

# *South Carolina Takes Action*

*South Carolina Oral Health Surveillance Plan*



South Carolina Department of Health and Environmental Control  
*Promoting and protecting the health of the public and the environment*  
[www.scdhec.gov](http://www.scdhec.gov)

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## **Introduction**

### ***History***

The first surveillance plan was produced in 2004 under the leadership of the former Division of Oral Health (DOH) Director, Dr. Raymond Lala, and previous surveillance coordinator. It has undergone several revisions to incorporate enhanced data collection strategies since that time. The original surveillance plan needed to be amended to accommodate the needs of the new State Oral Health Plan (SOHP). In 2005, an external evaluator was hired to review the SOHP and make recommendations for improvement. The result was a new work in progress SOHP document that needed data sources to establish base-line measurements to get the plan off the ground. The document in hand reflects the changes that have happened in surveillance with the release of a new SOHP.

### ***Framework of the Surveillance System***

The creation of the surveillance plan stems from the process undertaken to develop the SOHP. This surveillance plan is a supporting document to the SOHP. To understand the evolution of the current surveillance system it helps to explain the framework for which the SOHP was developed.

The SOHP was structured around a health promotion planning model called the PRECEDE-PROCEED model of community assessment and program implementation (Green and Kreuter, 1999). The PRECEDE-PROCEED model was developed to provide a framework for designing, implementing, and evaluating health interventions. The model is divided into eight phases, split into two parts: the PRECEDE (Predisposing, Reinforcing, and Enabling Constructs in Educational/Ecological Diagnosis and Evaluation) model, comprising phases one through four; and the PROCEED (Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development) model, comprising phases five through eight.

Phase one of PRECEDE begins by assessing the quality of life of the general population. Phase two expands this assessment by including epidemiological data relating to the health outcome in question, including genetic and behavioral factors. In phase three, broader individual and community factors that contribute to the health outcome are explored. Phase four looks at policy implications on proposed health intervention programs, as well as covering the resources needed (human, fiscal, and spatial) for implementation of the program.

The second half of the model, PROCEED, covers the actual implementation of health intervention programs and evaluations of their outcomes. Each of the four phases in PROCEED corresponds with specific phases of PRECEDE. Phase five, the implementation of a health intervention program, is directly linked to phase four (the resources needed for implementation). Phases six, seven, and eight allow for evaluation of the program at the individual, program, and population levels.

This model provides a framework for the design and implementation of most health promotion interventions. It requires the program designer to examine the health issue not only from the standpoint of implementation, but also from “before” and “after” views: is this health program really essential, based on the health needs of the population? After implementation, did the health program have an effect on the health of the general population?

Identifying the data and resources available in South Carolina was necessary to complete Phase II (Epidemiological Assessment) of the planning model. Collecting data on disease prevalence/incidence, risk for diseases, service utilization, and workforce data was a necessity in preparation of the oral health program's process, impact, and outcome measures for the SOHP. A data flow diagram, included in this surveillance plan (pg. 17), demonstrates how data sources are linked to prioritized objectives in the SOHP to produce data products (i.e., Oral Disease Burden Document, ASTDD report, etc.)

### ***Purpose of the South Carolina Oral Health Surveillance System***

The surveillance system has a broader role than it ever did before in South Carolina. The surveillance system drives the objectives and activities of the SOHP. The South Carolina surveillance system is used to assist in the measurement of data-driven measures of the SOHP. In essence, it is the plan for monitoring the success of the SOHP. The data is used to (1) measure the burden of oral disease, (2) to monitor progress towards the SOHP objectives, and (3) to provide information for action to national, state and local levels.

### ***Stakeholders***

The South Carolina Oral Health Advisory Council and Coalition is a broad group of people representing various public and private organizations and individuals throughout the state. Together, this group developed a strategic plan outlining specific health education, health promotion, and policy interventions to reduce the burden of oral disease on South Carolinians. This plan is the previously mentioned SOHP. The act of collecting qualitative and quantitative data is a very important component of the SOHP as evidenced by an entire chapter in the SOHP designated to surveillance. For the reader's convenience, Chapter Two of the SOHP has been included in this document (pgs. 20-27).

Workgroups representing various chapters of the SOHP have been formalized to address selected objectives. Members from the Advisory Council and Coalition participate in these workgroups. At this time, workgroups have been formed around water fluoridation, social marketing, early childhood, children with special health care needs, public school children, and the newly formed group – senior adults. A surveillance workgroup has yet to be formed. But, with the current momentum of the Advisory Council and Coalition, a surveillance workgroup will easily be formed by next year.

### ***Document Content***

This surveillance plan is written to emphasize the importance of the SOHP on the role of the surveillance system. To fully capture how the surveillance system is intertwined within the SOHP, specific sections of the SOHP are highlighted. Objectives from each of the highlighted sections are paired with their corresponding data sources. Narrative and charts are used to describe the linkage between the SOHP and the Surveillance System. Additionally, complete lists of indicators by data sources are available (pgs. 10-13).

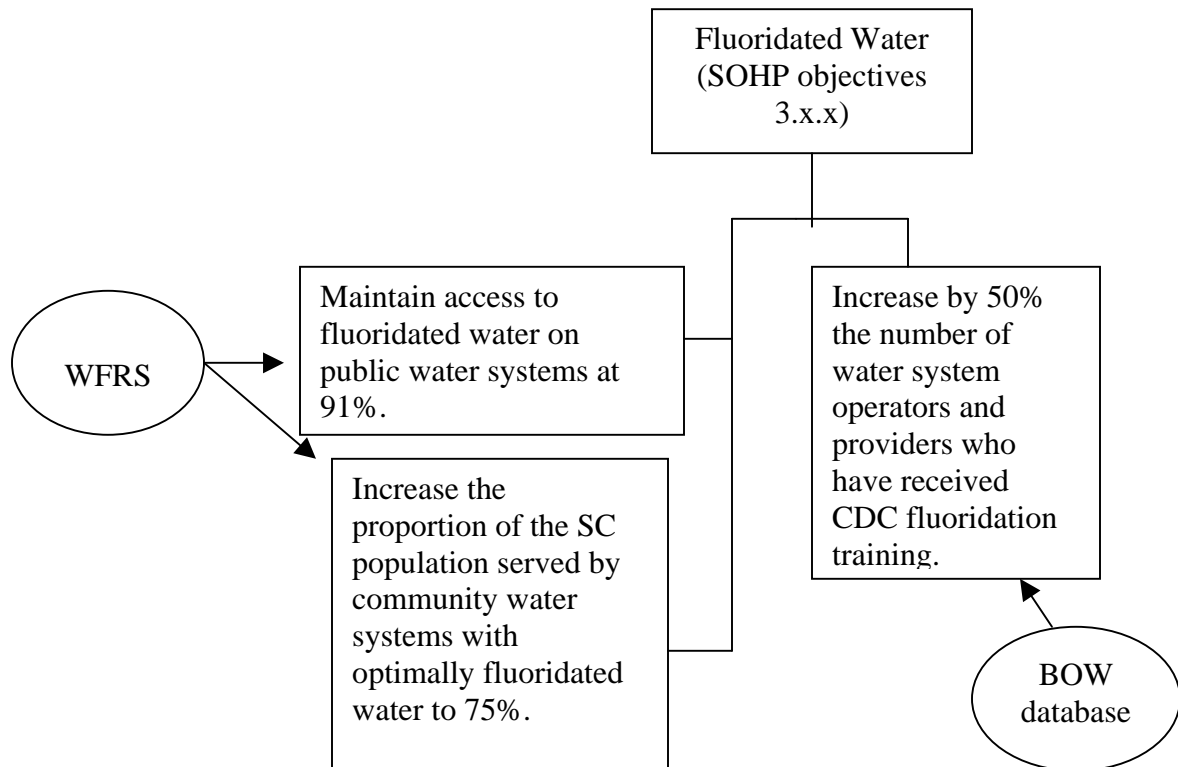
## Data Driven Measures Under Surveillance

### *Fluoridated Water*

The Water Fluoridation Reporting System (WFRS), a database developed by the Centers for Disease Control and Prevention, contains information on the distribution and quality of water fluoridation systems. WFRS was initiated in South Carolina in 2005 and continually gets updated monthly by the water fluoridation coordinator housed in the Bureau of Water (BOW) at the SC Department of Health and Environmental Control (SC DHEC). Regular meetings are held between the Bureau of Water and Division of Oral Health on a bi-monthly basis to discuss water fluoridation issues including the fluoridation component of the SOHP. In addition, the Bureau of Water's compliance manager now serves as a member of the South Carolina Oral Health Advisory Council and the water fluoridation coordinator provides staff support to the Coalition's Water Fluoridation workgroup.

