provides automated information exchange, web-based data entry, data analysis and visual reports. Standardized variables are measured throughout each patient's cycle of care as part of program monitoring and progress is tracked at an internal, local and national level. This program was developed to ensure high quality information is collected and processed in a continuous and methodical manner. Data is primarily disseminated to the following channels: parent/guardian, schools, public and stakeholders. The goal of the FSDS is to use an operation standard in data and reporting to optimize services, improve quality and improve oral health outcomes.

NC Oral Health Data Dissemination (Practice #36013)

The North Carolina Oral Health Section (OHS) created data visualization tools, Oral Health Snapshots which are one-pagers listing oral health variables that support comparison between ten regions of the state and against the state overall. Thirteen measures were chosen to compare region-to-region and combined to offer a state value. Using these one-pagers, community stakeholders developed a plan of action to improve oral health in their regions of the state. When stacked and bookended, these regional plans formed the 2020-2025 NC Oral Health Improvement Plan.

CMA Advocate for Expansion of Dental Coverage in Medicare (Practice #99005)

The Center for Medicare Advocacy is engaged in advocacy to achieve Medicare coverage of medically related dental/oral health treatments through administrative means and to achieve a comprehensive dental benefit in Medicare Part B through legislative means. Having supportive data is a vital tool in administrative and legislative advocacy and knowing what type of data is needed to locate, evaluate and leverage is also essential.

Acknowledgements

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Attachments

Attachment 1: Additional Resources

Cultural Competence, Awareness, Sensitivity:

Georgetown University. National Center for Cultural Competence.

Centers for Disease Control and Prevention, National Information Prevention Network. Cultural Competence in Health and Human Services. 2020.

U.S. Department of Health and Human Services, Office of Minority Health. Think Cultural Health.

Data Dissemination

Agency for Healthcare Research and Quality. Communication and Dissemination Strategies to Facilitate the Use of Health-Related Evidence. 2012.

Agency for Healthcare Research and Quality. Advances in Patient Safety, Dissemination Planning Tool. 2014.

Brownson RC, Eyler AA, Harris JK, et al. Getting the word out: new approaches for disseminating public health science. J Public Health Manag Pract 2018;24:102–111.

Centers for Disease Control and Prevention, Field Epidemiology Training Program. Data Dissemination. 2013.

Centers for Disease Control and Prevention. Birth Defects Surveillance Toolkit, Module 3: Introduction to Surveillance Approaches, 3.14 Data Dissemination. 2018.

Council of State and Territorial Epidemiologists. Chronic Disease Toolkit, Chapter 8: Data Interpretation and Dissemination. Unknown date.

Health Communication

Berkeley Media Studies Group. Media Advocacy Training.

Centers for Disease Control and Prevention, National Information Prevention Network. Health Communication Strategies and Resources. 2020

Language and Literacy:

Centers for Disease Control and Prevention, National Information Prevention Network. Health Communication Language and Literacy. 2020.

Agency for Healthcare Research and Quality, Health Literacy Universal Precautions Toolkit. 2015.

- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Health Literacy Online: A Guide to Simplifying the User Experience. 2016.

Social Math and Data Visualization:

Berkeley Media Studies Group. Using Social Math to Support Your Policy Issue. 2015.

California Health Care Foundation. Worth a Thousand Words: How to Display Health Data. 2014.

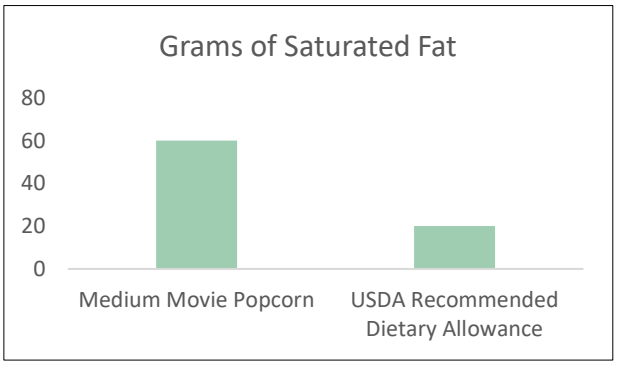
Information is Beautiful. This website distills data, information and knowledge into beautiful, useful graphics and diagrams.

- Meister S. Iowa Department of Public Health. Making Your Data Make Sense: Using Social Math to Communicate Your Message. 2017.

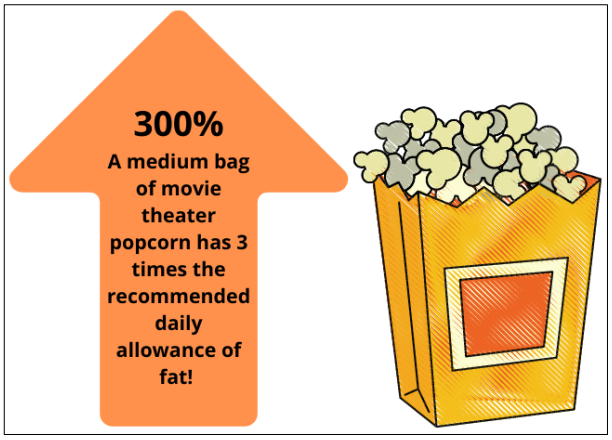
Attachment 2: Example of different ways to represent data to encourage healthy snack choices at the movies

Report: According to the Center for Science in the Public Interest, a typical medium popcorn at the movies contains 60 grams of saturated fat. The USDA recommends no more than 20 grams/day of saturated fat.

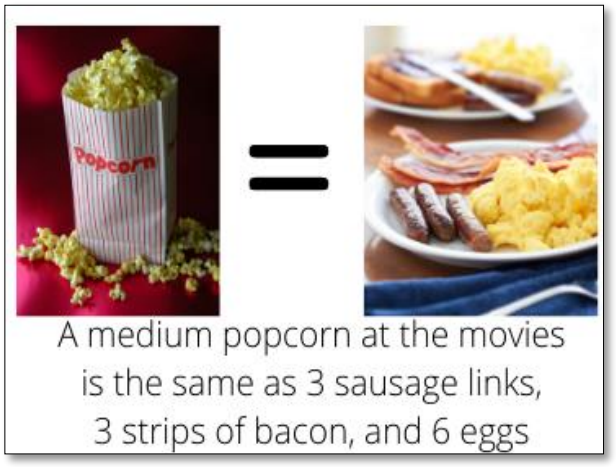
Chart:



Infographic:



Social Math:



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