Dental Public Health
State Activity Submission Form

ASTDD's goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at lcofano@astdd.org

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	**Minnesota Oral Health Statistics System (MNOHSS)**
State/Territory:	**MN**
Summary overview, which may include the following: • Objectives • Rationale • Personnel • Key partners • Costs & sustainability	

Oral health data is scattered throughout national, state, and local entities and is not readily available. The data often requires a lengthy legal process to acquire and a specialized expertise to analyze and interpret. To meet the demand for timely, accurate, easy-to-use and understand oral health data, the Minnesota Department of Health (MDH)'s Oral Health Program developed an oral health surveillance system known as the **Minnesota Oral Health Statistics System (MNOHSS)**. This project is funded by Delta Dental of Minnesota Foundation and the Centers for Disease Control and Prevention and is housed on the publicly accessible MN Public Health Data Access Portal. MNOHSS is a one-stop source for state and county oral health data. Educators, researchers, policymakers, funders, oral health advocates and dental professionals alike 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. Funding, existing infrastructure, staff expertise/innovation, and a collaborative partnership composed of the MDH Oral Health Program, the MN Tracking Program, MN.IT Services and data stewards helped make MNOHSS a success. With an estimated annual budget of $150K, costs associated with this system include staffing, software/platform, office equipment/supplies and data reporting/dissemination.

Since 2017, use of MNOHSS increased 60% with 10,672 new and 3,892 returning visitors annually. Yearly outcome measures using google analytics, CDC results-based accountability and Oral Health Program Tracking databases, assess online traffic, personal data requests, and awareness/reach at conferences, workshops, and other events. Intermediate/long-term outcomes assess use/reach via data cited in news, journal articles, reports, and success stories. Challenges include funding, developing agreed upon protocols and procedures when working in a large collaborative team and acquiring datasets from external organizations. Lessons learned are (1) develop an Operations Plan, (2) build strong collaborative partnerships and (3) invest in communications and outreach.

Lessons learned (Successes and **Challenges**):

Develop a long-range Operations Plan

Programs considering the development of an oral health surveillance system should plan beyond the start-up phase, which includes the surveillance, evaluation, communication, and sustainability plans. This comprehensive plan should be built in partnership with the areas of your agency that intersect with oral health and data and surveillance systems. Here is a list of our recommendations:

1. Develop a list of core staff positions. For our program, this includes the positions listed under staffing in question #2.
2. Collaborating partners
3. Data users
4. Other stakeholders

It is imperative that the Plan define roles, expectations, and have the support of all the necessary stakeholders. The Operations Plan should be a living document so that changes can be made as necessary.

Engage the team in regularly scheduled meetings to discuss the surveillance system. This serves as built in evaluation, maintenance, planning, and adjustments. Staff changes have less impact because the core team meets on an on-going basis. New staff additions are brought alongside the core team to get plugged in to the operations of the surveillance system.

It is critical for the Operations Plan to define roles and responsibilities and check in on the completion of tasks at regularly scheduled meetings. The Oral Health Program should develop and use standardized processes during all phases of data collection, analysis, interpretation, and review. Staff should be assigned to fulfill the following:

- Data collection
- Data analysis
- Data interpretation
- Data review
- Communication of the data
- Project oversight
- Trouble shooting plan of action
- Other tasks that come up

Invest in Communication and Outreach

The finest surveillance system falls short when it is not used or lacks sustainability funding. A communications specialist is crucial to the success of your surveillance system. This specialist will add oral health data and surveillance messaging into the overall communications plan. This provides consistency with approach and delivery of messaging across your program. In addition, the communications team member maintains relationships with key audiences, targeted groups, and the public at large. This includes community events, outreach activities, collaboration with oral health organizations, and funders. Another essential function of the Communications Specialist is to establish widely the existence of the surveillance system and create demand for oral health data. This creation of demand sparks interest in data and informs users about its use. In turn, users consider ways to leverage the information for local

action.

Invest in Building Relationships

A surveillance coordinator is focused on data collection, analysis, and reporting. However, this is only part of their role. Surveillance coordinators must be involved in outward facing oral health program activities. The surveillance coordinator is encouraged to engage in outreach activities and building partnerships. This supports the collection of data because it generates mutual benefits. Once the Surveillance Coordinator is a known, trusted member of the Oral Health Team, working in data collection and analysis with partners becomes much more natural. Collecting existing data outside of the agency, developing new initiatives for data collection, or funding such endeavors cannot be done in siloes.

The Oral Health Program is a leader at the agency for engaging in outreach activities, including joint projects with chronic disease and maternal/child health programs. Through previous HRSA grants and CDC cooperative agreements, the Oral Health Program worked with the heart disease and diabetes programs to integrate oral health knowledge, disease prevention strategies, and data collection within heart disease and diabetes programs and vice versa. The challenge has been to sustain these initiatives. In terms of surveillance, oral health indicators from the Behavioral Risk Factor Surveillance System are analyzed with chronic disease indicators such as diabetes, heart disease, chronic kidney disease, smoking and disability status, and disseminated on the Minnesota Oral Health Statistics System. Without the umbrella of joint funding, cross-program integration is very difficult. It is our experience that it doesn't readily occur. The Oral Health Program has found successful bidirectional initiatives working with entities outside of the agency, including Indian Health Service, tribal epidemiology centers and tribal health facilities, safety net dental clinics and oral health non-profit organizations, the Minnesota Oral Health Coalition, and state councils. We are constantly exploring ways to collaborate/partner with local public health agencies, e.g., oral health education in family home visiting programs and oral health data collection via the 5-year community health assessments.

TO BE COMPLETED BY ASTDD	
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