



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

Name of Project						
2022 Oral Health Data Deck						
Executive Summary (250-word limit)						
<p>The Arkansas Oral Health Data Deck (AOHDD) project addresses the problem of diminished data impact that can result when multiple datasets are made available from fragmented sources. The AOHDD consolidates data from distinct national and state sources into one streamlined document that aims to provide a comprehensive picture of oral health in Arkansas.</p> <p>Resources for the project include national and state-level data sources, such as Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), Youth Risk Behavior Surveillance System (YRBSS), National Survey of Children’s Health (NSCH), and Arkansas Basic Screening Survey (ArBSS); devoted staff time; and funding from the Centers for Disease Control and Prevention Cooperative Agreement DP-18-1810, State Actions to Improve Oral Health Outcomes.</p>						
Name of Program or Organization Submitting Project						
Arkansas Department of Health Office of Oral Health						
<p><i>Essential Public Health Services to Promote Health and Oral Health in the United States</i></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;"> <tr> <td style="text-align: center; width: 50px;">X</td> <td>Assessment</td> </tr> <tr> <td></td> <td>Policy development</td> </tr> <tr> <td></td> <td>Assurance</td> </tr> </table> <p>http://www.astdd.org/state-guidelines/ Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.</p>	X	Assessment		Policy development		Assurance
X	Assessment					
	Policy development					
	Assurance					
<p><u>Healthy People 2030 Objectives</u></p> <p>List Healthy People 2030 objectives related to the project.</p> <p>Increase the number of states and DC that have an oral and craniofacial health surveillance system –OH-DO1</p>						

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.

Surveillance, Outcomes, Data Dissemination, Communications

Detailed Project Description

Project Overview

(750-word limit)

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

Although oral health affects systemic health, dental medicine has been segregated from traditional medicine and the environments in which it is practiced. As a consequence, large-scale, national surveys generally only capture partial components of oral health indicators. A growing body of research is demonstrating that oral health is intrinsic to whole body health, leading to increased interest in medical-dental integration. As a result, oral health data is needed to inform and target public health interventions. Although most of the data from these surveys are publicly available, they exist across a wide range of websites that may be difficult to locate and are not always easy to interpret. The Arkansas Oral Health Data Deck (AOHDD) consolidates data from distinct national and state sources into one streamlined document that aims to provide a comprehensive picture of oral health in Arkansas.

2. Who is the target population?

This project provides oral health-related data to public health practitioners, health care providers, professional and voluntary organizations, policy makers and the public. The charts and graphs can be copied for use in other presentations or reports.

3. Provide relevant background information.

Data on various oral health indicators vary in both the populations surveyed and periodicity of sampling. Oral health disparities exist among communities with no access to community fluoridated water, school-based sealant programs, healthy foods, or transportation for dental appointments. A major contributing factor of oral health disparity is a lack of dental insurance, which reduces the ability to receive preventive services.

4. Describe the project goals.

The primary goal of the AOHDD is to provide a robust dataset highlighting the frequency of oral health preventive practices, risk factors, and outcomes, which can then be used to initiate, inform, direct and/or leverage public health and private oral health programming. The data sources include oral health indicators such as: the percentage of adults who visited the dentist; percentage of adults who had permanent teeth extracted; percentage of older adults who have no natural teeth; percentage of adults with diabetes who visited the

dentist; percentage of children who visited the dentist; pregnant women who visited the dentist or had cleanings before their most recent pregnancy; Basic Screening Survey data for third grade students; oral cancer incidence rates; and dental health professional workforce data by geographic region. A secondary goal is to create a resource for oral and public health stakeholders that informs the development of SMART goals and objectives for their programming and interventions.

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)?

Access to state-specific oral health data, from state and national sources, is a necessary component of this project. Access is often facilitated by internal and external partnerships and collaborations. Funding is also a necessary resource. This project was supported by funding from the Centers for Disease Control and Prevention through Cooperative Agreement DP18-1810, *State Actions to Improve Oral Health Outcomes*.

Data sources for this project included State Health Department Programs in Oral Health, Engineering, Geographic Information System, Health Statistics, and Epidemiology. Data gathered from national sources, such as Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and the National Survey of Children's Health (NSCH).

