Synopses of State Oral Health Programs

The Synopses contain information useful in tracking states' efforts to improve oral health and contributions to progress toward the national targets for Healthy People objectives for oral health. A subset of the information collected from the most recent five years is provided on the Oral Health Data website.

In the interest of brevity, the word "state" is used in a general way throughout the website to indicate states, the District of Columbia, US territories, and other US-associated jurisdictions, except where explicitly noted otherwise.

History

In 1994, the Association of State and Territorial Dental Directors (ASTDD, an affiliate of the Association of State and Territorial Health Officers, ASTHO) originated the annual Synopses of Dental Programs as a way to share information among dental directors and partners. The Synopses described program activities and successes and the challenges that programs faced during the previous year. In 1997, ASTDD changed the format to a more structured questionnaire. Since 1998, cooperative agreements between ASTDD and CDC have supported display of portions of ASTDD's Synopses data on the CDC website.

Methods

Background

Data from the five most recent Synopses are displayed in the website. The ASTDD Data Committee develops and pilot-tests the questionnaire each year. The Synopses questionnaire is sent by e-mail to the directors of dental programs in all 50 states, the District of Columbia, and to US-associated jurisdictions, which include American Samoa, Guam, the Commonwealth of Northern Mariana Islands, the Commonwealth of Puerto Rico, the Republic of Palau, and the US Virgin Islands. The questionnaire was distributed early in the publication year or in December of the prior year. Respondents were asked to provide the most recent data available or data for the most recently completed fiscal year.

For data and methods from earlier Synopses, contact ASTDD .

Questionnaire items

Synopses data shown in Oral Health Data were obtained from the following items on the 2011-2015 Synopses questionnaires:

Does your state currently have a state Dental Director/Program Manager? (no, yes) (asked in 2015, 2014, 2013, 2012, 2011)

As of January 1, 2015, how many full years has the current dental director/program manager been in this position? (numeric) (asked in 2015, 2014, 2013, 2012, 2011)

Does your state currently have a statutory requirement or authority for: (asked in 2015, 2014, 2013, 2012, 2011)

- An oral health program (no, yes)
- A state dental director (no , yes)

Is the dental director position civil service, appointed, contractual, or other? (appointed by governor, appointed by state health officer, appointed by other, civil service/government employee, contract, faculty, other) (asked in 2015, 2014, 2013, 2012, 2011)

Is the dental director/program manager position full-time? (no, yes) (asked in 2015, 2014, 2013, 2012, 2011)

Does the current dental director/program manager position require…

- Public health experience (no, yes) (asked in 2015, 2014, 2013, 2012, 2011)
- Public health degree (no, yes) (asked in 2015, 2014)

Does your state have a statewide, broad-based oral health coalition (no) (asked in 2015)

How many local (city, county or regional) health agencies in your state have a jurisdiction population of 250,000 or more? Example: If a county has a population of 300,000 and it has a health department, that county would be included. (numeric) (asked in 2015, 2014, 2013, 2012, 2011; wording change: “jurisdiction” used in 2014 and 2015 instead of “service” which was used in 2011, 2012 and 2013.)

- How many of the agencies included in the response immediately above have a dental program? (to be counted, a program should have a separate budget) (numeric) (asked in 2015, 2014, 2013, 2012, 2011)
- How many of the dental programs included in the response immediately above are directed by a dental professional? (i.e., dentist, hygienist, or dental assistant) (numeric) (asked in 2015, 2014, 2013, 2012, 2011)
- How many of the directors included in the response immediately above have a masters or higher public health related degree? (MPH, MSPH, MSHA, PhD, DrPH) (asked in 2015, 2014, 2013, 2012, 2011)

How many FTE employees or contractors work in or are funded by the state oral health program? (asked in 2015, 2014, 2013, 2012, 2011; wording change: the instruction “total should be the sum of the previous two options” was included in 2014 and 2015, but not in 2011, 2012 or 2013)

- Work in: Employees or contractors, including the dental director/program manager that work in state, district, county or local programs who are directly supervised by someone in the state health agency. (numeric)
- Funded by: Employees or contractors working in state, district, county, or local programs who are not directly supervised by someone in the state health agency. (numeric)
- Total FTEs that work in or are funded by state. (total should be the sum of the previous two options) (numeric)

Does your state have a requirement or mandate for a dental health screening or certificate at school entry? (no, yes) (asked in 2015)

During FY 2013-2014, did your state oral health program fund, manage or operate school based or school linked sealant programs? (no, yes) (asked in 2015, 2014)

Which of the following programs are funded, conducted or otherwise facilitated by your state oral health program? (asked in 2015, 2014, 2013, 2012, 2011)

- Dental screening programs (no, yes) (Programs that provide screening and referral services. Do not include screenings that are performed as part of an oral health survey.) (asked in 2015, 2014, 2013, 2012, 2011;wording change: instructions in 2011 added “include those screenings under ‘Oral Health Surveys'”
- Dental Sealant Programs (no, yes) (asked in 2013, 2012, 2011)
- ECC (early childhood caries) prevention programs (no, yes) (asked in 2015, 2014, 2013, 2012, 2011)
- Fluoride varnish programs (no, yes) (asked in 2015, 2014, 2013, 2012, 2011)
- Oral health (open-mouth) surveys using the Basic Screening Survey protocol (no, yes) (Oral health screenings that are completed for the purpose of oral health surveillance such as Basic Screening Surveys. Do not include screenings that are performed solely for the purpose of screening & referral (include those under “Dental screening programs”). (asked in 2015, 2014, 2013, 2012, 2011; wording change: 2014 and 2015 questionnaire added “using the Basic Screening Survey protocol” and omitted “Do not include BRFSS or YRBS”)
- Oral health programs specifically for pregnant women (no, yes) (asked in 2015, 2014, 2013, 2012, 2011)
- Oral health programs specifically for older adults (no, yes) (asked in 2015, 2014)
- Does your state have a system for recording children with cleft lips, palates, and other craniofacial anomalies (no, yes) (asked in 2015, 2014, 2013, 2012)
- Does your state have a system for referring children with cleft lips/cleft palates to rehabilitative teams (no, yes) (asked in 2015, 2014, 2013, 2012)

- Does your state have a system for recording and referring children with cleft lips, palates, and other craniofacial anomalies to rehabilitative teams (no, yes)(asked in 2011, but not comparable to the two-question version used in 2012-2015)

Limitations

Trends

Use caution in drawing conclusions about trends and fluctuations on the basis of these data. Not all directors participated in every year and those who did participate did not always provide data for every item. Absence of data for each state's synopsis for a particular year may or may not indicate the absence of a program for that year.

Time period

States responding to this questionnaire provided data for differing time periods. The year indicates the year in which the Synopses were published. Although the Synopses were usually fielded in January through March of each year, the data included were usually from the previous complete fiscal, school, or calendar year. In some cases, dental directors provided point-in-time data rather than annual data.

The annual period that data were reported varies among items. For example, states do not all have the same fiscal year and availability of data at the time of the survey may differ across states.

Data consistency

Data from federal agencies or other sources may not be directly comparable with data from the Synopses. State-to-state variations in program content and eligibility requirements also limit the comparability of data.

Permission to Use Data

Complete data sets and permission to use these data should be requested directly from the Association of State and Territorial Dental Directors .

Related Links

National Oral Health Surveillance System (NOHSS)

Healthy People

Association of State and Territorial Dental Directors (ASTDD)

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