The Behavioral Risk Factor Surveillance System (BRFSS) is used to supplement the WFRS data by providing background population estimates of the types of household water sources. The BRFSS is updated annually and available through SC DHEC's SC Community Assessment Network (SCAN).

A few SOHP objectives for water fluoridation with corresponding data sources are highlighted in the chart below.

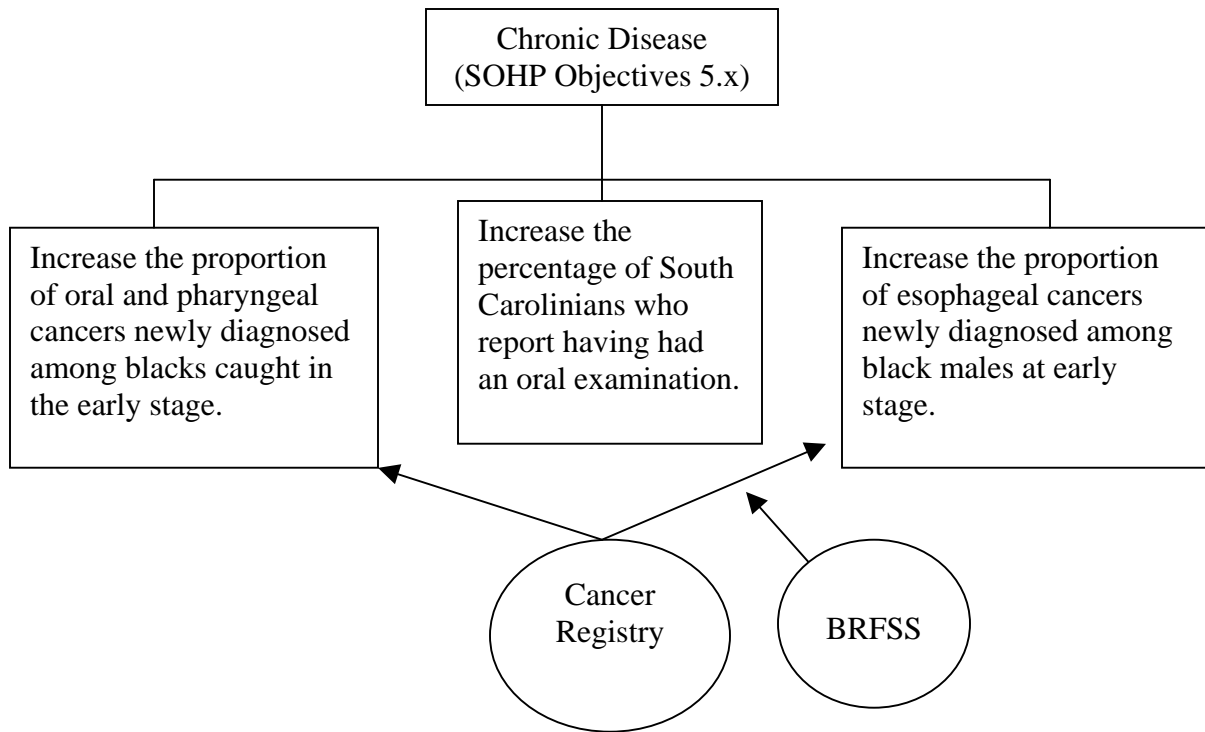


**Chronic Disease: Oral Cancer**

The main source of data for the chronic disease objective measure comes from the SC DHEC Cancer Registry, which is updated yearly. These data are collected, maintained, and made available for use by SC DHEC personnel. An additional data source for cancer information is the BRFSS. The chart below shows the questions obtained for oral cancer surveillance.

Tobacco use is also captured through the BRFSS as well as the Youth Risk Behavioral Surveillance System (YRBSS) and the Youth Tobacco Survey (YTS). YRBSS data is collected every 2 years, and 2007 data is currently housed at the SC Department of Education. The SC DHEC’s Division of Tobacco Prevention and Control has collected YTS data consecutively for the last 3 years.

A few SOHP objectives for chronic disease with corresponding data sources are highlighted in the chart below.



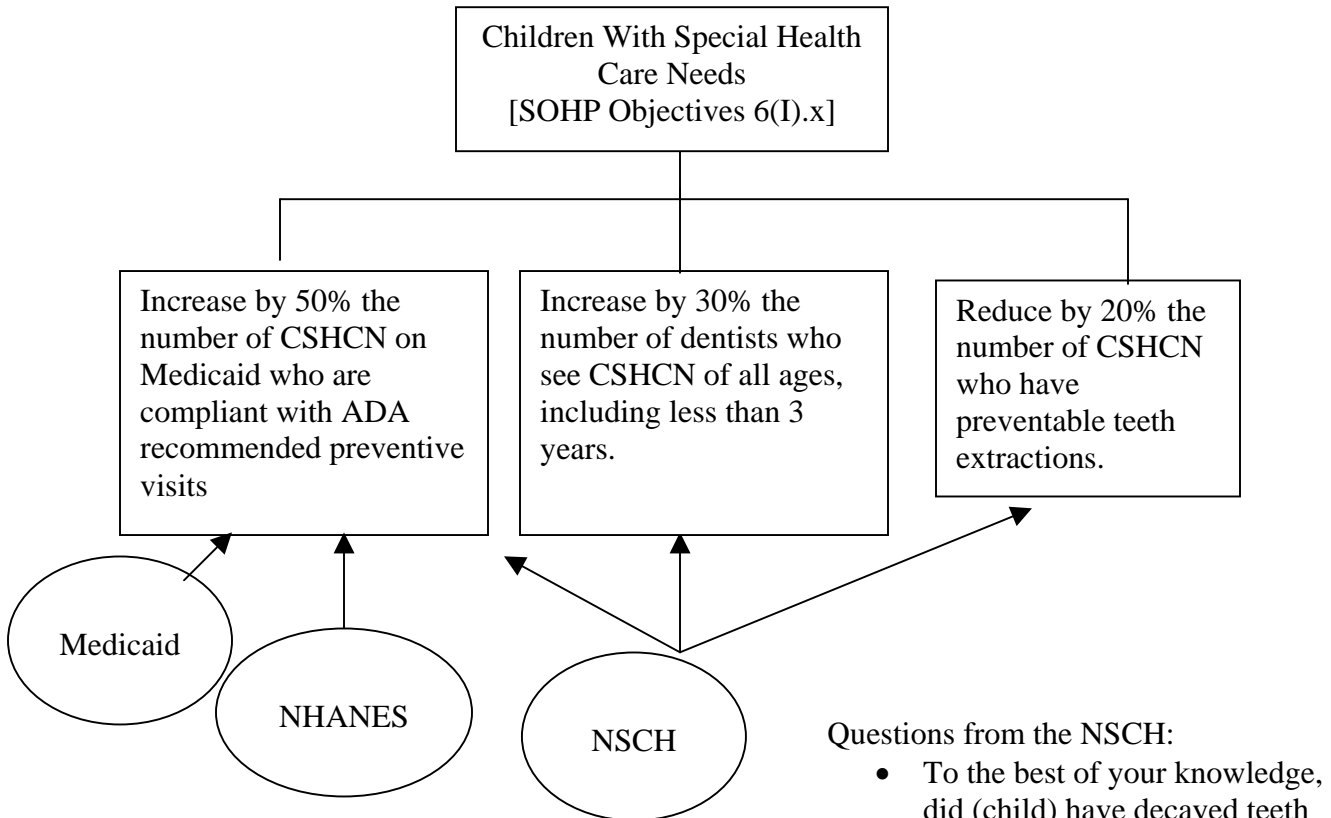
**Questions from BRFSS:**

- Adults that have visited a dentist, dental hygienist or dental clinic within the past year
- How long has it been since you last visited a dentist or a dental clinic for any reason?

