

Oral Health Epidemiology Module

WHERE DO YOU GET SUPPORT FOR ORAL HEALTH DATA AND WHO SHOULD BE COUNTED AS AN ORAL HEALTH EPIDEMIOLOGIST (OHE)?

For the purpose of this assessment, staff that analyze and interpret data related to oral health outcomes and risk factors/risk markers for oral health outcomes are considered OHEs whether officially titled as such. The OHEs or data analysts combine data from different sources such as vital statistics, survey data, and program data, and calculate population statistics. The OHEs carry out simple data collection, analysis, and reporting, in support of surveillance and epidemiologic investigations, according to the CSTE definition of a "tier one" epidemiologist. OHEs may assist programs in identifying and interpreting performance measures, work with programs to develop logic models, conduct and interpret needs assessments and evaluations, and conduct surveillance/registries and screening activities (e.g., ASTDD State Synopsis, Basic Screening Survey, Workforce Surveys, Burden Document, etc).

If you are not sure whom to count, please contact CSTE at eca@cste.org

We strongly recommend reviewing and completing the [PDF version](#) of the assessment before proceeding with this online form. It may be helpful to consult state health department staff in subject-specific program areas, organizational charts, or other documents to complete portions of the ECA. You may start and stop this online assessment as many times as needed. Your progress will be saved as you move from page to page or when you click the "save" button. You will not be able to skip pages unless all responses on that page have been filled.

START

? 1. How does your oral health program obtain epidemiologic support?

- OHE housed within your oral health programs
- Epidemiologic assistance drawn from MCH or chronic disease epidemiology unit/team
- A centralized epidemiologic/statistics office
- Contract through an institution or agency outside of the local/state health department
- Other (please describe)

◀ PREVIOUS

NEXT ▶

? 2. Does your oral health program have a designated primary OHE?

- Yes
- No

◀ PREVIOUS

NEXT ▶

Prompted to answer if previous question's answer is affirmative. If there is no designated primary OHE in your STATE HD, please skip to Q6.

? 3. How much time does the designated primary OHE work?

1.0 FTE is equivalent to 30-40 hours per week. Please estimate time to the nearest 0.1 FTE (e.g., 0.6 FTE).

FTE per week

◀ PREVIOUS

NEXT ▶

? 4. What percent of the primary OHE's time is spent working with each of the following units?

Oral health programs

MCH programs (Title V programs)

Chronic disease programs

Other programs (please describe)

Total 'must equal 100'

◀ PREVIOUS

NEXT ▶

? 5. What credentials does the primary OHE have? (Select all that apply)

<input type="checkbox"/>	PhD
<input type="checkbox"/>	DrPH
<input type="checkbox"/>	MD
<input type="checkbox"/>	DMD
<input type="checkbox"/>	DDS
<input type="checkbox"/>	JD
<input type="checkbox"/>	MPH
<input type="checkbox"/>	MS
<input type="checkbox"/>	Other <input type="text"/>

[◀ PREVIOUS](#) [NEXT ▶](#)

? 6. Have you worked with an epidemiologist or data analyst (not including the designated primary OHE) from another system or program to analyze and interpret oral health data for the oral health program?"

Yes No

[◀ PREVIOUS](#) [NEXT ▶](#)

Prompted to answer if previous question's answer is affirmative. If you haven't worked with an epidemiologist or data analyst from another system to analyze oral health data, please skip to Q8.

? 7. Please list the amount of time the other epidemiologist(s) or data analyst(s) (not the designated primary OHE) spend analyzing or interpreting oral health data for the oral health program.

1.0 FTE is equivalent to 30-40 hours per week

If not applicable, please enter 'N/A' for the epidemiologist and '0' for the % FTE.

	Data System/Program or Affiliated Unit/Agency	Percent FTE for Oral Health Program
Epidemiologist #1 (If applicable)	<input type="text"/>	<input type="text"/>
Epidemiologist #2 (If applicable)	<input type="text"/>	<input type="text"/>
Epidemiologist #3 (If applicable)	<input type="text"/>	<input type="text"/>

◀ PREVIOUS

NEXT ▶

? 8. Is your state health department interested in hosting a CDC/CSTE Applied Epidemiology Fellow* with the subject area in oral health, oral health combined with maternal and child health, or oral health combined with chronic disease? (check all that apply)

*The CDC/CSTE Applied Epidemiology Fellowship is designed for recent master or doctoral level graduates in epidemiology or related field who are interested in the practice of public health at the state or local level. The Fellows are carefully matched to CDC/CSTE approved host agencies for a 2-year fellow position based on the fellow's career interests and available program opportunities of the agency. Application requirements for hosting agencies can be found under [CSTE website](#)

Oral Health

Oral Health combined with Maternal and Child Health

Oral Health combined with Chronic Disease

Not sure/Not interested in hosting a fellow at this time

◀ PREVIOUS

NEXT ▶

? 9. Do you consent to CSTE sharing your response to question 8 with CDC's Division of Oral Health? By consenting, CSTE will share your response to question 8 with CDC's Division of Oral Health and you may be contacted by CSTE staff for further information regarding your ability and willingness to host a Fellow.

