



## BASIC SCREENING SURVEY PLANNING GUIDE

### Preliminary Planning Phase (9-12 months before survey)

1. Develop a survey plan by answering the following questions:
  - What do I want to find out, and for what purpose? Are you interested in just clinical parameters or do you want questionnaire information? Once the data is collected, what will you use it for – program evaluation, advocacy, etc?
  - What age groups and/or grades do I want to include in the survey? For example, do you want information on preschool children, 3<sup>rd</sup> grade children or adults? NOTE: The National Oral Health Surveillance System encourages states to obtain information on 3<sup>rd</sup> grade children.
  - What level of estimate do I want to obtain? For example, do you want information for the state as a whole, for regions within the state, or county level information. NOTE: The smaller the level of interest, the more expensive the survey becomes.
  - What level of funding is available for this project? Can I obtain funding from other sources such as the state dental association or the state's delta dental provider?
  - Do I want to include a questionnaire with the screening and if yes, what information do I want to obtain?
  - **TIP:** Consider a survey advisory committee that includes representatives from key stakeholder organizations such as the health department, department of education, dental and dental hygiene associations, dental school, potential funding organizations, and the school nurses association. If you have a statewide oral health coalition, this group could act as the advisory committee.
2. Determine if IRB approval is necessary
  - Most states will require that the survey plan be submitted to the appropriate IRB. In some cases, however, the project may obtain a waiver because the survey is considered surveillance rather than research.
  - Determine the appropriate consent process (passive vs. positive). IRBs often require positive consent.
  - Some school districts have internal research review committees that must also review and approve a survey of this type. Obtain a list of districts with internal review boards from your state's department of education.
  - **TIP:** Submit the survey plan to the IRB at least 6-months before starting the project.
3. Contact your agency's HIPAA coordinator and determine if this survey is impacted by HIPAA
4. If you are planning on screening children in a school setting, contact your state's department of education. For a school survey to be successful, it is very important to have the full support of the department of education.
  - Discuss the appropriate consent process (passive vs. positive) with the department. Some school districts will require positive consent, while others may allow passive consent.
  - Determine whom letters regarding survey participation should be sent to – school principals or the district superintendent? Should a copy of the letter be sent to the school nurse?

- Obtain an approval letter from the department of education or have a department representative co-sign the letter to schools
- **TIP:** In some cases it helps to contact the school nurse's association and the nurses at the selected schools for their support. Often, a principal will not want to participate but the nurse will convince them to take part.
- **TIP:** Have the department designate a specific contact person for this survey who can assist you during the planning and implementation process.

### Implementation Phase (3-9 months before survey)

#### 5. Develop survey data collection forms and data entry programs

- Determine information to be collected (clinical data, questionnaire data, etc.)
- Determine demographic information to be collected (age, race, gender, free/reduced lunch, etc.)
- Determine if you will use paper forms, scannable forms, or direct data entry
- Based on information to be collected – develop forms and/or data entry programs
- **TIP:** Standard data entry forms using Epi Info may be downloaded from the ASTDD website ([www.astdd.org](http://www.astdd.org)). Paper copies of the data entry forms are included in the BSS manual ([www.astdd.org](http://www.astdd.org)).

#### 6. Determine your sampling strategy

- Meet with your state epidemiologist or MCH epidemiologist to discuss the sampling scheme. Contact the ASTDD consultants for technical assistance. NOTE: For oral health status information to be included in the National Oral Health Surveillance System it must be from a probability sample representative of the state.
- Obtain an electronic list of schools with target grades from the department of education. Ideally, the list should include the following:
  - District ID number, school ID number, district name, school name, county
  - School contact information: address, phone number, principal's name
  - Number of children in target grade(s)
  - Percent eligible for free/reduced lunch program – at the school rather than the district level
  - Nice to have but not mandatory: Minority enrollment at the school or grade level if available, or other data related to subpopulations that you are particularly interested in
- Draw the sample
- **TIP:** Contacting the ASTDD consultants before or during your initial sampling scheme discussions will make the sampling process much easier.

#### 7. Develop survey letters

- Letter to schools – cosigned by department of education
- Informational letter and consent form for parents
- Survey result letter to parents

#### 8. Translate letters if necessary

- When you contact the schools, ask them if they need parent materials in languages other than English.

