

## Capacity Building Expectations for Oral Health Surveillance

1. Employ an epidemiologist (with formal training) for at least 0.25 FTE to conduct epidemiologic analyses that are more than merely descriptive. (“Employ” means to share with other health agency programs, contract for, or directly hire.)
  - a. Routinely analyze state Behavioral Risk Factor Surveillance System (BRFSS) data, state cancer registry data, and other available databases, as appropriate for program decision making. Databases also may include the Pregnancy Risk Assessment Monitoring System (PRAMS), Youth Risk Behavior Surveillance System (YRBS), Medicaid, Tobacco Control, or insurance databases. As appropriate, use Basic Screening Survey data collected according to the standard protocol.
  - b. Disseminate data analyses in print or electronic form to key state audiences.
  - c. Collaborate with other epidemiologists in the health department, to answer key questions of mutual interest, e.g., diabetes, tobacco, cancer, maternal and child health (MCH), cardiovascular disease.
2. Establish a plan for how data collection, analysis, and dissemination will support program activity, i.e., how surveillance will be used to make program decisions and to evaluate progress toward achieving program objectives.
3. Submit child and adolescent data (meeting criteria established by the Association of State and Territorial Dental Directors Committee on Surveillance) for inclusion in the National Oral Health Surveillance System (NOHSS).
4. Actively participate in the CDC Water Fluoridation Reporting System (WFRS).
5. Respond to the requests from ASTDD for information to include in the annual Synopses of State and Territorial Dental Programs.
6. The Surveillance System should be able to compare available state (and smaller area estimates, if available) data to key national estimates of oral health indicators, such as those from
  - a. CDC surveys
  - b. National surveys including
    1. National Health and Nutrition Examination Survey (NHANES)
    2. National Health Interview Survey (NHIS)
    3. National Oral Health Surveillance System (NOHSS)
    4. American Dental Association (ADA) Survey Center
    5. Demographic data from the U.S. Census Bureau

## Capacity Building Expectations for Oral Health Surveillance (Continued)

7. A Surveillance System should include original analyses of data from state-based data systems including
  - a. Behavioral Risk Factor Surveillance System (BRFSS)
  - b. WFRS
  - c. Medicaid utilization data
  - d. Head Start screening and referral data
  - e. Vital statistics data
  - f. Others
  
8. If the state is participating in data analyses involving the following data sources or systems, the oral health unit's surveillance system also should include active participation in the following systems to assure that the oral health data collected by these sources are fully utilized, and that representatives of the oral health unit participate in any opportunities to improve the quality or extent of the oral health data collected.
  - a. Cancer Registries
  - b. Youth Risk Behavior Survey/Surveillance System (YRBS/YRBSS)
  - c. School Health Policies and Programs Survey (SHPPS)
  - d. Pregnancy Risk Assessment and Monitoring System (PRAMS)
  - e. Youth Tobacco Survey (YTS)
  - f. Private insurance data (Delta Dental, HMOs, corporate health plans, Apple Tree)
  - g. Hospital discharge data
  - h. School screening data
  
9. The Surveillance System also may include analyses of workforce to population data to determine dental Health Professional Shortage Areas (HPSA), which may involve use of data from state licensing boards, primary care organizations, and the U.S. Census Bureau's State Census Projects.