



LOUISIANA ORAL HEALTH SURVEILLANCE SYSTEM PLAN



**WELL-AHEAD LOUISIANA
ORAL HEALTH PROMOTION**

2018-2013

Louisiana Oral Health Surveillance System Plan

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Resources

For additional information on Well-Ahead Louisiana's Oral Health program, please visit

<http://wellaheadla.com/OralHealth>.

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LIST OF ABBREVIATIONS

ASTDD	Association of State and Territorial Dental Directors
BRFSS	Behavioral Risk Factor Surveillance System
BSS	Basic Screening Survey
CDC	Centers for Disease Control and Prevention
CDI	Chronic Disease Indicator
CMS	Centers for Medicare & Medicaid Services
CSTE	Council of State and Territorial Epidemiologists
DOH	Division of Oral Health
EPSDT	Early and Periodic Screening Diagnostic Treatment
HIPAA	Health Insurance Portability and Accountability Act
HP	Healthy People
HRSA	Health Resources and Services Administration
LaOHSS	Louisiana Oral Health Surveillance System
LDH	Louisiana Department of Health
LOHC	Louisiana Oral Health Coalition
NCI	National Cancer Institute
NOFO	Notice of Funding Opportunity
NOHSS	National Oral Health Surveillance System
NPCR	National Program of Cancer Registries
NSCH	National Survey of Children's Health
OHP	Oral Health Promotion
OHSS	Oral Health Surveillance System
PRAMS	Pregnancy Risk Assessment Monitoring System
SEER	Surveillance, Epidemiology, and End Results
UDS	Uniform Data System
Well-Ahead	Well-Ahead Louisiana
WFRS	Water Fluoridation Reporting System

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INTRODUCTION



Historical Perspective

Oral health programming has been part of the Louisiana Department of Health since the 1960s. Primary data collection began with the implementation of the first statewide open-mouth screening survey of elementary school students, which measured caries experience, the prevalence of dental sealants, and the urgent need for dental care. Within the last 22 years, the state's oral health programming has successfully conducted four rounds of the open-mouth screening survey among Louisiana youth: in 1998, 2002, 2007-2009, and 2016-2018.

The Louisiana Oral Health Surveillance System (LaOHSS) was developed by an oral health epidemiologist/evaluator in 2008, with support from the Centers for Disease Control and Prevention (CDC) under the cooperative agreement to build infrastructure for the improvement of oral health. Before 2008, Louisiana had surveilled very little data on the oral health status of its residents. As a result, the program's focus of the initial LaOHSS was to collect data and monitor trends in oral disease, which included early childhood tooth decay, tooth loss in adults, and the incidence and mortality of oral and pharyngeal cancer. In addition, LaOHSS focused on collecting data on the utilization of preventative dental services, such as fluoride varnish, dental sealants, and community water fluoridation; and dental service utilization, through programs such as Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

In 2014, that state's oral health programming became a part of Well-Ahead Louisiana, the Chronic Disease Prevention and Healthcare Access arm of the Louisiana Department of Health.

Well-Ahead Louisiana maintains the LaOHSS and has expanded it to include several state-specific oral health indicators beyond the 10 indicators required to be a state-based oral health surveillance system. The current LaOHSS consists of 26 indicators and 10 key data sources.

Well-Ahead Louisiana is an active member of the Louisiana Oral Health Coalition (LOHC). In 2018 the Coalition created 2018-2023 Louisiana Oral Health State Action Plan. The following outcomes are set for the action plan: 1.) Sustained monitoring of trends in oral health indicators and informed program and policy decisions to improve oral health, 2.) Increased dissemination of oral health surveillance data on oral health disease, risk factors, and use of preventive oral health services, and 3.) Increased collaboration with other programs to expand oral health indicators.

Well-Ahead Louisiana has implemented the following surveillance efforts to make progress towards outcomes:

- Collaborated with the Louisiana's Pregnancy Risk Assessment Monitoring System (PRAMS) to add two additional indicators to the LaOHSS.
- Produced the fact sheet [Oral Health: At A Glance](#) in 2020 that describes dental needs and the current status of oral health among Louisiana residents.
- Disseminated the following data reports on the www.wellaheadla.com:
 - [Bright Smiles For Bright Futures Report](#), Basic Screening Survey, 2016-2018
 - [Closing the Gap on Dental HPSAs: Louisiana Oral Health Workforce Assessment](#), 2018

The first Louisiana Oral Health Surveillance System Plan was published in 2008 and expired in 2013. This 2023-2028 Plan is an update of the last plan with new goals and objectives, oral health indicators, and data sources.