***Children With Special Health Care Needs***

Data for all the measures of the Children with Special Health Care Needs (CSHCN) primarily come from the SC Budget and Control Board’s Office of Research and Statistics (ORS). ORS is designated by SC State Legislature to serve as the data warehouse for all data gathered related to state agencies. Secondary data from Medicaid and MOA partners are reviewed quarterly by means of the Oral Health Cube, specified in the SOHP Objective 2.3.4. The Oral Health Cube is a data product created with data provided by SC DHEC, ORS, and other partners for use in evaluating the SOHP objectives.

National secondary data sources are available to supply data to measure objectives in the SOHP. They include the National Survey of Children’s Health (NSCH), the National Health Interview Survey, and the National Health and Nutrition Examination Survey (NHANES).

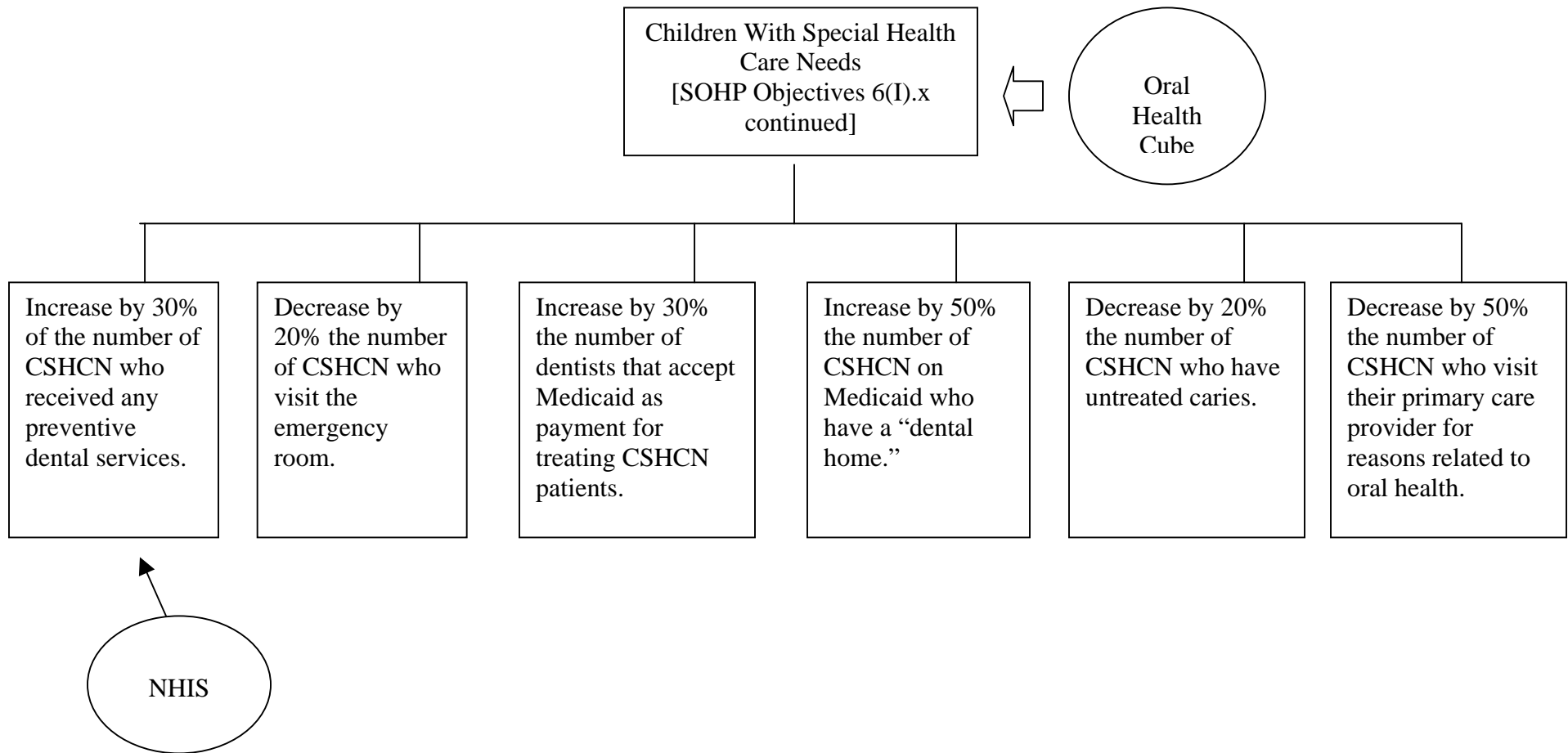


**Question from NHANES:**

- About how long has it been since (child) last visited a dentists?

**Questions from the NSCH:**

- To the best of your knowledge, did (child) have decayed teeth or cavities within the past 6 months?
- During the past 12 months, how many times did (child) see a dentist for preventive dental care, such as check ups and dental cleaning?



Question from NHIS:

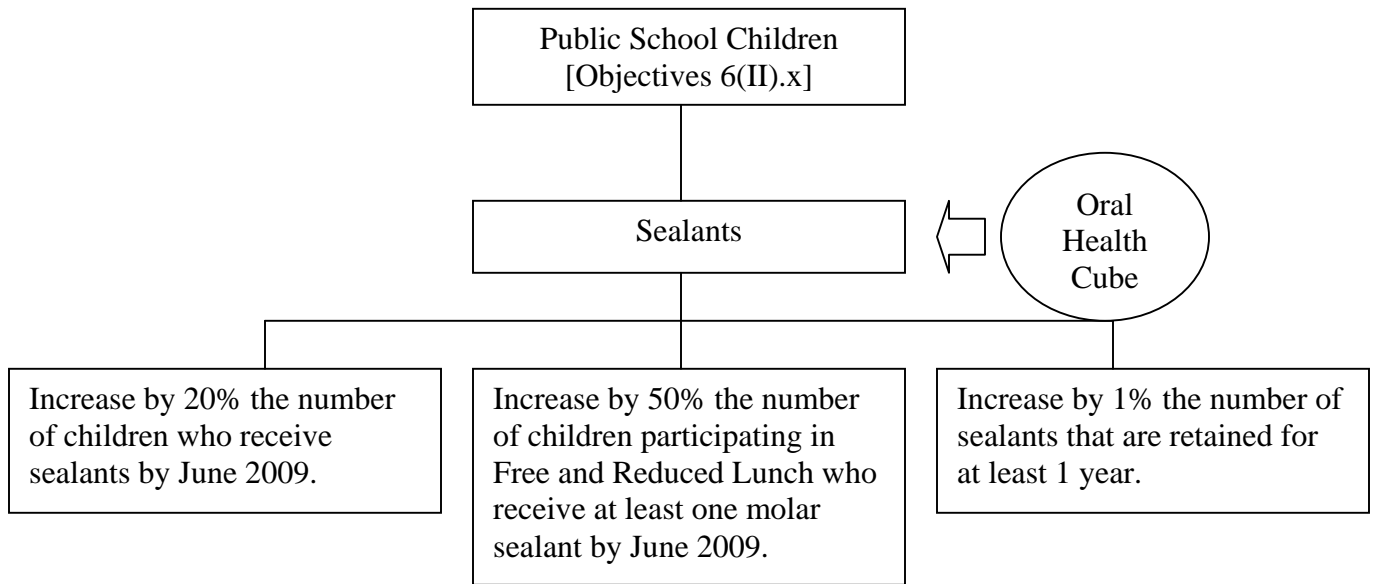
- During the past 12 months, was there any time when (child) needed dental care (including checkups, but didn't get it because you couldn't afford it?