Yes No

◀ PREVIOUS

NEXT ▶

? 10. Does the state health department have one or more OHE leaders who, according to job title and category, have both administrative and scientific authority?

Yes, both Only administrative authority Only scientific authority Neither

◀ PREVIOUS

NEXT ▶

? 11. Does your state health department have adequate oral health epidemiology capacity to provide the following essential public health services and related activities?

For next questions , please use the following scale:

Full 100 percent of the activity, knowledge or resources described within the question are met.

Almost Fully 75 percent or greater (but less than 100 percent) of the activity, knowledge or resources described within the question are met.

Substantial 50 percent or greater (but less than 75 percent) of the activity, knowledge or resources described within the question are met.

Partial 25 percent or greater (but less than 50 percent) of the activity, knowledge or resources described within the question are met.

Minimal Less than 25 percent (but greater than 0 percent) of the activity, knowledge or resources described within the question are met.

Not at all None of the activity, knowledge or resources described within the question are met.

Monitoring health status and/or access to and utilization of health services to identify and solve community health problems

Full Almost Fully Substantial Partial Minimal Not at all

Diagnosing and investigating health problems and health hazards affecting the target population

Full Almost Fully Substantial Partial Minimal Not at all

Evaluating effectiveness, accessibility, and quality of personal and population-based health services

Full Almost Fully Substantial Partial Minimal Not at all

Researching for new insights and innovative solutions to health problems

Full Almost Fully Substantial Partial Minimal Not at all

Promoting and contributing expertise to the linkage of data systems that can facilitate high level epidemiologic analysis

Full Almost Fully Substantial Partial Minimal Not at all

Translating analytic findings into information that can be directly useful to program and policy staff, legislators, and other decision makers

Full Almost Fully Substantial Partial Minimal Not at all

◀ PREVIOUS

NEXT ▶

? 12. If you reported that your state health department has less than almost full capacity to provide essential oral health epidemiology/public health services and related activities, please indicate why below:

(Select all that apply in each category)

Monitoring health status and/or access to and utilization of health services to identify and solve community health problems

N/A- health department has almost full or full capacity for this activity

Inadequate number of staff (FTEs)

Staff with inadequate skills or training

Inadequate data resources

Outdated or lack of appropriate analytic software

Other



Diagnosing and investigating health problems and health hazards affecting the target population

N/A- health department has almost full or full capacity for this activity

Inadequate number of staff (FTEs)

Staff with inadequate skills or training

Inadequate data resources

Outdated or lack of appropriate analytic software

Other



Evaluating effectiveness, accessibility, and quality of personal and population-based health services

N/A- health department has almost full or full capacity for this activity

Inadequate number of staff (FTEs)

Staff with inadequate skills or training

Inadequate data resources

Outdated or lack of appropriate analytic software

Other



Researching for new insights and innovative solutions to health problems

N/A- health department has almost full or full capacity for this activity

Inadequate number of staff (FTEs)

Staff with inadequate skills or training

Inadequate data resources

Outdated or lack of appropriate analytic software

Other



Promoting and contributing expertise to the linkage of data systems that can facilitate high level epidemiologic analysis

N/A- health department has almost full or full capacity for this activity

Inadequate number of staff (FTEs)

Staff with inadequate skills or training

Inadequate data resources

Outdated or lack of appropriate analytic software

Other

Translating analytic findings into information that can be directly useful to program and policy staff, legislators, and other

N/A- health department has almost full or full capacity for this activity

Inadequate number of staff (FTEs)

Staff with inadequate skills or training

Inadequate data resources

Outdated or lack of appropriate analytic software

Other

[◀ PREVIOUS](#) [NEXT ▶](#)

? 13. Does your state health department have a publically accessible, on-line, query system for statewide oral health related data (i.e., water fluoridation, dental caries, dental sealants, dental visit, and/or oral and pharyngeal cancer) for user-defined queries and may include statistical analyses (e.g., basic test statistics and confidence intervals)?

Yes

No

Website address:

[◀ PREVIOUS](#) [NEXT ▶](#)

? 14. To what extent do the OHEs in your state health department contribute to decision-making for oral health programs?