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

Though not a typical project with process measures linked to the project, the success of the AOHDD is tied to its distribution and availability among stakeholders. The Arkansas Department of Health's Office of Oral Health (ADH OOH) printed 100 hard copies of the AOHDD and shared them among the membership of the Arkansas Oral Health Coalition. Data from the AOHDD and the resource itself was also used in presentations to the Arkansas State Board of Dental Examiners, and to members of the Arkansas State Health Improvement Plan workgroup. The AOHDD is available on the ADH OOH website. The ADH OOH continues to use the AOHDD during discussions with state oral health stakeholders to support evidence/data-based interventions.

How frequently are data collected?

The AOHDD is created/updated as new data are available based on the periodicity of the surveys described below:

- The BRFSS is conducted every even year
- The YRBSS is conducted every odd year
- The NSCH is conducted annually
- The ADH PRAMS is an ongoing surveillance system
- The ArBSS is conducted every three to five years

3. How are the results shared?

The AOHDD is shared with internal and external oral health stakeholders including State Health Department staff, coalitions, organizations, and the public in print and digital formats, including

links on the State Oral Health Program website. The charts and graphs can be copied for use in other presentations or reports.

Budget and Sustainability

(500-word limit)

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

The budget included salary/fringe of the Oral Health Epidemiologist who curated, compiled, and reviewed the data. The project came together in approximately 8 months, with an estimated cost of \$4,000 (~320 hours) attributed to salary/fringe of the staff. Other staff outside of ADH OOH were responsible for reviewing the 2022 AOHDD, but their time on the project was considered intra-agency support/contribution. Once the 2022 AOHDD was finalized, 100 hard copies were printed through an in-house copy center.

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

The primary funding source for the 2022 AOHDD was the CDC DP18-1810 *State Actions to Improve Oral Health Outcomes* Cooperative Agreement. This funding partially supported the salary of the Oral Health Epidemiologist who prepared the report. The 2022 AOHDD was reviewed by other staff outside of the ADH OOH whose salaries are funded by a variety of sources, including federal grants and state general revenue. The 2022 AOHDD was printed for distribution to internal and external stakeholders (Arkansas Oral Health Coalition, Arkansas State Board of Dental Examiners, Arkansas State Health Improvement Plan planning group) using CDC DP18-1810 funds. It is important to note that the data sources, such as the BRFSS, that are included in the 2022 AOHDD are funded through a variety of federal and state funds. These surveys are conducted independent of CDC DP18-1810 grant funding.

3. What is the sustainability plan for the project?

The sustainability of this project is also dependent on the continuity of the data sources referenced within the AOHDD. The AOHDD will continue to be produced as funds are available to provide partial salary support to an epidemiologist who can curate and compile the data into an informative and functional document.

Lessons Learned

(750-word limit)

- (a) What lessons were learned that would be useful for others seeking to implement a similar project?
 - a. When seeking to create a repository of useful oral health data, there are numerous data sources that can be considered for inclusion. However, inclusion of all available data is impractical and diminishes the audience's ability to attend to all dataset content. The ADH OOH's priority was to develop a resource that curated data on readily accessible oral health indicators that provided an opportunity for intervention. Specifically, data that supported both behavioral and systemic interventions such as hygiene behaviors and opportunities to address access to care issues were prioritized over data or reports that may have been based on financial interest or less-than-rigorous methods of collection and analysis.
 - b. One data point considered for inclusion in the AOHDD was the value of reduced-fee and free dental care [services not billed to insurance] provided throughout

Arkansas. While this information could be beneficial to evaluate in the short-term, collecting this information posed many challenges as there is no central data collection platform. In addition, the information collected would have a limited shelf life, as locations and providers who offer free or reduced-fee care change regularly. Another data source considered for inclusion in the AOHDD was the Arkansas All Payer Claims Database (APCD). Arkansas’s APCD features medical and dental insurance claims data for a variety of insurance providers; however it does not include self-insured systems. Following ADH OOH evaluation, these data sources were ultimately excluded from the AOHDD. Our method for this—and similar future projects—is to begin with a clear idea of the project’s overarching narrative, and allow that narrative [available, actionable Arkansas-specific oral health data] to serve as a screening mechanism for inclusion of the most pertinent data points.

(b) Any unanticipated outcomes?

a. N/A

(c) Is there anything you would have done differently?

a. N/A

Resources

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

https://www.healthy.arkansas.gov/images/uploads/pdf/Oral_Health_Data_Deck_2022.pdf

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