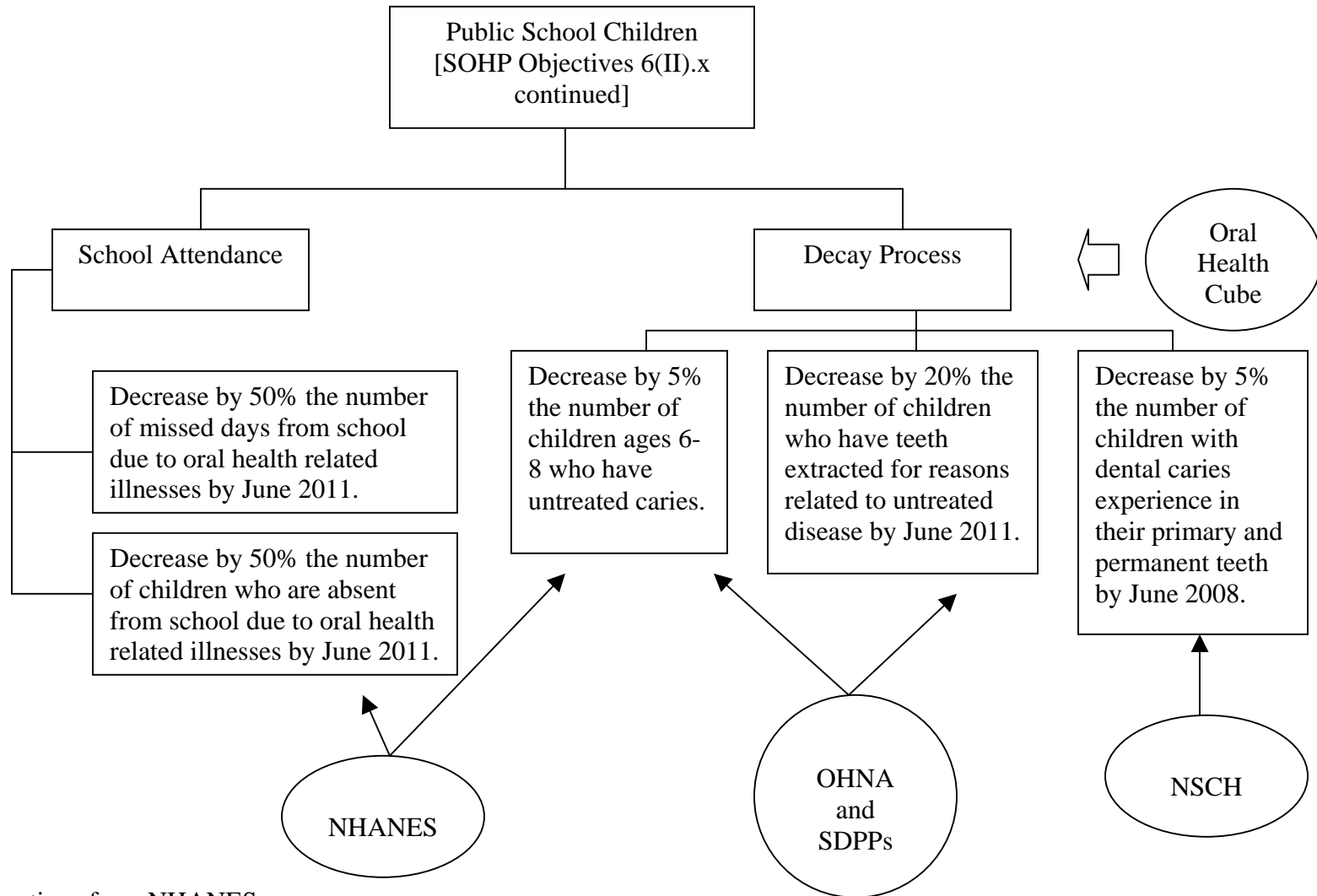
**Public School Children**

Similar to the CSHCN related objectives previously described, progress towards the Public School Children-related plan objectives are largely measured by data found with the Oral Health Cube. Several of the previously mentioned surveys (NHANES and NSCH) also provide additional secondary data, with the specific variables described in the following charts.

Primary data are collected through the Oral Health Needs Assessment (OHNA), using the Association of State and Territorial Dental Director’s Basic Screening Survey. The first OHNA was conducted during the 2002-03 school year on K-5 and third grade students. In 2007-08 the second OHNA was completed. The Oral Health Surveillance System uses information from the OHNA to assess the incidence and prevalence of dental caries, urgency of treatment, and the prevalence of dental sealants. Data gathered are also used to assist in a quantitative evaluation of the efficacy of School Dental Prevention Programs.

Another source of primary data comes from the School Dental Prevention Programs (SDPP). Data from SDPP are obtained quarterly by the SC Budget and Control Board’s Office of Research and Statistics (ORS). SC DHEC Division of Oral Health staff and evaluation consultant meet quarterly with ORS to discuss the progress of integration of secondary data from SDPPs into the Oral Health Cube.





Questions from NHANES:

- How often during the last year has (child) had difficulty attending school because of problems with his/her teeth or mouth?
- Does (child) need any teeth filled or replaced?

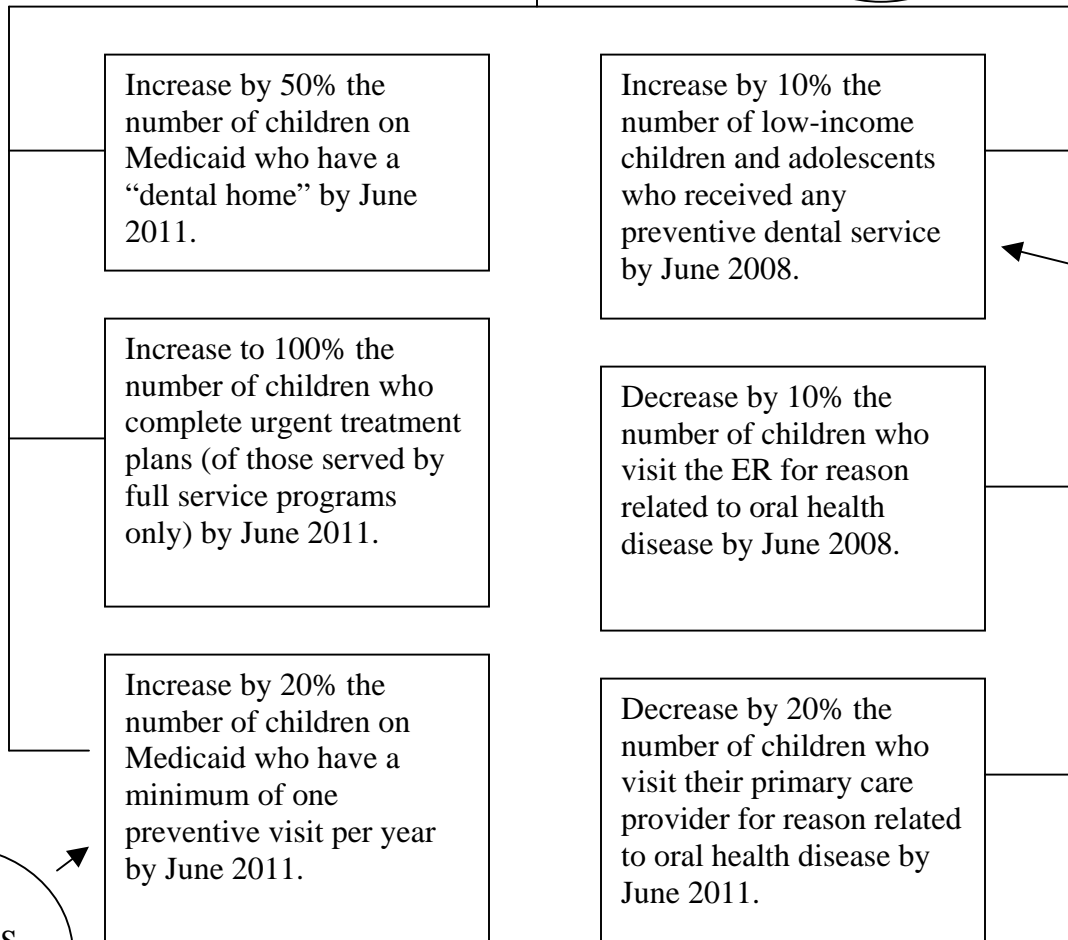
Question from NSCH:

