Appendix J

Expectations for Capacity Building 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 BRFSS data, state cancer registry data, and other available databases, as appropriate for program decision making. Databases also may include: PRAMS, YRBS, Medicaid, Tobacco Control, or insurance databases. Use as appropriate 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, MCH, CVD.

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 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. Participate actively in the Water Fluoridation Reporting System (WFRS).

5. Respond to the request for ASTDD State Synopsis information.

6. Capacity Building surveillance systems should be able to **compare** available state (and smaller area estimates, if available) to key national estimates of oral health indicators, such as those from:
    a. CDC surveys
    b. Systems including:
        1. The National Health and Examination Survey (NHANES)
        2. The National Health Interview Survey (NHIS)
        3. The National Oral Health Surveillance System (NOHSS)
        4. The American Dental Association (ADA) Survey Center
        5. Demographics from the Census Bureau

7. Capacity Building surveillance system should include original analyses of data from state-based data systems:
    a. Behavioral Risk Factor surveillance System (BRFSS)
    b. WFRS
    c. Medicaid Utilization
    d. Head Start screening and referral
    e. Vital 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 should also 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. Capacity Building surveillance system may also include analysis of workforce to population data for determining dental Health Professional Shortage Areas (HPSA), which may involve use of data from state licensing boards, from primary care organizations, and from the Census Bureau's State Census Projects.