Louisiana Oral Health Needs

Oral health continues to be a challenge for many populations in Louisiana. The target groups that are priorities for our oral health system are identified by various data sources, including but not limited to the Behavioral Risk Factor Surveillance System (BRFSS), Basic Screening Survey (BSS), and PRAMS.

Below are summarized data points that highlight the disparities and/or oral health burden in each target population:

Children

The most recent data from the 2016-2018 Bright Smiles for Bright Futures Report showed:

- 56.4% of third graders have dental caries experience. This is higher than the Healthy People 2020 goal of 49.0%. It is also above the 2013-2014 national average (51.7%).
- 26.2% of third graders had untreated decay. Although very close, this is above the Healthy People 2020 Goal of 25.9%.
- Louisiana meets the Healthy People 2020 target of increasing dental sealants to 28.1%, but is far off from the national average (40.7%).

Older Adults

The most recent data from the 2018 BRFSS showed:

- 39.6% of Louisiana adults, ages 65 and older, had six or more of their natural, permanent teeth removed due to tooth decay or gum disease in 2018. This is higher than the U.S. rate of 34.0%.
- 17.5% of Louisiana adults ages 65 and older had all their natural, permanent teeth removed due to tooth decay or gum disease. This is higher than the U.S. rate of 13.4%.
- 58.1% of Louisiana adults reported that they visited a dentist during the past year. Although there has been improvement from 2012 to 2018, it is lower than the national average of 66.5%.

Minority Populations, especially African Americans

The most recent data from the 2018 BRFSS showed:

- 47.8% of Non-Hispanic African Americans over 18 years of age reported not visiting the dentist or dental clinic in the past year, compared to 39.1% of Non-Hispanic Whites.
- 57.0% of Non-Hispanic African Americans over 65 years of age reported that they have lost six or more teeth due to tooth decay or gum disease, compared to 34.2% of Non-Hispanic Whites.

Pregnant Women

The most recent data from to the 2018 Louisiana PRAMS Data Report showed:

- 39.8% of pregnant women in Louisiana did not receive a teeth cleaning before pregnancy.
- 61.5% of pregnant women in Louisiana did not receive a teeth cleaning during pregnancy.

Low Socio-economic Status

The most recent data from the 2018 BRFSS showed:

- 53.3% of Louisiana adults who have an annual household income of \$35,000 or less did not visit a dentist within the past year, compared to 32.6% of adults who have a household income above \$35,000.
- 58.5% of Louisiana adults aged 65 years and older who make less than \$35,000 lost six or more of their teeth due to tooth decay or gum disease, compared to 27.5% making above \$35,000.
- 59.6% Louisiana adults who have less than a high school education did not visit a dentist within the past year, compared to 38.8% of adults who have a high school education or greater.

Louisianans with Disabilities

The most recent data from the 2009-2010 National Survey of Children's Health showed:

- 12.8% of children with special needs had unmet dental care needs. This is higher than the national average of 8.9%.

Medicaid-enrolled Children and Adolescents

- The most recent data from the 2018 EPSDT showed:
- 49.1% of Medicaid-enrolled children under 21 did not receive any dental service within the past year.
- 52.0% of Medicaid-enrolled children under 21 did not receive a preventative dental service within the past year.

The list of prioritized populations is subject to change during the grant cycle.

The remainder of this Plan outlines national oral health indicators, current and potential oral health indicators in Louisiana, and the maintenance of these indicators, including their populations, data collection schedule and protocols, anticipated analysis, dissemination and use of the information, and confidentiality of the data.

Louisiana Oral Health Surveillance System Plan

PURPOSE, GOALS, AND OBJECTIVE



Purpose

The purpose of the LaOHSS is to provide a consistent source of updated reliable and valid information for use in developing, implementing, and evaluating programs to improve the oral health of Louisiana's residents. Assessment is the key objective of Louisiana's public health efforts to address the nature and extent of oral diseases and their risk factors by collecting, analyzing, interpreting, and disseminating oral health data. These activities provide a mechanism to routinely monitor state-specific oral health data and the impact of interventions within specific priority populations over time. Continual assessment and evaluation support development of oral health programs and policies, hence a surveillance system is a critical requirement for the oral health program.