- To the best of your knowledge, did (child) have decayed teeth or cavities within the past 6 months?

Public School Children  
[SOHP Objectives 6(II).x  
continued]

Service Utilization

Oral  
Health  
Cube



NHANES  
& NSCH

NHANES  
& NSCH

Question from NHANES:

- About how long has it been since (child) last visited a dentist?

Question from NSCH:

- During the past 12 months, how many times did (child) see a dentist for preventive dental care, such as check-ups and dental cleanings?

# Indicators by Data Sources

## South Carolina Data Sources

Priority	Behavioral Risk Factor Surveillance System (BRFSS) Source: DHEC/PHSIS	Currently Under Surveillance	Available for Surveillance
	Percent of adults with a dental visit in the past year	*	*
	Percent of adults who had teeth removed because of tooth decay or gum disease, infection	*	*
	Length of time since last visit to a dentist or a dental clinic for any reason	*	*
	Percent of adults with diabetes		*
	Percent of adults who had their teeth cleaned in the past year	*	*
	Number of adults with diabetes who had a dental visit in the previous year		*
	Percentage of adults who smoke		*
	Percentage of low income adults who had their teeth cleaned by the dentist or dental hygienist within the past year	*	*
	Percentage of adults without medical healthcare coverage		*
	Percentage of low income adults who lost 6 or more teeth because of dental caries or periodontal disease		*
	Percentage of adults with dental insurance		*
	Percentage of adults 65+ who have had all their permanent teeth extracted		*
	Percentage of low income adults 65+ who have had all their permanent teeth extracted		*
	Complete tooth loss in adults		*

Priority	Pregnancy Risk Assessment and Monitoring System (PRAMS) Source: DHEC/PHSIS	Currently Under Surveillance	Available for Surveillance
	Teeth cleaned before pregnancy	*	*
	Teeth cleaned after pregnancy	*	*
	Ever had teeth cleaned	*	*
	Dental problem during pregnancy	*	*
	Visited a dentist during pregnancy	*	*
	Advised by a doctor or dentist about oral health while pregnant	*	*

Priority	Youth Risk Behavior Survey (YRBS) Source: SCDE	Currently Under Surveillance	Available for Surveillance
	Percentage of students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days	*	*
	Percentage of students who smoked cigarettes on 20 or more of the past 30 days	*	*
	Percentage of students who smoked cigarettes on one or more of the past 30 days	*	*
	Percentage of students who used chewing tobacco, snuff or dip on school property on one more of the past 30 days	*	*
Optional	% of children who have visited a dentist during the previous year		
Priority	Youth Tobacco Survey (YTS) Source: DHEC/Division of Tobacco	Currently Under Surveillance	Available for Surveillance
	Same as YRBS questions	*	*

Priority	SC Central Cancer Registry Source: DHEC/Cancer	Currently Under Surveillance	Available for Surveillance
	Oral and Pharyngeal cancer death rate		*
	Incidence of oral and pharyngeal cancers detected at the earliest stages		*
	Percent of oral and pharyngeal cancer exam within past 12 months, age 40+		*
	5 year survival rate of individuals with oral and pharyngeal cancer		*

Priority	SC Birth Defects Program Source: DHEC/Prenatal Systems	Currently Under Surveillance	Available for Surveillance
	Rate of children born with cleft lip and/or cleft palate		*

Priority	Medicaid and Licensure Data Source: ORS	Currently Under Surveillance	Available for Surveillance
	Medicaid/SCHIP dental program members	*	*
	# who received diagnostic services	*	*
	# that received preventive services	*	*
	# received treatment services	*	*
	# who are dental service recipients	*	*
	# of dental visits to a dentist by Medicaid/SCHIP dental program recipients	*	*
	Units of dental services	*	*
	Dentists licensed by state by county	*	*
	Dentists licensed by the state who have in-state addresses	*	*
	# dentists paid for providing at least 1 dental service to at least one dental recipient	*	*
	# dentists paid for providing dental services to at least 50 dental recipients	*	*
	# dentists paid for providing dental services to at least 100 dental recipients	*	*

	# of dentists paid in excess of \$10,000 for dental services rendered to dental recipients	*	*
	Population less than 6 years of age by county	*	
	Total number of members enrolled under 6 yrs	*	*
	Total number of Medicaid/SCHIP dental program less than 6 years that had at least one tooth extraction without additional payment for sedation	*	*
	Less than 6 years and had tooth extraction with nitrous oxide	*	*
	Less than 6 years and had tooth extraction with non-intravenous conscious sedation	*	*
	Less than 6 years and had tooth extraction with intravenous conscious sedation	*	*
	Less than 6 years and had tooth extraction with deep sedation-general anesthesia	*	*

Priority	Bureau of Water Water Fluoridation Reporting System (WFRS) Source: DHEC/BOW	Currently Under Surveillance	Available for Surveillance
	Population served by public community water systems with optimally fluoridated water	*	*
	Percentage of water systems that provide montly fluoridation levels reports to the BOW	*	*
	Percentage of water sytems maintaining optimal levels of fluoride	*	*
	Inspections on equipment yearly		*
	# receiving CDC water training		*

Priority	Division of Oral Health Statewide Kindergarten and 3rd grade Screening (BSS) Source: DHEC/DOH	Currently Under Surveillance	Available for Surveillance
	Percentage of caries experience	*	*
	Percentage with untreated dental decay	*	*
	Percentage in need of urgent treatment	*	*
	Percentage who have received protective sealants on at least one permanent molar tooth	*	*

Priority	Division of Oral Health School Dental Sealant Program Source: DHEC/DOH	Currently Under Surveillance	Available for Surveillance
	# of students served by grade, school, district, county	*	*
	# of schools served by district and county	*	*
	Number and grade level of students receiving at least one molar sealant by school, district, and county	*	*
	One year sealant retention rate for each provider	*	*
	Number and grade level of students referred for early dental care by school	*	*
	Number and grade level of students referred for urgent care only by school, district and county	*	*
	Number and grade level of referrals for urgent care that are completed by school, district and county	*	*

# Indicators by Data Sources

## National Data Sources

Priority	National Survey of Children's Health (NSCH 03-04)	Currently Under Surveillance	Available for Surveillance
	% of children that have seen a dentist in last year	*	*
	Did child have decayed teeth or cavities within the past 6 months?	*	*
	Did child get all the routine dental care that they needed?		*
	Why did the child not get all the dental care he needed?		*
	What specific problem does your child have with his teeth?		*
	During the past 12 months, how many times did child see a dentist for preventive dental care, such as check ups and dental cleaning?		*
	During the past 12 months, was there any time when (child) needed dental care (including checkups), but didn't get it because you couldn't afford it?		*

