ASTDD Health Impact Snapshot:
Data and Surveillance

The Challenge

Reliable data are the foundation of effective public health action. To assess needs, guide program development, inform policy, and measure progress, public health agencies must regularly collect, analyze, and share information about community health. This is especially true in oral health, where gaps in surveillance can obscure disparities and limit strategic planning.

The Institute of Medicine—now the Health and Medicine Division of the National Academies—identifies **assessment as a core public health function**. This requires ongoing, systematic surveillance that produces actionable insights for decision-makers and stakeholders. Without strong surveillance systems, public health programs cannot identify unmet needs, track trends, or demonstrate impact.

ASTDD supports this critical function by providing **technical assistance and tools** to state and territorial oral health programs to improve their surveillance capacity and ensure data are put to work.

Advancing Assessment Through Public Health Partnerships

In 2024, ASTDD helped strengthen state and territorial oral health surveillance systems across the country. Through expert consultation, peer learning, and updated tools, ASTDD ensured programs could plan and conduct oral health surveys, share results, and apply findings to improve health outcomes.

Key Activities:

- Provided tailored technical assistance to 21 states[1] on oral health surveillance issues.
- Completed the **2024 ASTDD State Synopses Report** and updated the 2025 Synopses questionnaire.
- Updated the catalog of oral health questions used in the Behavioral Risk Factor Surveillance System **(BRFSS)**, Youth Risk Behavioral Surveillance System **(YRBSS)**, and Pregnancy Risk Assessment Monitoring System **(PRAMS)**.
- Used 2022 BRFSS data to generate state-specific information on tooth loss and dental visits among adults with and without diabetes.
- Hosted three meetings of the **Basic Screening Survey[2] (BSS) Community of Practice**, focusing on strategies for survey planning, execution, and data dissemination.
- Convened the **"Rethinking the BSS"** workgroup to identify and address implementation challenges such as school recruitment and dental material detection.

[1]The 21 states were AZ, AR, FL, GA, ID, IL, LA, MD, MN, MO, MT, NV, NJ, NC, OH, OR, TN, UT, VA, WA, and WI.

[2]The Centers for Disease Control and Prevention (CDC) and other jurisdictions conduct Basic Screening Surveys (BSS) of students to gather data about the oral health status of students and the accessibility of dental care within a community.

The Impact

Between 2019 and 2024:

- **48 states and the District of Columbia** submitted the annual ASTDD State Synopses.
- **31 states** completed at least one **third grade BSS**.
- **29 states** completed a BSS for children in other grades or for **older adults**.
- State oral health programs produced **44 publicly available data documents**, supporting:
  - Program planning
  - Policy development
  - Funding applications
  - Evaluation and quality improvement

These achievements underscore a growing national commitment to **data-informed decision-making** in oral health. State programs are leveraging surveillance data not only to describe health outcomes but to identify disparities, guide program development, and advocate for policy change. The increasing use of standardized tools like the BSS and BRFSS oral health modules signals a shift toward more consistent, comparable, and actionable data. This expanding infrastructure reflects an understanding that timely, accurate data are critical to designing equitable and effective public health interventions.

Conclusion and Next Steps

Data and surveillance are not just technical tasks: they are essential tools for health equity and accountability. ASTDD's support helps state and territorial oral health programs move from data collection to action, translating numbers into meaningful change. Continued investment in surveillance capacity ensures communities receive the evidence-based care and support they need.