



## Dental Public Health Project Descriptive Report Form

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: [lcofano@astdd.org](mailto:lcofano@astdd.org)

Name of Project						
<p><b>Vermont’s Oral Health Performance Management Scorecard</b>  <a href="https://embed.clearimpact.com/Scorecard/Embed/606">https://embed.clearimpact.com/Scorecard/Embed/606</a></p>						
Executive Summary (250-word limit)						
<p>The Vermont Oral Health Program uses a Performance Scorecard in <a href="#">Clear Impact software</a> to monitor, share, and use data to improve the ways we work. The Scorecard displays state-level population data over time, target values, and narratives about the meaning and use of the data. An interactive display and straightforward text make this an ideal tool for communicating oral public health information to a variety of audiences. It is regularly referenced in our communications with stakeholders and partners.</p> <p>The Scorecard framework is based on the <a href="#">Results Based Accountability™ model</a>, which ties programmatic work to our mission to reduce oral disease and promote oral health for all Vermonters. More information can be found on the Vermont Department of Health <a href="#">Performance Management &amp; Scorecards webpage</a>.</p>						
Name of Program or Organization Submitting Project						
<p>Vermont Office of Oral Health, Vermont Department of Health</p>						
<p><b><i>Essential Public Health Services to Promote Health and Oral Health in the United States</i></b></p> <p>Place an “X” in the box next to the Core Public Health Function(s) that apply to the project.</p> <table border="1" style="width: 100%; border-collapse: collapse; border-style: dotted;"> <tr> <td style="text-align: center; width: 50px;"><b>X</b></td> <td>Assessment</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Policy development</td> </tr> <tr> <td style="text-align: center;">X</td> <td>Assurance</td> </tr> </table> <p><a href="http://www.astdd.org/state-guidelines/">http://www.astdd.org/state-guidelines/</a></p> <p>Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.</p>	<b>X</b>	Assessment	X	Policy development	X	Assurance
<b>X</b>	Assessment					
X	Policy development					
X	Assurance					

## Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

- [OH-09 --- Increase the proportion of low-income youth who have a preventive dental visit\\*](#)
- [OH-11 --- Increase the proportion of people whose water systems have the recommended amount of fluoride\\*](#)

\* Please note: Healthy Vermonters 2030 Scorecards are coming soon; Healthy Vermonters 2020 indicators may still be present upon receipt of this descriptive report.

This information will be used as a data resource for ASTDD purposes.

## **Keywords for sorting the project by topic.**

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project.

Keywords are used to categorize submissions.

- Data and Surveillance
- Evaluation
- Quality Improvement
- Communications
- Performance Management

## Detailed Project Description

### **Project Overview**

(750-word limit)

#### **1. What problem does the project address? How was the problem identified?**

The Vermont Legislature codified Act 186, “The Outcomes Bill,” which asserted a government commitment to outcomes-oriented and data-driven method for setting policy and managing programs.

Per the [Vermont Agency of Human Services](#) (AHS), “AHS is committed to embedding a Results-Based Accountability™ (RBA) approach into how we work with communities to improve quality of life for Vermonters, and how we manage and learn from our programs and services to most effectively meet the needs of those we work with – ensuring that children, adults, and families are “better off” for our work. A focus on “results” is one of the [AHS Four Key Practices](#).

Per the [Vermont Department of Health](#) (VDH), “The Health Department actively uses performance data to improve the health of Vermonters. We want to know how well we and our partners are performing so we can improve the way we work. Using data to inform our activities and efforts helps ensure we are achieving the results that we want. Our Performance Scorecards are an important part of how we manage and improve our performance.”

#### **2. Who is the target population?**

The Oral Health Scorecard’s various data points focus on various populations of Vermonters including children, adults, and pregnant individuals.

### 3. Provide relevant background information:

The Oral Health Scorecard includes indicators related to Healthy People/Healthy Vermonters as well as performance measures for program initiatives. The state-level population data is displayed alongside target values to show how we are doing compared to desired outcomes. The Scorecard contains narrative information, which shares context about the meaning of data that informs planning and action.

### 4. Describe the project goals:

The Oral Health Scorecard is one of many ways the Office of Oral Health (OOH) shares data with the community and stakeholders. It is an important performance management tool, which supports transparent and accountable work.

## Resources, Data, Impact, and Outcomes

(750-word limit)

### 1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

The Oral Health Scorecard is one of many VDH scorecards that were built in [Clear Impact](#) software. Vermont's AHS has held a contract with Clear Impact for almost 10 years. Data is sourced from a variety of sources within and outside of the VDH. Internally, we receive data from the School Nurse Report (Family and Child Health Division), Behavioral Risk Factor Surveillance System (BRFSS, Health Statistics and Informatics Division), public health dental hygienists (Local Health Offices), VDH Laboratory, the Tobacco Program (Health Promotion and Disease Prevention Division), and OOH program activities and partners (including community water fluoridation reports, the Basic Screening Survey, and dental health care providers working in Vermont's 802 Smiles Network of School Dental Health Programs). There is also data from Medicaid claims that is accessed through a Data Use Agreement with the Department of Vermont Health Access. Data costs are absorbed by these various entities.