Priority	National Health Interview Survey (NHIS)	Currently Under Surveillance	Available for Surveillance
	Proportion of children aged 2-17 years that visited a dentist during the previous year		*
	% of people not on fluoridated water who use topical or systemic fluoride		*
	% of children with sealant on 1+ permanent teeth		*
	% of women (child-bearing age) utilizing oral health system		*
	% of adults ages 18+ with gum disease		*
	% of adults with no permanent teeth		*
	% of adults that didn't get dental care because they couldn't afford it		*
	Length of time since adults have seen a dentist		*
	Anyone in the family have dental sealants		*
	Reasons not been to the dentist		*

Priority	National Health and Nutrition Examination Surveys (NHANES 99-04)	Currently Under Surveillance	Available for Surveillance
	How long since your child last went to the dentist?	*	*
	How often do you avoid particular foods because of teeth, mouth or dentures?		*
	How often in the last year has your sense of taste been affected by problems with your teeth, mouth, dentures?		*
	In the last year have you had difficulty doing usual jobs or attending school because of problems with your teeth, mouth, dentures?	*	*
	Does your child need any teeth filled or replaced?	*	*

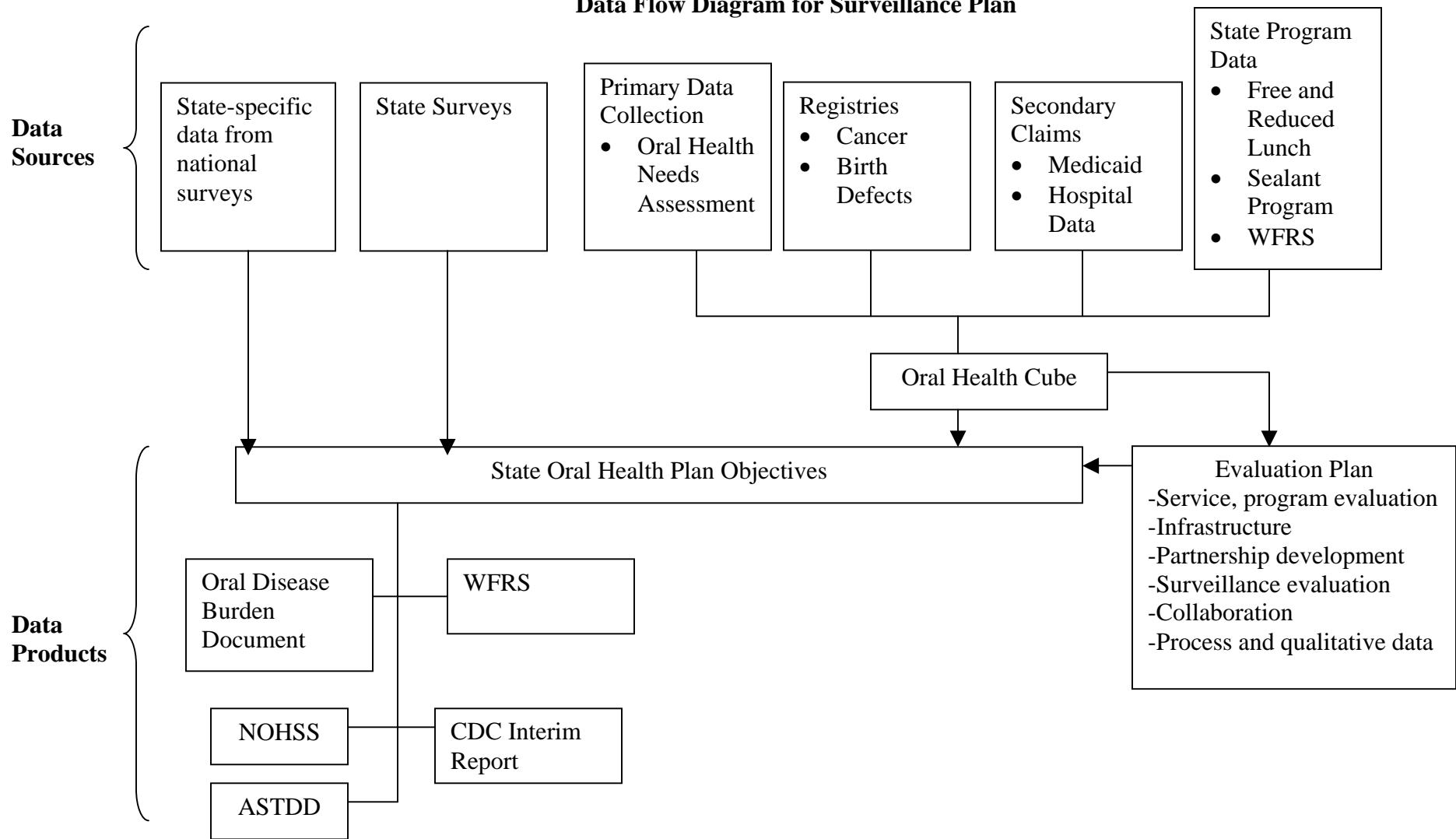
## Data Release Timeline for Oral Health Indicators

Data Source	Contact Person	Frequency of Release	Date last updated in surveillance system
Behavioral Risk Factor Surveillance System (BRFSS)	Kristen Helms, SC DHEC-PHSIS, <a href="mailto:helmskh@dhec.sc.gov">helmskh@dhec.sc.gov</a>	Yearly	2006
Pregnancy Risk Assessment and Monitoring System (PRAMS)	Mike Smith, SC DHEC-PHSIS, <a href="mailto:Smithm4@dhec.sc.gov">Smithm4@dhec.sc.gov</a>	Every 2 years	February 2007
Youth Risk Behavior Surveillance Survey (YRBSS)	Aaron Bryan, SC Department of Education, <a href="mailto:akbryan@ed.sc.gov">akbryan@ed.sc.gov</a>	Every 2 years	Fall 2007
Youth Tobacco Survey (YTS)	Camelia Vitoc, SC DHEC – Division of Tobacco Control, <a href="mailto:vitoccs@dhec.sc.gov">vitoccs@dhec.sc.gov</a>	Previous 3 years only	Fall 2007
SC Central Cancer Registry	Susan Bolick-Aldrich <a href="mailto:bolicks@dhec.sc.gov">bolicks@dhec.sc.gov</a>	Yearly	2007
SC Birth Defects Program	Lyn Phillips, SC DHEC-Perinatal Systems, <a href="mailto:philliej@dhec.sc.gov">philliej@dhec.sc.gov</a>	Continuous	Unknown

Data Source	Contact Person	Frequency of Release	Date last updated in surveillance system
Medicaid Dental Utilization Data/Licensure data	Heather Kirby/Byron Kirby, ORS, <a href="mailto:Heather.Kirby@ors.sc.gov">Heather.Kirby@ors.sc.gov</a>	Yearly	February 2008
Water Fluoridation Reporting System (WFRS)	Debra Boston, SC DHEC–Bureau of Water, <a href="mailto:Bostond@dhec.sc.gov">Bostond@dhec.sc.gov</a>	Monthly	Annual summary 2007
Statewide Oral Health Basic Screening Survey (BSS)	Christine Veschusio, SC DHEC-Division of Oral Health, <a href="mailto:veschucn@dhec.sc.gov">veschucn@dhec.sc.gov</a>	Every 5 years	May 2008
School Sealant Program Utilization Data	Beth Hollingsworth, ORS, <a href="mailto:Beth.Hollingsworth@ors.sc.gov">Beth.Hollingsworth@ors.sc.gov</a>	Quarterly	May 2008
South Carolina Area Health Education Consortium (AHEC)	Donald Tyner	Yearly	Spring 2008
Health Professional Shortage Areas (HPSAs)	Mark Jordan, SC DHEC-Office of Primary Care <a href="mailto:jordanma@dhec.sc.gov">jordanma@dhec.sc.gov</a>	Yearly	December 2007