Goals

The goal of the LaOHSS is to monitor and track the indicators of the burden of oral diseases and the progress towards the Healthy People 2030 objectives. Core objectives:

- Reduce the proportion of children and adolescents with lifetime tooth decay.
- Reduce the proportion of children and adolescents with active and untreated tooth decay.
- Reduce the proportion of adults with active or untreated tooth decay.
- Reduce the proportion of older adults with untreated root surface decay.
- Reduce the proportion of adults aged 45 years and over who have lost all their teeth.
- Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis.
- Increase the proportion of oral and pharyngeal cancers detected at the earliest stage.
- Increase use of the oral health care system.
- Increase the proportion of low-income youth who have a preventive dental visit.
- Increase the proportion of children and adolescents who have dental sealants on 1 or more molars.
- Increase the proportion of people whose water systems have the recommended amount of fluoride.
- Increase the number of states and DC that have an oral and craniofacial health surveillance system.

The goal also includes the improvement of the oral health of Louisiana residents with the proper use of this information in developing, implementing, and evaluating the program.

Objectives

1. Estimate the extent and severity of oral disease and risk factors in Louisiana.
2. Measure utilization of oral health services in Louisiana.
3. Monitor utilization and effectiveness of community-based and school-based oral health prevention programs.
4. Identify populations at high risk of oral disease and the unmet needs of these populations.
5. Provide current, scientific and reliable data for the state.
6. Use oral health data to plan, implement, and evaluate the impact of Louisiana's oral health programs and policies.
7. Provide information for decision-making and public health resource allocations.
8. Evaluate Louisiana's strengths and gaps in surveillance measurements and in surveillance of priority populations and identify opportunities to improve the LaOHSS.

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FRAMEWORK FOR A STATE ORAL HEALTH SYSTEM



According to the Council of State and Territorial Epidemiologists (CSTE), a state oral health surveillance system (OHSS) should provide information necessary for public health decision making by routinely collecting data on oral health outcomes, access to care, risk factors and intervention strategies for the whole population, representative samples of the population, or priority subpopulations. In addition, a state OHSS should consider collecting information on the oral health workforce, infrastructure, financing, and policies impacting oral health outcomes. A state OHSS can access data from existing sources, supplemented by additional information, such as data from a Basic Screening Survey, to fill data gaps (Phipps et al., 2013).

Surveillance systems are not just data collection systems. They must include mechanisms to 1) communicate findings to those responsible for programmatic and policy decisions and to the public, and 2) assure data are used to inform and evaluate public health measures to prevent and control oral diseases and conditions.

According to the Association of State and Territorial Dental Directors' Best Practice Report on State-Based Oral Health Surveillance Systems, a state oral health surveillance system should: (1) have an oral health surveillance plan; (2) define a clear purpose and objectives relating to the use of surveillance data for public health action; (3) include a core set of measures/indicators to serve as benchmarks for assessing progress in achieving good oral health; (4) analyze trends; (5) communicate surveillance data to decision-makers and the public in a timely manner; and (6) strive to assure that surveillance data is used to improve the oral health of state residents (ASTDD, 2017).

Operational Definition for a State Oral Health Surveillance System

In 2013, CSTE developed an operational definition for HP2020 OH-16. This operational definition is a core or foundational set of surveillance elements. A state is considered to have an oral health surveillance system if they have all of the following 10 items (Phipps et. al., 2013):

- A written oral health surveillance plan that was developed or updated within the previous five years.
- Oral health status data for a representative sample of third grade children, including prevalence of caries experience, untreated tooth decay, and dental sealants on permanent molars meeting
- Permanent tooth loss data for adults obtained within the previous two years.
- Annual data on the incidence of and mortality from cancers of the oral cavity and pharynx.
- Annual data on the percent of Medicaid- and CHIP-enrolled children who had a dental visit within the past year.
- Data on the percent of children 1-17 years who had a dental visit within the past year, obtained every four years.
- Data on the percent of adults (≥ 18 years) and adults with diabetes who had a dental visit within the past year, obtained within the previous two years.
- Data on the fluoridation status of public water systems within the state, updated every two years.
- Annual data on state oral health programs and the environment in which they operate, including workforce and infrastructure indicators.
- Publicly available, actionable data to guide public health policy and programs disseminated in a timely manner. This may take the form of an oral disease burden document, publicly available reports, or a web-based interface providing information on the oral health of the state's population developed or updated within the previous five years.

