

Using Oral Health Data to Inform Decisions and Policy Development May 2012, Updated June 2015, July 2017 and March 2019

Oral Health Survey Reports

Oral health data obtained through in-mouth surveys using the Basic Screening Survey (BSS) methodology can provide the framework for a powerful policy development tool (www.astdd.org/basic-screening-survey-tool/). Using these data to inform decisions and policy, however, requires a clear and concise presentation to make the information both understandable and meaningful for a non-dental professional. Following are some tips for the use and presentation of complex oral health data.

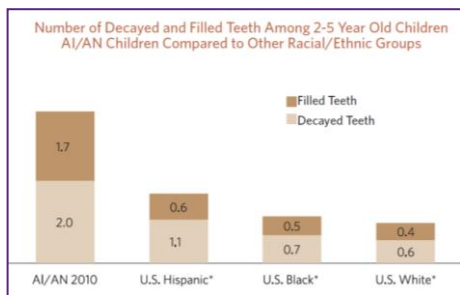
- Oral health survey data should be reported within 6-12 months of data collection; the sooner the better. Advocates and legislators want current information.
- Develop a written communication plan that clearly describes your target audience, key messages plus when and how the information will be distributed. To assist with this process, ASTDD has developed a project/goal specific communication plan template. The template, along with a variety of other communication resources, can be found on ASTDD's Health Communications webpage (<http://www.astdd.org/health-communications-committee/>).
- Humanize the story – if possible, give examples of individual children or families. When using human interest stories make sure that they are from your community and factual. If you use names or photos, you will need to obtain written permission.
- Consider a state-wide media push that coincides with the data release. Work with local media to have a presence in a wide variety of broadcast formats – print, radio, TV, online, or through social media. Having a storyline that focuses on the problems of individual children/families makes it more likely that the media will cover the story.
- Consider releasing the information at a time when key legislators will take note of the results, e.g., when your legislature is in session or when they are having town hall meetings or other meetings with constituents.
- Mail or email the report to key stakeholders and acknowledge their contribution to the project. In-person presentations, however, are more powerful than a mailed report.
- Consider publishing two different reports, a full report that presents all the details of the survey and a 1-3 page summary that can be shared with key stakeholders, oral health advocates, health agency administrators, and legislators. To reduce costs you may decide to publish the full report online while printing the summary report. Some states have developed one-page summaries using infographics to tell their story.
- Make sure to use plain English; avoid using technical terms. Most people do not know what dental caries is and many don't know what dental sealants are. Here are a few tips from www.plainlanguage.gov.
 - Plain English means creating a document that is...
 - Visually inviting
 - Logically organized
 - Understandable on the first reading

Useful Resource:

Making Data Talk – A Workbook

www.cancer.gov/cancertopics/cancerlibrary/MDT-Workbook.pdf

- How do you create a plain English document?
 - Know your audience
 - Know what you need to say
 - Organize your material logically
 - Avoid repetition
- Use these tools to write clearly:
 - Active voice with strong verbs
 - Short sentences
 - Personal pronouns
 - Concrete, familiar words
 - No surplus words
 - No legal jargon
 - Tabular presentation of complex information
 - Use a design and layout that increase comprehension
- Highlight both the positive and the negative.
- Emphasize next steps and recommendations.
- Use pictures and graphs or infographics – avoid complex data tables.




Characteristics	1999-2004									
	DMPS		DFS		DS		MS		FS	
	Mean	Standard error	Mean	Standard error	Mean	Standard error	Mean	Standard error	Mean	Standard error
Age										
35-44 years	13.36	0.46	10.36	0.30	1.73	0.18	3.04	0.26	8.62	0.28
35-49 years	31.46	0.81	19.94	0.44	1.55	0.12	11.52	0.51	18.39	0.47
50-64 years	53.87	0.94	28.56	0.66	1.22	0.11	25.31	1.04	27.35	0.70
Sex										
Male	29.77	0.63	17.86	0.42	1.81	0.14	11.91	0.61	16.06	0.41
Female	35.12	0.47	19.78	0.38	1.26	0.10	12.34	0.41	18.32	0.40
Race and ethnicity										
White, non-Hispanic	31.28	0.62	20.94	0.45	1.36	0.15	10.44	0.60	19.58	0.50
Black, non-Hispanic	31.69	0.70	15.14	0.37	2.46	0.19	19.76	0.81	9.69	0.40
Mexican American	24.14	0.54	12.52	0.33	1.83	0.17	11.63	0.38	10.69	0.61
Priority status										
Less than 100% FPL	33.38	0.97	13.50	0.60	3.28	0.30	19.88	0.91	10.22	0.60
100%-150% FPL	29.59	1.01	14.50	0.45	2.56	0.24	19.09	0.91	11.94	0.45
Greater than 150% FPL	39.65	0.47	20.44	0.38	0.84	0.07	9.39	0.40	19.50	0.40
Education										
Less than high school	30.00	0.60	12.88	0.45	3.00	0.30	22.12	0.80	9.39	0.46
High school	33.53	0.94	17.97	0.60	1.84	0.19	15.56	0.74	16.04	0.59
More than high school	28.79	0.39	20.81	0.31	0.78	0.06	7.97	0.36	20.04	0.32
Smoking history										
Current smoker	37.23	0.82	17.57	0.44	3.10	0.28	19.66	0.69	14.47	0.43
Former smoker	31.67	0.69	20.82	0.51	0.98	0.13	11.06	0.42	19.64	0.51
Never smoked	37.28	0.63	18.62	0.37	0.93	0.06	8.94	0.42	17.47	0.39
Total	30.96	0.49	18.84	0.39	1.53	0.10	12.12	0.45	17.31	0.35