Data Source	Contact Person	Frequency of Release	Date last updated in surveillance system
Head Start	Nicholas G. Mosca, Region IV Head Start, <a href="mailto:Nicholas.Mosca@msdh.state.ms.us">Nicholas.Mosca@msdh.state.ms.us</a>	Yearly	Unknown
National Survey of Children's Health (NSCH 03-04)	<a href="http://www.cdc.gov/nchs/about/major/slits/nsch.htm">http://www.cdc.gov/nchs/about/major/slits/nsch.htm</a>	Unknown	2005
National Health Interview Survey (NHIS)	<a href="http://www.cdc.gov/nchs/nhis.htm">www.cdc.gov/nchs/nhis.htm</a>	Yearly	July 2007
National Health and Nutrition Examination Survey (NHANES 1999-2004)	<a href="http://www.cdc.gov/nchs/nhanes.htm">www.cdc.gov/nchs/nhanes.htm</a>	Continues survey, gathering data in 2 years cycles	Spring 2008

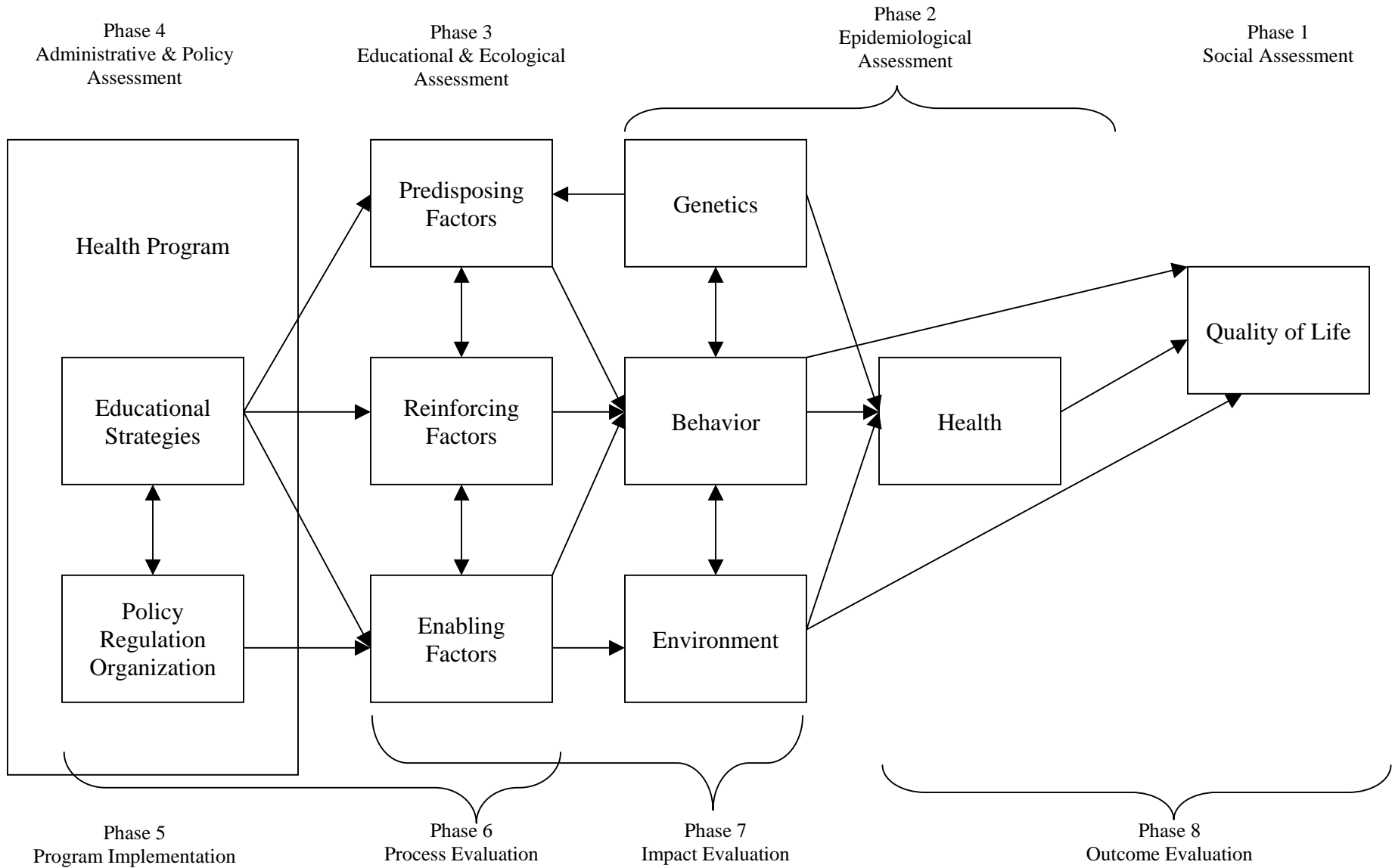
### Data Flow Diagram for Surveillance Plan



## ACRONYMS

ADA	American Dental Association
AHEC	Area Health Education Consortium
BOW	Bureau of Water
BRFSS	Behavioral Risk Factor Surveillance System
BSS	Basic Screening Survey
CDC	Center for Disease Control
CSHCN	Children with Special Health Care Needs
DOH	Division of Oral Health
HPSA	Health Professional Shortage Areas
MOA	Memorandum of Agreement
MUA	Memorandum Under Agreement
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NSCH	National Survey of Children's Health
OHNA	Oral Health Needs Assessment
ORS	Office of Research and Statistics
PHSIS	Public Health Statistics and Information Services
PIR	Program Information Report
PRECEDE	Predisposing, Reinforcing, and Enabling Constructs in Educational/Ecological Diagnosis and Evaluation
PROCEDE	Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development
PRAMS	Pregnancy Risk Assessment and Monitoring System
SCAN	SC Community Assessment Network
SCDE	SC Department of Education
SCDHEC	SC Department of Health and Environmental Control
SCHIP	State Children's Health Insurance Plan
SDPP	School Dental Prevention Programs
SOHP	State Oral Health Plan
WFRS	Water Fluoridation Reporting System
YRBSS	Youth Risk Behavioral Surveillance System
YTS	Youth Tobacco Survey

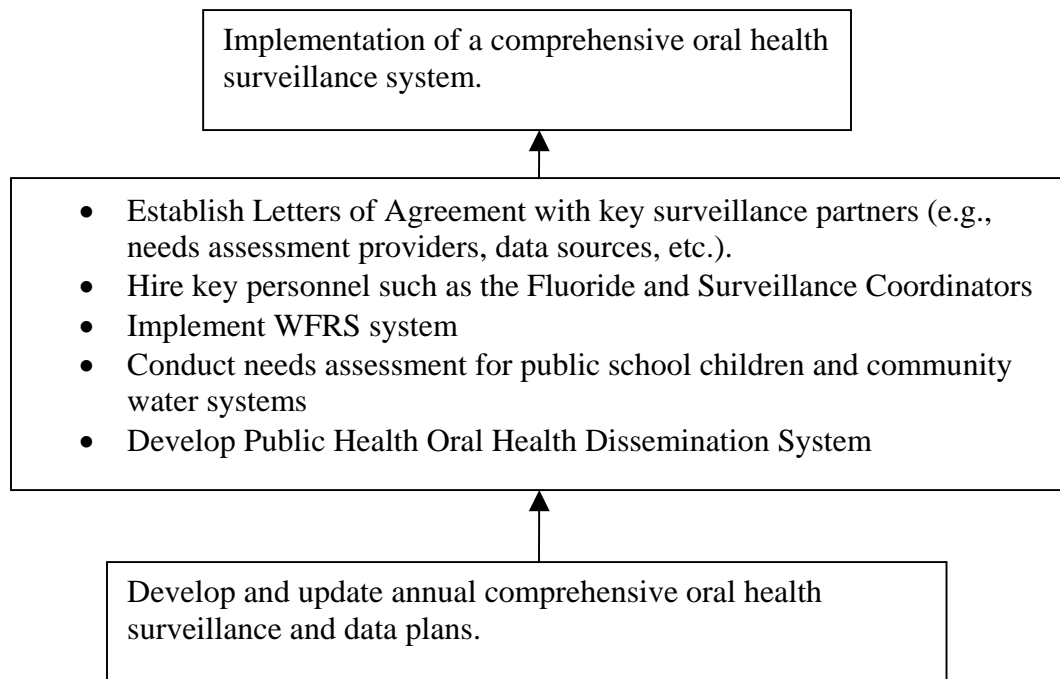
**GENERAL THEORETICAL FRAMEWORK (Green and Kreuter, 1999)**



## Chapter 2: Surveillance

**Background:** In broad terms, the surveillance system will be used to produce scientifically valid and reliable data that could be used by policy makers from the state to the county level in designing, implementing and evaluating public oral health interventions. Stakeholders will be able to use surveillance data for their own purposes. They will in turn provide useful information on the evaluation process of the surveillance system. An annual surveillance plan will be published by SC DHEC.