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LAOHSS LOGIC MODEL

Inputs	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<p>Staff</p> <ul style="list-style-type: none"> • Program Manager • Epidemiologist • IT Support • Data Collectors • Program Staff <p>Data Sources</p> <ul style="list-style-type: none"> • National data sources • State data sources and registries • Local-level data sources • Program data <p>Equipment</p> <ul style="list-style-type: none"> • Hardware (desktop and laptop computers) • Software (SAS, Internet Access) <p>Other</p> <ul style="list-style-type: none"> • Stakeholders and partners • Funding 	<p>Implementation of LaOHSS</p> <ul style="list-style-type: none"> • Develop surveillance plan • Identify oral health indicators • Link existing data sources • Maintain and update LaOHSS as necessary <p>Data Management</p> <ul style="list-style-type: none"> • Assess data and information needs to identify data gaps • Optimize routine data collection • Perform quality checks on data collected • Analyze data and interpret findings • Ensure data security/confidentiality <p>Evaluation</p> <ul style="list-style-type: none"> • Evaluate the LaOHSS • Evaluate performance and progress of the LaOHSS • Recommend changes to the LaOHSS as needed <p>Reporting</p> <ul style="list-style-type: none"> • Routine dissemination of reports at local, state, and national levels • Include data into burden document and update every 5 years 	<p>Surveillance plan</p> <p>Routine surveillance reports</p> <p>Periodic updates of reports</p> <p>Burden document</p> <p>Routine maintenance to oral health indicators database</p>	<p>Increased capacity, enhanced collaboration, sustained targeted surveillance, and increased collaborative communications</p>	<p>Sustained monitoring of trends in oral health indicators</p> <p>Increased dissemination of oral health surveillance data on oral health disease, risk factors, and use of preventative oral health services</p> <p>Increase collaboration with other programs to expand oral health indicators</p>	<p>Increase in use of data by policymakers for developing and implementing oral health policies</p> <p>Increase in programs for high-risk populations or areas</p>

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ORAL HEALTH INDICATORS AND DATA SOURCES



Prioritized Indicators	Data Sources	Frequency of Collection	Most Recent Year that Data are Available	Projected Data Years Available through 2023
Core Indicators				
Prevalence of caries experience, untreated tooth decay, and dental sealants among 3 rd grade students	3 rd grade BSS	Every 3 to 5 years	2016-2018	2021
Complete tooth loss in adult aged 65+ years	BRFSS	Every 2 years	2018	2020, 2022
Percent of adults aged 65+ years with 6+ teeth lost	BRFSS	Every 2 years	2018	2020, 2022
Percent of adults aged 18-64 years who had no tooth loss	BRFSS	Every 2 years	2018	2020, 2022
Oral and pharyngeal cancer incidence mortality	Cancer Registries; NPCR; Surveillance Epidemiology National Cancer Institute's (NCI) End Results (SEER); Vital Statistics	Annually	2012-2016	As data is available
Percent of Medicaid and CHIP enrolled children aged 0-20 years who received dental services (any dental services, preventative services, or dental sealants) in the past year	Centers for Medicare & Medicaid Services (CMS)'s CMS-416 Form	Annually	2018	2019, 2020, 2021, 2022
Percent of children aged 0-17 years who had a dental visit or preventative dental visit in the past year	National Survey of Children's Health (NSCH)	Every 2 to 4 years	2017-2018	
Percent of adults aged 18+ years who had a dental visit in the past year	BRFSS	Every 2 years	2018	2020, 2022
Percent of adults aged 18+ years with diabetes who had a dental visit in the past year	BRFSS Note: percent of adults with diabetes with a dental visit is a Chronic Disease Indicator (DCI) and posted on the CDI website every 2 years. Percent of adults with other condition(s) with a dental visit can be calculated by using the BRFSS dataset .	Every 2 years	2018	2020, 2022