- For a full report – put the important information at the beginning and the complex information at the end. Detailed information on survey methodology at the beginning of a report may prevent advocates from reading it. Near the end of your full report, or potentially in an appendix, include strengths, limitations and other caveats that may be useful months or years down the road. Full reports are more helpful for epidemiologists or researchers or others trying to replicate the survey methods.
- Consider using key findings that put the data into perspective rather than presenting numeric results. Also consider using phrases such as “1 in 5” or “4 out of 5” rather than 20% or 80%.
 - Example 1: Instead of reporting “35.7% of the children had untreated decay” report “More than one-third of the children in our state have not received treatment for their dental disease.”
 - Example 2: Instead of reporting “7.3% of the children had an urgent need for dental care” report “Almost 3,500 children in our state are sitting in a classroom with a toothache or an abscess.”

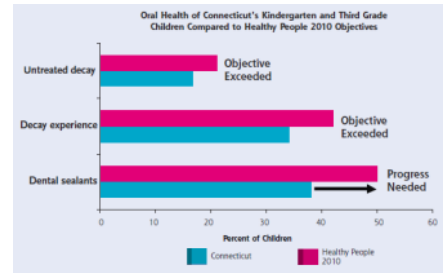
Key Findings

1. Dental decay is a significant public health problem for Connecticut's children.
2. Many children in Connecticut do not get the dental care they need.
3. More than 60 percent of children in Connecticut do not have dental sealants, a well accepted clinical intervention to prevent tooth decay in molar teeth.
4. There are significant oral health disparities in Connecticut with minority and low-income children having the highest level of dental disease and the lowest level of dental sealants.
5. The oral health of Connecticut's children differs by County.
6. Connecticut has met the Healthy People 2010 objectives for reducing the prevalence of decay experience and untreated tooth decay among elementary school children, but has not met the Healthy People 2010 objective for increasing the prevalence of dental sealants.
7. Early prevention is essential to reduce the prevalence of early childhood dental caries.



Comparing Your State to the U.S. or Other States

- It may be useful to compare your results to the Healthy People (HP) objectives or other national data such as the National Health and Nutrition Examination Survey (NHANES).
 - HP 2020: www.healthypeople.gov/2020/topicsobjectives2020/
- The National Oral Health Surveillance System (NOHSS) contains oral health status information for more than 45 states. Look at NOHSS (www.cdc.gov/oralhealthdata) and decide if you want to compare your results with results from neighboring states.
- Using color-coded mapping is a good visual aid when comparing states or comparing counties within a state.



Additional Resources

- A Guide to Understanding and Using Data for Effective Advocacy, Voices for Virginia's Children
 - <http://vakids.org/wp-content/uploads/2015/11/Voices-Data-Guide-FINAL-2011.pdf>
- Making Data Talk (recorded cyber-seminar), National Cancer Institute
 - <https://researchtoareality.cancer.gov/cyber-seminars/making-data-talk>
- ASTDD Health Communication Resources
 - <http://www.astdd.org/health-communications-committee/>
- National Association of City and County Health Officials communications toolkit
 - <http://toolbox.naccho.org/pages/index.html> (Refine by Communications Toolkit)
- Turning Data into Action: Developing and Using State Oral Health Data Reports (recorded webinar)
 - <http://astdd.adobeconnect.com/pgduhdplbs1r/>
- Infographic Resources
 - How to Make Great Charts for Infographics
 - <http://piktochart.com/how-to-make-charts-in-infographics-look-good/>
 - Ten Tips for Designing Better Infographics
 - <http://www.dotdash.ie/10-tips-for-designing-better-infographics>
 - 12 Infographic Tips That You Wish You Knew Years Ago
 - <https://blog.kissmetrics.com/12-infographic-tips/>
 - The Do's And Don'ts Of Infographic Design
 - <http://www.smashingmagazine.com/2011/10/14/the-dos-and-donts-of-infographic-design/>
 - Infographic Design
 - <https://www.canva.com/learn/how-to-design-infographics/>

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