

PENNSYLVANIA ORAL HEALTH SURVEILLANCE SYSTEM PLAN 2025-2030

Pennsylvania Department of Health,

Bureau of Health Promotion Risk Reduction

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**pennsylvania**  
DEPARTMENT OF HEALTH

## **Acknowledgements**

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## **Executive Summary**

The *Pennsylvania Oral Health Surveillance Plan 2025-2030* provides a strategic framework for monitoring oral health trends, identifying disparities, and guiding public health interventions. Led by the Pennsylvania Department of Health (DOH) Oral Health Program (OHP), this plan aligns with *Healthy People 2030* to improve oral health outcomes statewide.

The Plan's objectives are to:

- Prevent oral disease through evidence-based services.
- Support water fluoridation for public health.
- Encourage oral cancer screenings for early detection.
- Promote oral hygiene among individuals and families.
- Monitor oral health data to inform decisions and planning.
- Expand dental care access for geographic and demographic populations with limited care availability.

This system integrates national and state data sources, emphasizing systematic collection, analysis, and dissemination to support policy and program development. Findings will be shared through reports, dashboards, and stakeholder briefings to drive policy changes, raise awareness, and improve preventive care access.

Expected impacts include:

- Greater access to preventive services.
- Reduction in oral health disparities.
- Stronger medical-dental integration.
- Increased public awareness.

By leveraging data for action, Pennsylvania aims to achieve oral health improvements for all residents.

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## Introduction

Oral health is a critical component of overall health and well-being. Poor oral health can lead to pain, infection, and serious medical conditions, affecting individuals' quality of life and increasing healthcare costs. In Pennsylvania, disparities in access to dental care persist, particularly among low-income communities, rural populations, individuals with disabilities, and minority groups. Recognizing these challenges, the DOH has developed a strategic approach to monitor and improve oral health outcomes across the state.

The *Pennsylvania Oral Health Surveillance Plan 2025-2030* builds upon previous public health efforts to create a comprehensive system for collecting and analyzing oral health data. By identifying trends, risk factors, and disparities, this plan supports evidence-based decision-making to enhance public health programs and policies. Through collaborative efforts with government agencies, health care providers, and community partners, Pennsylvania aims to strengthen its oral health surveillance infrastructure and ensure access to preventive dental services.

### Purpose, Goals, and Objectives

The OHP leads the development and implementation of the Pennsylvania Oral Health Plan 2020-2030. Through collaboration with governmental agencies, statewide partners, health care

providers, and local community organizations, the OHP works to improve oral health outcomes across the state.

The primary goals of the OHP are to:

- Prevent oral disease by promoting population-level, evidence-based preventive dental services (EBPDS) (Centers for Disease Control and Prevention, 2019).
- Support community water fluoridation (CWF) to enhance public health (Pennsylvania Department of Environmental Protection, 2018).
- Encourage routine oral cancer screenings for early detection and treatment (Centers for Disease Control and Prevention, 2019).
- Promote proper oral hygiene practices among parents and children (Centers for Disease Control and Prevention, 2017).
- Assess the oral health status of Pennsylvania’s population and share critical data to inform decision making (Centers for Disease Control and Prevention, 2014).

Improve dental health services for geographic and demographic populations with limited care availability (Medicaid.gov, n.d.). As a recipient of the Centers for Disease Control and Prevention (CDC) funding, the OHP is responsible for developing and disseminating a 2025-2030 Oral Health Surveillance Plan. Building off of the information acquired through the 2019-2024 Pennsylvania Oral Health Surveillance Plan, this plan aims to systematically collect, analyze, and share oral health data to support evidence-based decision-making, advance oral health strategies, and identify disparities in oral health outcomes among priority populations (Centers for Disease Control and Prevention, 2016). **See Table 1: Logic Model for the Pennsylvania Oral Health Surveillance System Plan** on page 21. By leveraging surveillance data, Pennsylvania can drive informed policy decisions, enhance preventive services, and work toward reducing oral health inequities across the state.

## Target Population and Geographic Scope

Surveillance efforts will focus on populations disproportionately affected by oral diseases. Priority populations include:

- Children in high-need schools with 50% of the population of students who receive free or reduced lunch and are eligible for school-based sealant programs (Centers for Disease Control and Prevention, 2019; Pennsylvania Department of Health, 2023).
- The approximately 60% of U.S. adults with diabetes who had a medical visit in the past year but did not have a dental visit. (Centers for Disease Control and Prevention, 2025).
- Rural communities with limited access to fluoridated water systems (Pennsylvania Department of Environmental Protection, 2018).
- Populations with lower incomes and demographics disproportionately impacted by oral disease (Medicaid.gov, n.d.).