## 9. Contact schools

- As soon as the sample is selected, send letters to schools (determine if letters should be sent to principals, superintendents, school nurses).
- Follow-up by calling schools. You may want to talk to both the principal and the school nurse.
- Identify potential screening dates
- Schedule dates – make sure that the screening date does not conflict with field trips or special school events
- If a school refuses, randomly select a replacement school within the same strata or sampling interval (consult with your epidemiologist or ASTDD consultant on appropriate replacement methods).
- Ask the school to provide 1-2 older students or parent volunteers as assistants. The assistants can help “move” the students from classroom to the screening site and may be able to assist with data entry.
- **TIP:** Be flexible. You may need to alter your schedule in order to accommodate the school’s schedule.

## 10. Identify and train the dental screeners

- Determine who will screen the children. Most states use dental hygienists. At least two states have used volunteer dentists. While volunteer screeners are cost-effective, paid screeners tend to be more reliable and better in terms of maintaining standardization of data collection.
- An ideal training session consists of 2-3 hours of didactic training plus 2-3 hour of clinical training
- Select about 20 children from the same grade levels to be surveyed to help with training. It is best to prescreen children and have children with a variety of conditions to be assessed in the survey.
- **TIP:** Make sure to provide ample training on how to complete the screening form or enter the data (if direct data entry is used), especially if using numerous volunteers.

## 11. Order supplies and equipment

- Toothbrushes
- Screening supplies – disposable mirrors or tongue blades, gloves, gauze, hand wash, toothpicks or disposable explorers to check for the presence of sealants, etc.
- Dental equipment if necessary (chairs, lights, etc)
- **NOTE:** If you plan to ship supplies to schools, make sure to include a shipping line item in your budget.

## Screening Phase

### 12. Distribute consent forms to schools

- Photocopy consent forms and letters to parents
- Send letters and consent forms to schools for distribution. Make sure to include translated materials for schools with non-English speaking parents.
- **TIP:** Talk to each school about the best method for distribution. If you plan early enough, you may be able to have the consent form included in the enrollment packet sent to each parent.

13. Reconfirm screening date

- One week before screening, call schools to remind them to send consent forms home with children.
- Reconfirm screening date and time with the school and the screener

14. Obtain enrollment information

- In order to determine sampling weights and response rates, you must obtain the following two pieces of information from each school: number of children enrolled in each of the target grades and the number of children invited to participate in each of the target grades

15. Collect screening data. The following are screening day protocols that one state used with their screeners. This is an example that you may use if you wish.

- Arrive at the screening site at least 30 minutes before the first scheduled screening.
- Check-in at the school's office then set up your supplies for the screening. Ask the office for a list of the appropriate classrooms and when each class has recess and lunch. Obtain a class roster for each classroom that will be screened.
- Each school has been asked to provide one or two assistants (parent volunteers or older students). Ask the office who will be available to assist you. Introduce yourself to the assistant(s) and briefly tell them what you want them to do. In general, the assistants will be your "runners" bringing students to the screening site (about 10 at a time works well). The assistants may also be able to help you with data entry – but make sure they understand the concept of confidentiality.
- Have the children bring their consent form with them to the screening (each child should have their own consent form). Review the demographic data on the consent form and complete missing items if possible (birth date, race, etc). If you are required to use positive consent, make sure that the parent has provided positive consent before screening the child.
- Complete the direct observation portion of the survey. Enter the results on the screening form. Fill in each bubble completely and only use block style letters and numbers. DO NOT LEAVE ANY FIELD BLANK.
- If a child needs dental treatment, complete the appropriate referral letter for the parent. Give the child the referral letter and a toothbrush (or other items as appropriate). Send the child back to their classroom.
- When finished for the day, stop by the office and thank the staff for helping with the survey. Ask staff where you can throw away your garbage (staff may ask you to take it with you). Depending on your state's HIPAA requirements, you might want to consider developing a protocol for consulting with the school nurses regarding children with urgent needs.

16. Send data to survey coordinator

### Post-Survey Phase

17. Data entry, cleaning and analysis

- If you did not use direct data entry, enter the survey data. Ideally, double entry should be used to check for entry errors and ensure accurate data entry.
- Review the entered data for logic and out-of-bound errors. Clean the data as needed.

- Analyze the data making sure to adjust for the sampling scheme (cluster sampling effects and varying probability of selection) and non-response

#### 18. Report preparation

- Identify your target audience and develop a report appropriate for the audience. You do not want an overly scientific report if your target audience is legislators.
- Develop a one-page, graphically appealing, executive summary

#### 19. Disseminate the report

- Disseminate the report or executive summary to all key stakeholders
- Consider a press conference and a series of oral health related “spots” for TV, radio and print