



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
Idaho’s Oral Health Surveillance System
Executive Summary (250-word limit)
<p>The Idaho Oral Health Program (IOHP) has developed an online oral health data dashboard known as the Idaho Oral Health Surveillance System (IOHSS). The dashboard was designed to provide timely oral health data for planning and evaluation of Idaho’s oral healthcare delivery system and prevention programs. The system is meant to involve Idaho communities, stakeholders, and health policymakers in identifying and targeting oral health problems, disparities, and access to services.</p> <p>The IOHSS offers a consistent approach to assessing the oral health of Idahoans and provides a way to determine health status changes over time. The key element of the IOHSS is the continuous submission, integration, and analysis of oral health data aimed at measuring changes in Idaho’s oral health and oral healthcare delivery system.</p> <p>Where available, the oral health data presented includes estimates for selected demographic groups, geographic levels, and a trend over time for indicators. Because these data are compiled from many different sources, some estimates are more current than others. As newer data becomes available, staff update the site as quickly as capacity allows.</p> <p>The dashboard is hosted on the Get Healthy Idaho website, which is supported by the Division of Public Health within the Idaho Department of Health and Welfare. Get Healthy Idaho functions as a resource for sharing population health data, including categories such as Idaho’s leading health indicators, social determinants of health, and statewide healthcare innovation plan. The numerous measures available on the website provide a snapshot of the overall health of Idahoans.</p>
Name of Program or Organization Submitting Project
Idaho Oral Health Program (Idaho Department of Health and Welfare, Division of Public Health)

Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

X	Assessment
	Policy development
	Assurance

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

This information will be used as a data resource for ASTDD purposes.

Increase the number of states and DC that have an oral and craniofacial health surveillance system.

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, Data, Dashboard, Reporting

Detailed Project Description

Project Overview

(750-word limit)

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

The Idaho Oral Health Surveillance System (IOHSS) addresses the problem of disseminating relevant and current oral health data in an easy-to-use and cost-effective manner. Past state oral health action plans consistently cited the need for a continuous surveillance system to collect, analyze, and interpret current, accurate, and representative information to measure the oral health status of Idaho’s population, pinpoint changes in health and the burden of disease, and identify patterns of oral healthcare access, provider supply, and quality of care. The surveillance system was designed to address those needs as well as identify gaps and inadequacies in collected data.

2. Who is the target population?

The target population for the IOHSS dashboard is oral health champions and partners throughout the state and Idaho communities. Partners include, but are not limited to, health policymakers, other government agencies and departments, public health districts, nonprofit organizations, advocacy organizations, private dental and medical practitioners, community health centers, community-based organizations, and colleges or universities.

3. Provide relevant background information.

The Idaho Oral Health Program (IOHP) historically conducted limited evaluation of surveillance data and the use of data before the creation of the IOHSS. The IOHP felt that building a strong evaluation capacity would enable the program to review current data, identify missing data and develop a comprehensive evaluation plan for the future. The creation of the IOHSS was completed as a deliverable to launch an online oral health surveillance system under a CDC grant. To ensure the awareness of the system and its usefulness, the IOHP evaluated it with stakeholders. The evaluation results were used to make any necessary improvements to the online system.

4. Describe the project goals.

The overarching goal of the IOHSS is to make data readily available to oral health partners to aid future efforts and help drive the oral health goals of partner organizations. The guiding principles of public health surveillance used in developing the IOHSS were to provide actionable information to guide public policy and programs, be periodically evaluated, collect high-quality data in the least expensive manner possible, and ensure personal confidentiality and privacy of data. Specific goals of the IOHSS were to:

1. Design, implement, and operate a dynamic system that provides Idaho-specific oral health data on an ongoing basis;
2. Collect and manage data from a broad range of national, state, and stakeholder sources;
3. Analyze and interpret data to help identify changes in disease patterns and oral healthcare delivery patterns;
4. Continuously disseminate findings and information on changing patterns to stakeholders and the public;
5. Employ the oral health and risk factor data to design effective interventions, implement ongoing programs, and provide data to evaluate the effectiveness of Idaho's oral health programs and delivery system.

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)?

Staffing skills and resources for the development of the Idaho Oral Health Surveillance System (IOHSS) included Centers for Disease Control and Prevention (CDC) funded and in-kind epidemiological support, data management, information technology (IT) support, oral health policy leadership, and data collection. Staff included epidemiology, evaluation, and data analysts from the Idaho Oral Health Program (IOHP), Idaho Cancer Data Registry, and Idaho Bureau of Vital Records and Health Statistics; data collection personnel; data entry personnel; and IT support for dashboard implementation.

Stakeholders and partners involved in the creation of the IOHSS included the following: Idaho Oral Health Alliance, Idaho Public Health Districts, Idaho Cancer Data Registry, IOHP, Delta Dental of Idaho, Idaho Division of Medicaid, Idaho Dental Hygienists' Association, Idaho State Dental Association, Idaho State Board of Dentistry, Idaho Department of Education, health professionals, faculty at dental and dental hygiene schools, Association of State and Territorial Dental Directors (ASTDD), Idaho residents, CDC, community organizations, Idaho Head Start Collaboration, the Southwest Idaho Area Health Education Center, and several others.