Fluoridation status of community water systems	Water Fluoridation Reporting System (WFRS)	Every 2 years	2018	2018, 2020, 2022
Number of Dental Professionals	Louisiana State Board of Dentistry (LSBD)	Annually	2020	2020, 2021, 2022, 2023
Number of safety net dental clinics	Louisiana Primary Care Association	Ongoing	2020	2020, 2021, 2022, 2023
Dental Health Professional Shortage Areas	Health Resources and Services Administration Data Warehouse Note: Information can also be collected from Louisiana's Primary Care Office	Ongoing	2020	2020, 2021, 2022, 2023
Additional Indicators				
Percent of children aged 1-17 years with oral health problems (Reported by parent)	National Survey of Children's Health (NSCH)	Every 2 to 4 years	2017-2018 (two-year estimates are used to obtain the most reliable estimates)	2018-2019, 2019-2020, 2020-2021, 2022-2023, 2023-2024
Percent of women who received a teeth cleaning during pregnancy Percent of women who received a teeth cleaning before pregnancy	Pregnancy Risk Assessment Monitoring System (PRAMS)	Annually	2018	2019, 2020, 2021, 2022, 2023
Percent of Medicaid and CHIP enrolled children aged 6-9 years who received a dental sealant in the past year	CMS-416 Annual Early and Periodic Screening, Diagnostic, and Treatment Report	Annually	2018	2019, 2020, 2021, 2022, 2023
Percent of Medicaid and CHIP enrolled children aged 10-14 years who received a dental sealant in the past year	CMS-416 Annual EPSDT Report	Annually	2018	2019, 2020, 2021, 2022, 2023
Percent of children in grades 9-12 who had a dental visit in the past year	Youth Risk Behavior Surveillance System (YRBSS)	Every 2 years	2019	2021, 2023
Percent of population receiving oral health services at FQHCs	HRSA Uniform Data System (UDS)	Annually	2018	2019, 2020, 2021, 2022, 2023
Number and percentage of dentists that are: <ul style="list-style-type: none">• Enrolled Medicaid providers• Active Medicaid providers• Significant dental Medicaid Providers	Louisiana Medicaid Program	Annually	2018	2019, 2020, 2021, 2022, 2023

Table 1. Louisiana NOFO-Required Oral Health Surveillance Indicators

Data Source	Brief Description and Data Collection Method
PRAMS	A CDC-sponsored initiative to reduce infant mortality and low birth weights. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS uses the state's birth certificate survey to compile a sample of women who have had a recent live birth.
HRSA Uniform Data System (UDS)	UDS is a standardized reporting system that provides consistent information about health centers and look-alikes. This information is utilized to review their operation and performance. Each year, data provided by UDS will be used to report on the proportion of patients who receive oral health service at FQHCs.
Louisiana Medicaid Program	A state-administered program intended to provide health care and health-related services to low-income or disabled individuals.

Table 2. Description of Additional Data Sources

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DATA DISSEMINATION AND USE



Surveillance results will be disseminated to interested programs and policymakers at the local, state and national levels through presentations, published reports and briefs. Presentations, reports and briefs will be used to increase awareness about oral diseases and their risk factors, monitor trends and disparities, develop new interventions, and expand existing programs. Reports/briefs planned for distribution in the next five years include:

- 2021: Louisiana Bright Smiles For Bright Futures, Basic Screening Survey – a report on the oral health of Louisiana's Head 3rd grade children
- 2021: Oral Health Report Card – a report to measure Well-Ahead's efforts and show how we compare to other states and the nation on oral health
- 2020-2023: Louisiana fact sheets on the oral health of target population groups such as pregnant women and adults with diabetes

This section includes a plan on how data collected in the surveillance system are disseminated and used to inform program and policy decisions.

Reports will contain current oral health data and trend data as available. Reports will be distributed electronically to our partners within the health department and across the state and shared with other state oral health programs, as well as CDC and ASTDD. Reports will be available electronically on the Well-Ahead website, and, as funds will allow, a limited number will be printed for distribution at meetings.

Venues for presentations of surveillance results include but are not limited to the Louisiana Oral Health Coalition, Louisiana Oral Health Summit annual meeting, Louisiana Dental Hygienists' Association annual meeting, the ASTDD/American Association of Public Health Dentistry co-sponsored National Oral Health Conference, the CSTE annual meeting, Maternal and Child Health yearly meetings, and the Louisiana Primary Care Association annual meeting.

Disseminated surveillance data will be used to educate residents on the importance of oral health, inform program planning and influence policy decisions in the state of Louisiana. Making reports and factsheets available on wellaheadla.com will give unlimited access to view published materials and provide a centralized destination for any stakeholder to receive updated oral health data.

