



OVERVIEW

- What is public health surveillance?
- Why is it important?
- Sample of a Basic Screening Survey
- The future of N.C. oral health surveillance
- Oral health surveillance in your communities



DEFINITIONS

- **Surveillance** is the collection, analysis and interpretation of data.
 - This data can then be used for planning, implementation, and evaluation of public health programs.
- A **surveillance system** consists of data collection, analysis, and *dissemination* of results.
 - An effective surveillance system supports effective prevention and control activities.



USE OF DATA:

- **Guide action**
- **Measure the burden of a disease**
- **Monitor trends in the burden of disease**
- **Guide programs**
- **Direct policy change**
- **Note practice changes**
- **Resource allocation**
- **Research**

Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems: recommendations from the guidelines working group, MMWR 2001;50 (RR-13):1-35.



ATTRIBUTES

- **Simplicity**
- **Flexibility**
- **Data Quality**
- **Acceptability**
- **Representativeness**
- **Timeliness**
- **Stability**
- **Sensitivity**

Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems: recommendations from the guidelines working group. MMWR 2001;50(RR-13):1-35.



NATIONAL SURVEILLANCE

- | | |
|---|-------------|
| • WFRS | • NSCH |
| • CDC/ASTDD State Synopses | • NS-CSHCN |
| • EHS/HS/Migrant Program Information Report | • NSFG |
| • NHIS | • CSBHC |
| • NHANES | • UDS |
| | • MEPS |
| | • US Census |
| | • IHS |



STATE SURVEILLANCE

- | | |
|--------------------|----------------------|
| • N.C. OHS | • N.C. CCR |
| • N.C. DMA – EPSDT | • N.C. Vital Records |
| • N.C. BRFSS | • N.C. BDMP |
| • N.C. CHAMP | • N.C. SBDE |
| • N.C. PRAMS | • N.C. HPDS |
| • N.C. SCHS | • N.C. ORH |
| • N.C. YRBS | • N.C. DETECT |
| • N.C. YTS | |



LOCAL EXAMPLE

- Community wants to improve the health of high schoolers
- Differences between genders
- Differences between grade levels
- Differences between racial/ethnic groups



COUNTY LEVEL

- Health landscape changing
- Collaborative health models
- Community needs assessments
 - Connecting the dots: be the voice of oral health



VALUE OF COMMUNITY LEVEL DATA

- Establishment of service delivery systems
- Program design
- Grant applications
- Potential referrals back to dental clinics
- Monitor trends over time

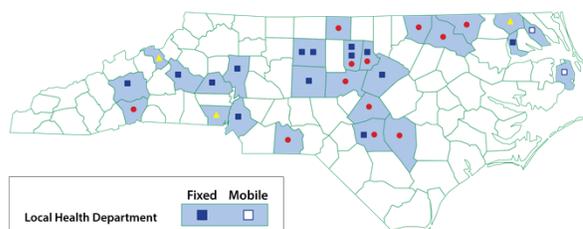


USE OF COMMUNITY LEVEL DATA

- Remember that **surveillance** is the collection, analysis and interpretation of data for a specific purpose!
- Surveillance data from hospital emergency room dental visits and from the N.C. OHS kindergarten dental assessments were used to demonstrate counties need for public health dental clinics



Dental Care Safety Net Facilities Prior to 1996



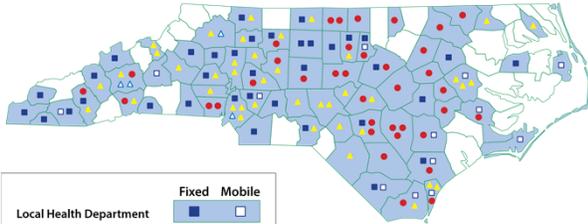
	Fixed	Mobile
Local Health Department	■	□
Community Health Center	●	
Other Non-Profit Facility	▲	

Note: Symbols indicate the base county of a facility and not necessarily its specific geographic location or counties served.



Oral Health Section, Division of Public Health, NC DHHS

Dental Care Safety Net Facilities April 2015



Note: Symbols indicate the base county of a facility and not necessarily its specific geographic location or counties served.

NC Public Health
ORAL HEALTH SECTION, DIVISION OF PUBLIC HEALTH, NC DHHS

SURVEILLANCE DATA

- An evaluation tool to see how you are doing or to increase patient visits
- A convenience sample or a random sample of a population group can reveal if you are reaching your target audience
- Provide a dental home for your patients and increase production and profit for your dental clinic



Value in using a National Model

Comparable data!