Consider both the direct participation of the OHEs and the use of the reports and analyses they produce when answering for each of the following areas

Needs Assessment

- Full Almost Fully Substantial Partial Minimal Not at all

Priority Setting

- Full Almost Fully Substantial Partial Minimal Not at all

Program Planning

- Full Almost Fully Substantial Partial Minimal Not at all

Performance Measurement

- Full Almost Fully Substantial Partial Minimal Not at all

Program Evaluation

- Full Almost Fully Substantial Partial Minimal Not at all

Policy Development

- Full Almost Fully Substantial Partial Minimal Not at all

◀ PREVIOUS

NEXT ▶

? 15. Does one or more of your Oral Health Epidemiologists have unfettered access to the following STATE data sets? (“Unfettered access” means that the epidemiologist can have immediate access using his/her own computer to either the original data set or an analysis-ready, unaggregated version, along with the coding and variable descriptions necessary to understand the structure and meaning of the data)

NOTE: This question refers to data sets that are made available from the state, not via a CDC website or NCHS website

Birth certificate data

Unfettered access?

Yes No Not Collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

Death certificate data

Unfettered access?

Yes No Not Collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

Medicaid data

Unfettered access?

Yes No Not Collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

PRAMS (or PRAMS equivalent)

Unfettered access?

Yes No Don't know Not collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

YRBS (or YRBS equivalent)

Unfettered access?

Yes No Not collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

BRFSS data

Unfettered access?

Yes No Not Collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

Hospital Discharge

Unfettered access?

Yes No Not Collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

Emergency Room Data

Unfettered access?

Yes No Not Collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

Basic Screening Survey

Unfettered access?

Yes No Not collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

Water Fluoridation Reporting System

Unfettered access?

Yes No Not collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

Provider Licensure Data

Unfettered access?

Yes No Not Collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

Cancer Registry Data

Unfettered access?

Yes No Not Collected in our state

If yes, are data available within 1 calendar year of data collection?

Always Almost Always Rarely Never

◀ PREVIOUS

NEXT ▶

? 16. How frequently do OHEs commonly calculate, carry out, and provide the following?

A. Population specific rates (e.g., age-specific, race/ethnicity-specific, sex-specific, or region- / county- / city-specific rates)

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

B. Confidence intervals? (even if not shown in text, tables, or figures)

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

C. Comparison rate, such as the US rate, HP2020 objectives, state-generated objectives?

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

D. Statistical testing for comparisons of means, proportions and/or rates

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

E. Multivariable analysis, e.g., stratified analysis and/or regression modeling

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

◀ PREVIOUS

NEXT ▶

? 17. Which of the following best characterizes the current level of collaboration between/among OHEs in your state health department and the:

State Oral Health Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State MCH/Title V Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State CSHCN Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Oral Health Coalition

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Infectious Disease Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Public Health Preparedness

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Injury Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Mental Health Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Substance Abuse Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Chronic Disease Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Environmental Health Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Occupational Health Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

State Birth Defects Program

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Other

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

◀ PREVIOUS

NEXT ▶

? 18. Which of the following best characterizes the current level of collaboration between/among OHEs in your state health department and epidemiologists in:

Schools of Public Health

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Other Academic Institutions

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Governmental organizations (e.g., CDC, NCBDDD, HRSA, MCHB, NCHS)

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Non-governmental organizations (e.g., CSTE, ASTDD)

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Other

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

◀ PREVIOUS

NEXT ▶

? 19. During the past 12 months, have OHEs in your state health department conducted or collaborated on oral health-related work in:

Maternal / Infant health

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Child health

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Adolescent health

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Children / Adolescents with special health care needs

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Women's health

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Men's health

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Racial / ethnic disparities

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Case Reviews (FIMR, child death review, maternal mortality)

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Social determinants of health, including access to care / health equity

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

Other program / topical areas in oral health (specify)

Routinely Frequently, but not on a routine basis Infrequently Rarely Never

◀ PREVIOUS

NEXT ▶

? 20. Do the OHEs in your state health department generally have ready access (0 to 3 days return, electronic or hard copy) to current medical, epidemiologic, and public health full-text articles and journals?

Full access Substantial access (e.g., >25 journals, but not full access) Partial access (e.g., less than 25 journals) No access

◀ PREVIOUS

NEXT ▶

? 21. Do all OHEs in your local/state who need the following software packages have ready access to them?

SAS

Yes No, but needed No, not needed

SPSS

Yes No, but needed No, not needed

STATA

Yes No, but needed No, not needed

SUDAAN

Yes No, but needed No, not needed

Epi Info

Yes No, but needed No, not needed

Encryption software

Yes No, but needed No, not needed

GIS (geographic information system)

Yes No, but needed No, not needed

Other software (specify):

Yes No, but needed No, not needed

◀ PREVIOUS

FINISH