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RESOURCES AND SUSTAINABILITY



Resources

Funding and personnel, both internally and externally, are the primary resources needed to operate and maintain the LaOHSS. Additional resources include travel, training, computers and related services, including information technology support, and software and hardware maintenance.

Well-Ahead currently has all of the personnel needed to operate the LaOHSS. The following are the personnel that will be involved in surveillance efforts and their specific roles:

- **Oral Health Program Manager:** The program manager is responsible for providing oversight and assist in disseminating oral health data to stakeholders, including but not limited to the LOHC.
- **Oral Health Epidemiologist/Evaluator:** The epidemiologist/evaluator is responsible for maintaining the LaOHSS, which includes collecting data from various data sources, analyzing state-specific datasets such as YRBS and BRFSS, and timely reporting of data according to the surveillance plan.
- **Oral Health School Sealant Coordinator:** The school sealant coordinator is responsible for coordinating school sealant programs in Louisiana. Also, the school sealant coordinator will assist the epidemiologist/evaluator with implementing of Basic Screening Survey, to continue surveilling oral health indicators among third graders in Louisiana.
- **Community Water Fluoridation Monitor:** The fluoridation monitor is responsible for implementing quality improvements in water fluoridation practices in Louisiana. Also, the fluoridation monitor will assist the epidemiologist/evaluator with surveilling community water fluoridation by collecting information on the population served by community water fluoridation, per parish.

Comprehensive Budget

Financial strategies will include paying for primary data collection (expanding to add oral health-specific BRFSS questions), as well as integrating oral health into other existing surveillance tools. Well-Ahead also plans to mobilize the support of internal and external partners to collect data. All potential funding opportunities will be explored, including annual agency one-time funding requests and other cost-effective strategies.

These ongoing surveillance efforts include \$3,500 every other year to expand BRFSS, \$25,000 to complete the Third-Grade Basic Screening Survey in Year-4 of the grant period, and \$3,000 throughout the course of this plan to cover other miscellaneous collection and reporting items. Other costs will be absorbed by carryover dollars and by Well-Ahead's budget as necessary.

Sustainability

Internal and external partnerships are important to ensure the sustainability of the LaOHSS. Well-Ahead collaborates with the following partners:

- Louisiana Department of Education (LDOE)—to obtain data on economically disadvantaged elementary and middle schools
- Louisiana State Board of Dentistry—to obtain data on the number of dentist and hygienist in the state of Louisiana.
- Louisiana Department of Health (LDH), Bureau of Family Health, Office of Maternal and Child Health—to obtain data on pregnant women from the annual Louisiana PRAMS surveillance, and data reports.
- LDH, Medicaid Program—to obtain Medicaid claims data from the EPSDT annual reports.

The epidemiologist will collect data that will be surveilled in LaOHSS from partners by reaching out to established point-of-contacts, as new data becomes available. The list of partners is subject to change depending on the oral health needs of the state.

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REFERENCES



Privacy and Data Confidentiality

The LaOHSS follows the Health Insurance Portability and Accountability Act (HIPAA) standards for patient privacy and protected health information. The surveillance system limits identifiers collected to only essential data elements, and the data are stored on a secure, private, electronic server at the Louisiana Department of Health. Unique identifiers can only be seen by LDH staff that have been trained on HIPAA, data security and confidentiality. Unique identifiers will never be released to external partners or the general public. Data will only be disseminated in an aggregate form, and data that have counts less than five will never be reported.

Evaluation

The purpose of evaluating LaOHSS is to ensure that the oral health indicators are being monitored effectively and efficiently and to increase the utility and productivity of the system. An annual evaluation will be performed to determine the system's usefulness in monitoring oral health trends over time, determining the effectiveness of interventions, and planning future programmatic and policy initiatives. Well-Ahead will evaluate the OHSS based on CDC's framework for program evaluation, including how well the following six steps outlined in Updated Guidelines for Evaluating Surveillance Systems were implemented [German].

- Engage Utopia's stakeholders
- Describe the OHSS
- Focus the evaluation design
- Gather credible evidence regarding the performance of the OHSS
- Justify and state conclusions, make recommendations, and
- Ensure the use of evaluation findings and share lessons learned

The evaluation of the LaOHSS will focus on providing recommendations for improving the quality, efficiency, and usefulness of the system. LaOHSS will also be evaluated to determine the system's sustainability, the timeliness of analysis of surveillance data, dissemination and use of the reports by stakeholders, and the surveillance system's impact on policy and legislative actions.

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