The Idaho Oral Health Surveillance System (IOHSS) is housed within the Get Healthy Idaho webpage. Staffing involved in the maintenance of the IOHSS includes CDC grant-funded epidemiological and IOHP staff and in-kind IT staff as needed.

National data systems and sources are used for many of the measures on the IOHSS. The following partnerships and resources are critical to obtaining the data reported on the site:

- Behavioral Risk Factor Surveillance System (BRFSS) Survey - Bureau of Vital Records and Health Statistics (IDHW)
- National Survey of Children's Health – Health Resources and Services Administration (HRSA) Maternal and Child Health (MCH) Bureau
- Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report, form CMS-416 – Medicaid
- Water Fluoridation Reporting System (WFRS) – Centers for Disease Control and Prevention (CDC)
- Cancer Data Registry of Idaho (CDRI)
- Idaho Pregnancy Risk Assessment Tracking System (PRATS) - Bureau of Vital Records and Health Statistics (BVRHS) (IDHW)
- National Syndromic Surveillance Program – Bureau of Communicable Disease Prevention (BCDP) (IDHW)
- Idaho Smile Survey – Data is collected by the IOHP

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

- Tooth Loss
 - Percentage of Idaho adults (65 and older) who lost all natural teeth due to tooth decay or gum disease
 - Percentage of Idaho adults (65 and older) who lost 6 or more teeth due to tooth decay or gum disease
- Caries (Cavities)
 - Percentage of Idaho 3rd graders with caries (cavities) experience
 - Percentage of Idaho 3rd graders with untreated (active) tooth decay
- Dental Visits
 - Number of Medicaid/CHIP eligible Idaho Children who received dental services
 - Number of Medicaid/CHIP eligible Idaho Children who received preventive dental services
 - Percentage of Idaho children, ages 1–17, who had a preventive dental visit in the past year
 - Percentage of Idaho adults who visited the dentist in the past year
 - Percentage of Idaho adults with diabetes who visited the dentist in the past year
 - Percentage of Idaho mothers who did not receive routine dental care during pregnancy
- Dental Sealants
 - Percentage of Idaho 3rd graders with dental sealants on at least one molar
- Water Fluoridation
 - Fluoridated – whether natural or adjusted
 - Optimally fluoridated

(b) What outcome measure data are being collected (e.g., improvement in health)?

- Cancer
 - Rate of invasive oral cavity and pharynx cancer incidence
 - Rate of invasive oral cavity and pharynx cancer mortality
- Emergency Room Visits
 - Non-Traumatic Oral Health Emergency Department (ED) Visits (by year)

(c) How frequently are data collected?

IOHSS data are compiled from many different sources, so the frequency of data collection varies, and some estimates are more current than others. As newer data becomes available, staff update the site as quickly as capacity allows. The following is a breakdown of reporting timeframes for each data point.

- Tooth Loss – every two years (even years)
- Caries (cavities) – every four years (current data has been delayed due to COVID)
- Dental Visits – every four years
- Dental Sealants – every four years (current data has been delayed due to COVID)
- Water fluoridation – annually
- Cancer – annually
- Emergency Room Visits – annually (data is reported by week)

3. How are the results shared?

The IOHSS is available on the internet at <https://www.gethealthy.dhw.idaho.gov/iohss-dashboard-oral-health>. Additionally, data is reported on and disseminated to stakeholders and community partners by presenting surveillance data and topics in reports and at meetings.

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

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

There is no specific allocated budget for this project. The Idaho Oral Health Surveillance System (IOHSS) was created and is maintained with staff time.

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

The creation of the IOHSS dashboard project was funded as a deliverable under a CDC grant. A percentage of the Chronic Disease Epidemiology and Surveillance Director's time and Idaho Oral Health Program (IOHP) staff time were paid for by this grant. Additional staff time, such as IT, was provided in-kind. There is no specific budget for the update and maintenance of the IOHSS. However, percentages of IOHP staff time and the Chronic Disease Epidemiology/Surveillance Director's time continue to be paid by CDC grant funding.

3. What is the sustainability plan for the project?

The IOHSS is hosted on the Get Healthy Idaho website. Data will continue to be collected by IOHP staff, and the IOHSS will be updated as part of the Get Healthy Idaho website updates.

Lessons Learned

(750-word limit)

- (a) What lessons were learned that would be useful for others seeking to implement a similar project?
 Having an evaluation of the Idaho Oral Health Surveillance System (IOHSS) dashboard that includes external partners and stakeholders was critical for ensuring that any dashboard revisions would facilitate the use and utility of the dashboard for partners/stakeholders.
- (b) Any unanticipated outcomes?
 There has been a great deal of interest from other states on the emergency visit measures within the IOHSS.
- (c) Is there anything you would have done differently?
 After the IOHSS dashboard was publicly released, we had conversations with other states and ASTDD on how to make the emergency visit measure on non-traumatic dental visits match ASTDD guidance on working with emergency department visit data (the IOHSS measure comes from syndromic surveillance data rather than direct emergency department data). Idaho has recently created an internal dashboard depicting these visits in a way that follows ASTDD guidance and hopes to incorporate this into the IOHSS dashboard in the near future. Reaching out to ASTDD sooner for their input would have been preferable.

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.gethealthy.dhw.idaho.gov/iohss-dashboard-oral-health>

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