Assessing Oral Health Needs: ASTDD Seven-Step Model

- 1 Identify Partners and form Advisory Committee
- 2 Determine goals and resources
- 3 Plan Needs Assessment
- 4 Collect data
- 5 Organize and Analyze data
- 6 Utilize data for program planning, advocacy and education
- 7 Evaluate Needs Assessment



ASTDD Resources

The screenshot shows the ASTDD website interface. On the left is a purple navigation menu with categories like Home, About ASTDD, Publications, Topics, State Programs, etc. The main content area is titled 'ASTDD Basic Screening Surveys' and lists various resources such as 'ASTDD Basic Screening Surveys for Children Planning and Implementation Tool Kit', 'ASTDD Basic Screening Surveys for Older Adults Planning and Implementation Tool Kit', and 'Reference Documents'. A red arrow points to the 'ASTDD Publications' link in the left menu, which is also highlighted in red in the main content area.

Primary Indicators for School Screenings

- Collected during screening
 - Untreated decay
 - Treated decay
 - Dental sealants on permanent molars
 - Need for early or urgent dental care
- Calculated after the screening
 - Decay experience
 - ❖ Calculated from untreated and treated decay variables

Simplicity of BSS

- A measure of untreated disease
- **Does this child have any cavities that have not been treated?**

Codes for Untreated Decay

- No = the child has no untreated decay
- Yes = the child has untreated decay

Sample Oral Health Screening Form/School Children

Screen Date: ____ / ____ / ____		School Code: _____		Screener's Initials: _____	
ID Number: _____		Grade: _____		Age: _____	
Gender: 1=Male 2=Female		Race/Ethnicity: 1=White 2=Black/African American 3=Hispanic/Latino 4=Asian 5=American Indian/Alaska Native 6=Native Hawaiian/Pacific Islander 7=Multi-racial 9=Unknown			
Untreated Cavities: 0=No untreated cavities 1=Untreated cavities		Treated Decay: 0=No treated decay 1=Treated decay			
Sealants on Permanent Molars: 0=No sealants 1=Sealants		Treatment Urgency: 0=No obvious problem 1=Early dental care 2=Urgent care			
Comments: _____					

The Basic Screening Survey

Preschool Children

- Untreated decay
- Treated decay
- One or more upper front teeth with treated or untreated decay
- Urgency of need for dental care



Photo: Joanna Douglass BDS DDS

21

The Basic Screening Survey

School Children

- Untreated decay
- Treated decay
- Dental sealants on permanent molars
- Urgency of need for dental care



22

The Basic Screening Survey

Adults

- Dentures and denture use
- Number of natural teeth
- Untreated decay
- Root fragments
- Need for periodontal care
- Suspicious soft tissue lesions
- Urgency of need for dental care



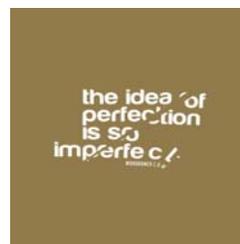
23

*Calibration
Consistency Versus Perfection*

CONSISTENCY

PERFECTION

**Consistency
Is The**



24

The Power of Information

- The Oral Health Section's goal is to have its oral health surveillance system used as a consistent source of *updated, reliable and valid* information for use in *developing, implementing and evaluating* programs to **improve the oral health of all North Carolinians**.
- You have the ability, **as a Public Health Dental Hygienist**, to offer oral health surveillance specific to your counties.



National Oral Health Surveillance System

4 Categories of Indicators

1. *Access to Care*
2. *Oral Health Outcomes*
3. *Intervention Strategies*
4. *Infrastructure*



N.C. Oral Health Section Surveillance

- Annual calibrated assessments
 - Only kindergarteners, statewide random sample of elementary schools
 - Regional level data
 - Key measures
 - Caries experience
 - Untreated decay
 - Sealants
 - Treatment urgency
 - 2015-2016 school year assessment already completed



N.C. Oral Health Surveillance

- NEW – older adults in assisted living facilities

Vulnerable Populations

- Pregnant women
- 3rd graders
- Early Childhood
- High school



Oral Health Surveillance Plan for N.C.

- 2016:** Meet with dental public health providers in N.C.
- 2017:** N.C. Survey of Dental Public Health Providers
- 2018:** The Burden of Oral Disease in N.C.
- 2019:** N.C. Oral Health Improvement Plan



Onward and Upward

Improving oral health for all North Carolinians requires each of us to do our part and work together as a Team

- Steward of accurate, valid, and reliable information.
- Contribute and support surveillance activities.
- Advocate for the oral health of your community.



Grant Wrap-Up

- Step 1: Complete and return the updated version of the AA909 Reporting Requirement Template, the Grant Evaluation, and the Grant Reporting Narrative to your mentoring hygienist by **May 31th, 2016**
- Step 2: Complete Post Test in Survey Monkey by **May 30th, 2016**



Speakers



Elizabeth F. Pennington, D.D.S.
Public Health Dentist Supervisor
Oral Health Policy and Epidemiology Dir.
N.C. Oral Health Section
elizabeth.pennington@dhhs.nc.gov
Cell: 919-851-1168
Office: 919-707-5494



Jennifer Romaszewski, BDS, MPH
Dental Public Health Resident
N.C. Oral Health Section
jennifer.romaszewski@dhhs.nc.gov
Office: 919-707-5487

Thank You!

