2021 SYNOPSIS OF STATE DENTAL PUBLIC HEALTH (DPH) PROGRAMS
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DATA AND SURVEILLANCE COORDINATOR
ASSOCIATION OF STATE & TERRITORIAL DENTAL DIRECTORS
JANUARY 28, 2021
Print synopses questionnaire for reference during webinar.

This webinar will be recorded and archived on the ASTDD website.

Questions will be addressed at the end of the webinar so if you have questions, please make a note of them.

Please respond to the polling questions at the conclusion of the webinar.
This presentation was supported by a Cooperative Agreement from CDC, Division of Oral Health. Its contents are solely the responsibility of the author and do not necessarily represent the official views of CDC.
WEBINAR OBJECTIVES

- Describe changes to the ASTDD State Synopses survey
- Provide information on sources for the information requested
- Help states completely and accurately answer the survey questions
PURPOSE OF SYNOPSIS

- To obtain detailed information on ...
  - Programs and services
  - Staffing
  - Budget
  - Policies
  - Infrastructure
  - Workforce
SYNOPSIS OF STATE DPH PROGRAMS

- Collaborative effort ASTDD & CDC
- 24th year of data collection
- Process
  - ASTDD sends & collects questionnaire
  - ASTDD publishes reports
  - ASTDD submits database to CDC
  - CDC posts portions on web

ASTDD REPORTS

- Members only
  - Detailed state level report
  - Budget not reported by state
- Publicly available
  - Summary report
  - No state specific information

2020 Synopses of State Dental Public Health Programs
Data for FY 2018-2019

Association of State and Territorial Dental Directors

May 2020

Supported by Cooperative Agreement 5 U58DP005773-02-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

www.astdd.org
SURVEY DISTRIBUTION
Email #1: Word “form” questionnaire

- Email from kphipps@astdd.org
- Questionnaire is locked so you can only enter data
- If needed, you can request an “unlocked” version

Email #2: Unique link to SurveyMonkey questionnaire

- Email from cwood@astdd.org via SurveyMonkey member@surveymonkeyuser.com
- Based on feedback from last year, the type of link has been changed
- Link is “tied” to dental director’s email address
Email sent on 01/04/2021 from:

- cwood@astdd.org via SurveyMonkey member@surveymonkeyuser.com

If you did not receive, check your spam folder

Contact me if you need another link:

- kphipps@astdd.org
- Link is “tied” to dental director’s email – not an IP address
  - Multiple people at different computers can use link and data on each page will be saved once you click “Next”
  - Always use the button in the email to access survey

**IF YOU WANT OTHERS TO USE LINK, FORWARD THE EMAIL**
HOW TO SUBMIT THE SURVEY

Preferred option:
Submit data using SurveyMonkey

If necessary:
Email [Word document to kphipps@astdd.org](mailto:kphipps@astdd.org)

Send the Word document. Do not convert to a PDF.
A FEW QUESTION CHANGES SINCE 2020

- Deleted from questionnaire:
  - Race/ethnicity of dental director

- Added to questionnaire:
  - Two infection control and prevention questions
Life is not complex. We are complex. Life is simple, and the simple thing is the right thing.

Oscar Wilde
GENERAL INSTRUCTIONS

- Print questionnaire
- Distribute to those that provide data
- Supply info for **FY 2019-2020**
- Complete paper questionnaire
- Enter in SurveyMonkey (or Word if necessary)
- **ENTER/RETURN BY FEBRUARY 28, 2021**
Introduction

Thank you in advance for your participation in the 2021 annual Synopses of Dental Public Health Programs (Synopses) survey that collects data for state FY 2019–2020. Your participation and effort are sincerely appreciated. This Synopses continues ASTDD’s efforts to provide a complete and accurate picture of state dental public health programs across the nation. Since the Synopses is the only source for much of this information, your contribution is essential. Please complete and submit the survey by February 28, 2021.

Completing the Synopses Questionnaire
ASTDD is moving towards electronic data collection and in future years the Synopses will be collected using an online system. This year, we are giving you two options for completing the survey — (1) you can use the online system or (2) you can complete this Word form document and return via email. The benefit of the online system is that skip patterns are built in and if a question isn’t applicable, you will not see the question. To help with the process, we have scheduled a Zoom meeting on how to complete the Synopses questionnaire scheduled for Thursday, January 28, 2:00-3:00 ET. https://zoom.us/j/9539108400?pwd=cCRyVvVnUHUxd7MnVGd5UluoWFLZn99
Meeting ID: 953 9108 0400, Passcode: 901663

How to Use the Online (SurveyMonkey) System
Each state dental director/program manager was sent an email with a unique link to the online Synopses questionnaire. Different staff and departments may need to complete sections of the Synopses questionnaire. Distribute blank copies of the questionnaire to appropriate individuals. After all information is complete, go online and enter the information. Data entry can be completed in one or multiple sittings. If multiple staff want to directly enter information online, forward the email containing the link for your state to the appropriate people and ask them to enter the information directly into the Web-based survey. As you complete the questionnaire online, responses are saved once you click the "Next Page" button at the end of each page and information can be changed at any time. To exit the survey and return to it later, simply close your browser. When you access the survey again, you will be directed to the last page accessed by someone working on the survey. If you want to go to previous pages, click the "Previous Page" button at the bottom of the page until you reach the page you want.

