

Dental Public Health Activity Descriptive Summary

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Submitted By: New Hampshire Department of Health and Human Services, Division of Public Health Services, Chronic Disease Prevention and Screening Section, Oral Health Program

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Oral Health Surveillance

The National Oral Health Surveillance System (NOHSS) is a collaborative effort between the Centers for Disease Control and Prevention (CDC) and the Association for State and Territorial Dental Directors (ASTDD), and is designed to monitor the burden of oral disease, use of the oral health care delivery, and the status of community water fluoridation. The New Hampshire Oral Health Surveillance System (NHOHSS) is modeled accordingly, and encompasses systematically collected data, analyses, interpretation, and dissemination of outcome-specific data for use in planning, implementation, and evaluation of public health programs. Review of NHOHSS data allows us to understand the burden of oral disease and injury in New Hampshire, and also the risk and protective factors that impact oral health status. We also know that different sectors of the population within New Hampshire have varying levels of access to oral health care and that they face the burden of disease disproportionately. Costs associated with the maintenance and analysis of the NHOHSS include a portion of the salaries for the evaluator and epidemiologist.

The NHOHSS centralizes the collection, maintenance, and reporting of NH oral health data as related to the oral health status of residents across the lifespan, oral health services provided to individuals and communities, public health program service delivery, and the capacity within the State to deliver the level of services appropriate for the population. Data captured through the NHOHSS are reported out approximately every 5 years in the New Hampshire Oral Health Data Report. The report is intended to provide details about the above noted indicators to oral health stakeholders, decision makers, and the general public. In addition to the Oral Health Data Report, data briefs and survey results are published and posted intermittently as relevant data becomes available. The data elements that make up the NHOHSS provide a comprehensive picture of oral health burden and assets in New Hampshire so that status and need can be understood and so that informed decisions can be made. The purpose of the NHOHSS is to document the magnitude of the public health problem, to monitor disease trends over time, to detect changes in health care practices, to evaluate prevention strategies, and to facilitate planning.

Lessons Learned:

Developing the oral health surveillance system was made easier by the infrastructure for surveillance that has been developed by ASTDD and CDC. The existence of the National Oral Health Surveillance System, Behavioral Risk Factor Surveillance System, Basic Screening Surveys, and Water Fluoridation Reporting System made the work much easier. Leadership within the health department has supported oral health surveillance efforts, and assists with securing the needed resources.

Changes in staffing have posed a challenge to the Oral Health Program in regards to many activities, including those associated with the NHOHSS. Due to lack of evaluation and epidemiologic staffing, the Oral Health Program contracted with an external organization for the development of the 2015 Oral Health Data Report. There were challenges associated with the contract and associated deliverables; so when the Oral Health Program was able to secure a part-time evaluator for the program, they terminated the contract and completed the project internally. In July of 2016, the Oral Health Program evaluator accepted a position as an epidemiologist for the Chronic Disease Prevention and Screening Section. In this role, she will continue to support the Oral Health Program in activities relating to the

NHOHSS. The Program is currently in process of hiring an evaluator who will also help to maintain the system.

Related specifically to data collected by the Oral Health Program, in 2016 it was noted that the funded school based programs were not reporting decay measures consistently. The data definitions that were being used for treated decay and history of decay varied across programs; as a result, the data lacked uniformity. To address this issue, the Oral Health Program developed and conducted a webinar to ensure that all reporting entities were on the same page.

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