### Logic Model:



### General Objectives:

**2.1.1 Develop Public Health Dissemination System that includes publication of the State Oral Health Surveillance Plan, oral health burden documents, needs assessments, and other related surveillance information via an Internet presence through the SC DHEC Oral Health Website by June 2008.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type:** Process

**Data Collection Method:** Evidence of website.

**2.1.2. Develop surveillance and data management plans that are compatible and National Oral Health Surveillance System and future GIS needs by March 2008, and update annually thereafter.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type:** Process

**Data Collection Method:** Evidence of surveillance plan.

**2.1.3. Submit timely and relevant information to ASTDD and the National Oral Health Surveillance System on an established interval.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Process

**Data Collection Method:** Evidence of ASTDD report.

**2.1.4. Implement a comprehensive oral health surveillance system that meets the needs of all key stakeholders, leverages timely and relevant data, and is compliant with national standards by June 2009.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Outcome

**Data Collection Method:** SC DHEC's surveillance coordinator will conduct interviews with key stakeholders to ascertain if their data needs are being met. Feedback will be used to enhance the surveillance plan and system.

**2.1.5. The Surveillance Coordinator will collaborate with SC DHEC's PHSIS and the Office of Research and Statistics in the integration of all primary and secondary data sources germane to the Division of Oral Health's programs and services.**

**South Carolina Baseline:** Not applicable

**Healthy People Reference:** 7-11w: Increase the proportion of local health departments that have established culturally appropriate and linguistically

competent community health promotion and disease prevention programs, with regards to surveillance and data systems.

Baseline (1996-97): 14%

2010 Target: (developmental)

**Original State Oral Health Plan Reference:** Not Applicable

**Measurement Type:** Process

**Data Collection Method:** Evidence of meeting minutes and resulting databases for surveillance.

### **Fluoridated Water Objectives:**

#### **2.2.1 Establish a community fluoride monitoring system using the CDC WFRS**

**system . Status: Met**

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**21-9:** Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Process

**Data Collection Method:** Evidence of CDC WFRS system.

#### **2.2.2. Maintain a joint collaboration with Bureau of Water and Division of Oral Health.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Process

**Data Collection Method:** Evidence by BOW-DOH Meeting Minutes

#### **2.2.3. Complete annual assessment of community water systems using WFRS.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**21-9:** Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E).

**Measurement Type:** Process

**Data Collection Method:** Evidence of assessment.

**2.2.4. Maintain a Fluoride Coordinator position to manage the WFRS.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**21-9:** Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type:** Process

**Data Collection Method:** Position Description

**2.2.5. Surveillance Coordinator to provide technical assistance to the Water Fluoridation Coordinator on surveillance activities.**

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference:** Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type:** Process

**Data Collection Method:** Evidence by BOW\DOH Meeting Minutes.

**2.2.6. By June 2009, SC DHEC Division of Oral Health staff will build into the surveillance plan, the ability to identify: (a) The number of homes served by public water system; (b) The number of homes served by fluoridated public water systems; and, (c) Areas where homes are not served by fluoridated water systems.**

**South Carolina Baseline:** Not applicable

**Healthy People Reference:** 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**21-9:** Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process  
**Data Collection Method** – Database

- 2.2.7. By March 2008, SC DHEC Division of Oral Health staff will build into the surveillance plan, the ability to determine if water systems provide monthly fluoridation level reports to the Bureau of Water.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Surveillance Plan

- 2.2.8. By March 2008, SC DHEC Division of Oral Health staff will build into the surveillance plan, the ability to determine if the fluoridated water systems are maintaining optimal levels of fluoride.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Impact

**Data Collection Method** – Surveillance Plan

- 2.2.9. The Bureau of Water will manage the data flow protocol for the water fluoridation reports, which are received by SC DHEC from the water systems then sent to WFRS at CDC.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of the website

**2.2.10. By June 2009, SC DHEC Division of Oral Health staff will build into the surveillance plan, the ability to map community water fluoride levels and publish them on the SC DHEC website.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

21-9: Increase persons on public water receiving optimally fluoridated water.

Baseline (1992): 62%

2010 Target: (75%)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of the website

**Public School Objectives** –

**2.3.1. Conduct needs assessment on the oral health status of public school children in South Carolina by June 2008.**

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of contractual and permissive agreements between SC DHEC and key stakeholders for the sharing of information. Evidence of needs assessment completed.

**2.3.2. Develop a Letter of Support with the South Carolina Dental Association, the South Carolina Dental Hygiene Association and SC DHEC for the Oral Health Needs Assessment by September 2007.**

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of letters of agreement.

**2.3.3. Develop Letters of Agreement with the selected school districts and schools by September 2007.**

**Healthy People Reference** – 21-16: Increase the number of states and District of Columbia that have an oral and craniofacial health surveillance system.

Baseline (1999): None

2010 Target: (total coverage)

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.1 (See Appendix D; Priority 3, Strategy 3.3, See Appendix E)

**Measurement Type** - Process

**Data Collection Method** – Evidence of letters of agreement.

**2.3.4. A comprehensive oral health cube will be developed by the Office of Research and Statistics, in partnership with SC DHEC, the Advisory Council and the Coalition, by August 2007 in order to provide surveillance data that will aid in the evaluation of the school-based oral health programs.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** 7-11w: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to surveillance and data systems.

Baseline (1996-97): 14%

2010 Target: (developmental)

**Original State Oral Health Plan Reference** – Not Applicable

**Measurement Type** - Process

**Data Collection Method** – Evidence of the cube, which will be monitored through the Coalition.

**2.3.5. The Division of Oral Health will track compliance with the state public health guidelines on an annual basis beginning September 2008.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

**Original State Oral Health Plan Reference** – Priority 5; Strategy 5.2 (See Appendix F)

**Measurement Type** - Process

**Data Collection Method** – Surveillance Coordinator will include this assessment, as a part of the annual needs assessment.

**2.3.6. The Division of Oral Health will conduct a feasibility study, by June 2008, to determine if a unified data collection system can be developed in order to**

**monitor state public health guideline compliance and integrate all the school-base programs' data.**

**South Carolina Baseline** - Not applicable

**Healthy People Reference** 7-11u: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs, with regards to oral health.

Baseline (1996-97): 25%

2010 Target: 50%

**Original State Oral Health Plan Reference** – Priority 5; Strategy 5.2 (See Appendix F)

**Measurement Type** - Process

**Data Collection Method** – Evidence of study, which will be monitored through the Coalition.

**Comments:**

The objectives are based on the most current version of the SC Oral Health Surveillance Plan (See Appendix C), as well as work done by Coalition workgroups in the areas of school-based programs and fluoridated water. All objectives are expected to be completed by June 2011, and will be updated with new information based on *Healthy People 2020* at that time.