NOTE: If a question has an asterisk (*) next to the question number, you are required to provide an answer. If you don’t know the answer, select or enter don’t know (DK) or not applicable/available (NA).

VERY IMPORTANT: The online question numbering system is dependent on the skip patterns. For this reason, the numbers on the paper form may not match the numbers on the online version.

Getting Help with the Synopses Questionnaire
If you have questions or need help with completing the questionnaire, please contact:
Kathy Phipps, ASTDD Data and Surveillance Coordinator
kphipps@astdd.org, 805-776-3393 (Pacific time zone)
- Info about dental director/program manager
  - If you have both, provide info for DD
- URL for oral health program
- Unit where oral health is located
INFO ABOUT ORAL HEALTH PROGRAM

SCHOOL SCREENING REQUIREMENTS

COALITIONS
Collaborations with other programs
State oral health plan
Other plans for state oral health program

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**Healthcare-associated infections is a new question**
Workforce

- Hygienists
- Therapists
- Information on dentists obtained from ADA

Statewide workforce survey
Oral health program administration

- Statutory requirement/authority
- Requirements for DD position
- Medicaid time
- Other non-oral health responsibilities
37. What percent of the Dental Director’s/Program Manager’s time is spent on non-oral health duties? If your state has both a Dental Director and a Program Manager, enter information for the Dental Director.

%  

38. What type of non-oral health duties does the Dental Director/Program Manager perform? If your state has both a Dental Director and a Program Manager, enter information for the Dental Director.

39. How many FTE employees or contractors are funded by and work in the state oral health program? Count only those employees or contractors, including the Dental Director/Program Manager who work in state, district, county, or local programs who are directly supervised by someone in the state health agency.

40. How many FTE employees or contractors are funded by the state oral health program but do not work in the state oral health program? Count only those employees or contractors working in state, district, county, or local programs who are not directly supervised by someone in the state health agency.

41. Total FTEs that are funded by the state oral health program (total should be the sum of the previous two questions, Q39+Q40):

- Oral health program administration
  - Other non-oral health responsibilities
  - Number of employees
    - Funded by & work in SOHP
    - Funded by but DO NOT work in SOHP
    - TOTAL FTEs funded by SOHP (sum of above)
### Oral health program budget

- **Percent** of budget by source
  - Whole numbers only, no decimals/symbols
  - Correct: 50
  - Not correct: 50.2%
- **Sum must equal 100**
### Change in budget since 2018-19 by source
- Increased, decreased, same
- If no money from source, check NA/DK

### Total budget for 2019-2020
- Info will not be released at state level

### Other state monies not in SOHP budget
- Example: CDC funds are provided to environmental health to pay for a fluoridation engineer
### School sealant programs

- **Number of schools with ≥ 50% FRL**
  - **Best source: State Department of Education**
- **Programs funded/operated by state**
  - Number schools
  - Number children
- **Number programs *NOT* funded/operated by state**
  - Number schools
  - Number children

#### School Dental Sealant Programs

The next several questions are designed to obtain information on school dental sealant programs including school-based or school-linked dental sealant programs. If you do not have data on the number of children or schools, please put "NA" in the "Number" box. Your state may have different eligibility criteria for school dental sealant programs but for the questions in this section, we are interested in public primary and middle schools with 50% or more of students eligible for the National School Lunch Program (NSLP, also referred to as free/reduced lunch [FRL]). Please include both traditional public and public charter schools.

**Definitions:**

- **School-based dental sealant programs:** Conducted completely within the school setting, with teams of dental providers (dentists, dental hygienists and dental assistants) using portable or mobile dental equipment or a fixed facility within the school setting.
- **School-linked programs:** Connected with schools in some manner but deliver the dental sealants at a site other than the school.

**State funds, managers or operates:** The state or health program provides funding for the implementation of local dental sealant programs and/or provides direct dental sealant services.

**Primary school:** A school offering a low grade of prekindergarten to 3 and a high grade of 8 or lower, defined by the National Center for Education Statistics (NCES).