### 2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?

- % of children in grades K-6 using the dental system yearly
- % of children in grades 7-12 using the dental system yearly
- % of adults using the dental system yearly
- % of population served by community public water systems that have fluoridated water
- # of students participating in Vermont's 802 Smiles Network of School Dental Health Programs receiving oral health services
- # of students participating in Vermont's 802 Smiles Network of School Dental Health Programs who receive sealants
- % of pregnant women using WIC seen by Vermont Department of Health public health dental hygienists
- % of children using WIC seen by Vermont Department of Health public health dental hygienists
- # of natural fluoride in well water tests processed by the Vermont Department of Health Laboratory
- # of medical providers applying fluoride varnish to children under age 6
- # of referrals to Vermont's quit tobacco resource (802QUITS) submitted by dental professionals

### (b) What outcome measure data are being collected (e.g., improvement in health)?

- % of third graders with dental decay

- % of adults aged 45-64 with tooth extraction

**(c) How frequently are data collected?**

Data are collected annually for all indicators and quarterly for five performance measures.

**3. How are the results shared?**

The data are updated quarterly or annually, as available. The Scorecard is linked on our [Oral Health webpage](#), [Oral Health Data webpage](#), and the [Performance Management & Scorecards webpage](#). We promote use of the Scorecard at meetings with partners and stakeholders.

**Budget and Sustainability**

(500-word limit )

Note: Charts and tables may be used.

**1. What is/was the budget for the project?**

Since the Vermont AHS negotiates the contract with Clear Impact, we are not sure of the exact budget. Clear Impact Performance Scorecards are used across the VDH and the AHS. Clear Impact includes [Software Pricing](#) information on their website, with free, premium, and unlimited plans available.

**2. How is the project funded (e.g., federal, national, state, local, private funding)?**

See above.

**3. What is the sustainability plan for the project?**

The Vermont AHS is committed to an RBA™ approach in work and improving the quality of life for Vermonters. Since the Clear Impact software is built on the RBA™ approach, there is buy-in across state government. Currently, the Vermont Agency of Administration is in the process of putting out a Request for Proposals for a similar performance management software system that will be used across all state government entities. Depending on which company applies for and wins the contract, Clear Impact or a new vendor will provide our performance management software starting in spring 2024.

**Lessons Learned**

(750-word limit )

**1. What lessons were learned that would be useful for others seeking to implement a similar project?**

Agency-wide buy-in allows for the OOH to benefit from this great tool, though the OOH is not very involved in the bidding process. Although the Performance Scorecards are a great tool, since they only display statewide numbers, the data may mask inequities at the local level and between different populations. However, the narrative sections including the “Story Behind the Curve,” “Why is This Important,” “Notes on Methodology,” and more can be used to highlight known or possible inequities. It is important to note that it is sometimes difficult to get data updated on a quarterly or annual basis if partners have technical difficulties with their reporting systems.

**2. Any unanticipated outcomes?**

The COVID-19 pandemic led to widespread disruptions across state government and the Scorecard was not updated regularly during the public health emergency due to other

priorities. However, the Scorecard was updated in early 2023 and routine data collection has resumed.

**3. Is there anything you would have done differently?**

Considering the importance of health equity initiatives, it would be ideal to have a tool that allows for presentation of disaggregated data. Additionally, alternative graphs and data display options would be ideal as not all data is appropriate for a longitudinal line graph. Alternative dashboards may be worth exploring to complement or replace the current Scorecard.

**Resources**

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

Clear Impact:

<https://clearimpact.com/>

Vermont Oral Health Program Scorecard:

<https://embed.clearimpact.com/Scorecard/Embed/606>

Vermont Department of Health Performance Scorecards:

<https://www.healthvermont.gov/about/how-are-we-doing-performance-scorecards>

Vermont Agency of Human Services Results-Based Accountability:

<https://humanservices.vermont.gov/our-impact/results-based-accountability>

Contact for Inquiries	
Name:	Robin Miller
Title:	Oral Health Director
Agency/Organization:	Office of Oral Health, Vermont Department of Health
Address:	Zampieri Bldg., 108 Cherry St., Burlington, VT 05402
Phone:	+1 802-863-7272
Email:	robin.n.miller@vermont.gov
Second Contact for Inquiries	
Name:	Stephanie Stead
Title:	Public Health Analyst
Agency/Organization:	Health Statistics and Informatics, Vermont Department of Health
Address:	Zampieri Bldg., 108 Cherry St., Burlington, VT 05402
Phone:	+1 802-863-7288
Email:	stephanie.stead@vermont.gov

**To Be Completed By ASTDD**

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