**Middle school:** A school offering a low grade of 4 to 7 and a high grade of 9 or lower, defined by the NCES.

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<tr>
<th>Question</th>
<th>Description</th>
<th>Code</th>
<th>Notes</th>
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<tbody>
<tr>
<td>48. How many public primary and middle schools in your state have 50% or more of the enrolled students eligible for NSLP (also referred to as FRL)? If unknown or not available, enter NA.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. During the 2019–2020 school year, how many of the schools answered in the previous question (C48) had a school-based/linked dental sealant program funded, managed, or operated by your state oral health program? If you do not have a school dental sealant program enter 0. If unknown or not available, enter NA.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. During the 2019–2020 school year, how many students at the schools answered in the previous question (C49) received dental sealants from a program funded, managed, or operated by your state oral health program? If you do not have a school dental sealant program enter 0. If unknown or not available, enter NA.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. During the 2019–2020 school year, how many schools answered in the first dental sealant question (C48) had a school-based/linked dental sealant program that was <em>NOT</em> funded, managed, or operated by your state oral health program? If unknown or not available, enter NA.</td>
<td></td>
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<tr>
<td>52. During the 2019–2020 school year, how many students at the schools listed in the previous question (C51) received dental sealants from a dental sealant program that was <em>NOT</em> funded, managed, or operated by your state oral health program? If unknown or not available, enter NA.</td>
<td></td>
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Oral health surveillance system

- Written surveillance plan
- Available & current data (last 5 years)
**Oral health surveillance system (continued)**

- **Data dissemination between 2015 & 2019**
- **State added questions** – BRFSS, YRBS, PRAMS
  - ***DO NOT*** include core questions
- Programs funded, conducted or facilitated by state oral health program

- Obtains program and age/population specific information
  - Programs: access to care, dental screening, topical fluorides, SDF, oral health education, BSS
  - Age/population groups: preschool, elementary school, adolescent, pregnant women, adults 18-64, adults 65+, special health care needs
  - Number served may be included in both programs and age groups
For each program:

- Do you have program (no/yes)
- Number served
- Target age group
- Briefly describe program
For each program:
- Do you have program (no/yes)
- Number served, target age group
- Briefly describe

For each age group/population
- Do you have program (no/yes)
- Number served
- Briefly describe

Numbers in programs may duplicate numbers in age group (that is OK)
For each age group/population
- Do you have program (no/yes)
- Number served
- Briefly describe

Numbers in programs may duplicate numbers in age group (that is OK)
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</table>
| 102. | Does your DHCP work with dental healthcare personnel on infection prevention and control issues? Examples: continuing education courses on infection prevention and control, development of infection prevention and control policies and procedures, etc.  
- | No (Skip to Q 104)  
- | Yes (Go to Q103)  
103. | Briefly describe your programs.  
104. | Does your state oral health program offer programs not listed in the previous section that you would like to include in the Synopses database and reports? If yes, please provide the name of the program, who it serves, the number of people served in FY 2019-2020 and a brief description of the program.  
- | No (Skip to Q117)  
- | Yes (Go to Q105)  
105. | Other Program #1  
Name of Program  
Who it Serves  
Number Served  
106. | Briefly describe other program #1.  
107. | Other Program #2  
Name of Program  
Who it Serves  
Number Served  
108. | Briefly describe other program #2.  
109. | Other Program #3  
Name of Program  
Who it Serves  
Number Served  
110. | Briefly describe other program #3.  
111. | Other Program #4  
Name of Program  
Who it Serves  
Number Served  
112. | Briefly describe other program #4.  

New question on infection prevention & control
113. Other Program #5
   Name of Program
   Who it Serves
   Number Served
   114. Briefly describe other program #5.

115. Other Program #6
   Name of Program
   Who it Serves
   Number Served
   116. Briefly describe other program #6.

Additional Comments

117. This is the second time ASTDD has used a web-based system for collecting data for the Synopses of State Dental Public Health Programs. If you entered data using the web-based system, please evaluate the overall on-line process.

<table>
<thead>
<tr>
<th>Did not use web-based system</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The online system was easy to use.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I prefer the online system to a traditional Word questionnaire</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

118. Additional information, suggestions and/or comments.

THANK YOU FOR COMPLETING THE 2021 SYNOPSIS QUESTIONNAIRE!

COMPLETE ONLINE OR RETURN THIS WORD DOCUMENT BY:
FEBRUARY 28, 2021
kphipps@astdd.org

Rate web-based data entry system
Additional information/comments
Tips & Tricks

- Unique link sent to dental director in email
  - Forward email to staff that will enter data
- Can enter info at multiple sittings
- Saves info once you click “Next Page”
- Will return to last page viewed
- Has skip patterns, numbers on Word document may not match numbers online
- * = must answer question

Example

2021 Synopses of State Dental Public Health Programs (FY 2019-2020)

General Information

* 1. State Name

* Drop down box

* 2. During FY 2019-2020, did your state have a state oral health program?
  - Yes
  - No (You do not need to complete the questionnaire)
QUESTIONS?
POLLING QUESTIONS