## Framework for a State Oral Health Surveillance System

Healthy People 2030 (HP2030) builds on the objectives of Healthy People 2020 (HP2020) to strengthen oral health surveillance across the United States (Centers for Disease Control and Prevention, 2017). Under HP2020, Objective OH-16 aimed to increase the number of states and the District of Columbia with an oral and craniofacial health surveillance system, emphasizing the importance of systematic data collection in guiding public health decisions, monitoring trends, addressing disparities, and improving oral health outcomes nationwide (Centers for Disease Control and Prevention, 2014).

In HP2030, this objective has evolved into OH-D01, maintaining its focus on expanding oral and craniofacial health surveillance systems. However, OH-D01 is currently classified as a developmental objective, meaning it has been identified as a high-priority area with evidence-based interventions but lacks reliable baseline data (Centers for Disease Control and Prevention,

2016). Once baseline measures are established, the objective may transition into a core HP2030 objective.

This shift underscores the ongoing need for strong public health infrastructure and the integration of oral health into broader health systems (Centers for Disease Control and Prevention, 2019). Enhanced surveillance enables states to better incorporate oral health data into decision-making, ultimately improving health outcomes and reducing disparities.

In December 2022, the Association of State and Territorial Dental Directors (ASTDD) updated its policy statement on state-based oral health surveillance systems, building on guidance from the Council of State and Territorial Epidemiologists (CSTE) (Association of State and Territorial Dental Directors, 2017). The ASTDD emphasizes that state oral health surveillance systems must have adequate infrastructure, sustainable funding, and capacity for regular data collection, analysis, and dissemination—critical components for informed public health decision-making and program development.

By adopting these recommendations, states can align with HP2030 goals and meet the challenges of contemporary public health more effectively (Centers for Disease Control and Prevention, 2019).

To remain responsive to evolving health care needs, the ASTDD recommends that state oral health programs adopt modern information technologies and incorporate a broader perspective on oral health. Strengthening these systems will help ensure they effectively support decision-making, program planning, and evaluation in an increasingly complex public health environment.

By adopting these recommendations, states can align with HP2030 goals and meet the challenges of contemporary public health more effectively.

### Oral Health Indicators

The following national core surveillance indicators align with Healthy People 2030 objectives and

provide essential data for tracking oral health outcomes:

- Dental Visits (OH-08): Percentage of adults aged 18+ who have visited a dentist or dental clinic in the past year. HP2030 Status: Target met or exceeded.
- Preventive Dental Visits (OH-09): Percentage of low-income youth who have had a preventive dental visit in the past year. HP2030 Status: Getting worse.
- Teeth Cleaning (OH-03): Percentage of adults aged 18+ who have had their teeth cleaned in the past year. HP2030 Status: Improving.
- Complete Tooth Loss (OH-05): Percentage of adults aged 45+ who have lost all their natural teeth due to tooth decay or gum disease. HP2030 Status: Getting worse.
- Dental Sealants (OH-10): Percentage of children and adolescents who have dental sealants on one or more molars. HP2030 Status: Getting worse.
- Caries Experience (OH01): Percentage of children and adolescents with lifetime caries experience. HP2030 Status: Little or no detectable change.
- Untreated Tooth Decay (OH02, OH04):
  - Percentage of children and adolescents with untreated tooth decay.  
HP2030 Status: Improving.
  - Percentage of older adults with untreated root surface decay.  
HP2030 Status: Target met or exceeded.
- Water Fluoridation (OH-11): Percentage of the population served by public water systems receiving fluoridated water. HP2030 Status: Baseline only.
- Oral and Pharyngeal Cancer (OH-07): Incidence and mortality rates of oral and pharyngeal cancers, with a focus on detecting these cancers at the earliest stages.  
HP2030 Status: Baseline only.
- Access to Care (AHS-05): Percentage of individuals unable to obtain the dental care

they need when they need it. HP2030 Status: Target met or exceeded.

Added Sugars (NWS10): Reduction in consumption of added sugars by individuals aged 2 years and older. HP2030 Status: Little or no detectable change.

## Supporting Infrastructure and Interventions

The **Pennsylvania Oral Health Surveillance System Plan** (PaOHSS) incorporates these indicators into its surveillance framework to identify trends, prioritize resources, and guide policy and programmatic interventions. These measures also emphasize the need for:

- Promoting community-level interventions, such as water fluoridation, to prevent oral health conditions.
- Expanding access to preventive services and dental insurance coverage to reduce disparities.
- Educating communities on maintaining oral health to address conditions like tooth decay and periodontitis.
- Continuing to serve as a vital tool for improving oral health outcomes, ensuring access to care, and advancing public health goals.

**Table 2: the Pennsylvania Oral Health Surveillance System Plan Indicators** on page 22 presents the oral health indicators identified by the plan. Each indicator is accompanied by its target population, data collection timeframe, data source, and its alignment with related Healthy People 2030 national oral health objectives. Core surveillance indicators required for tracking and monitoring by the CDC are highlighted.

## Surveillance Methodology

The Pennsylvania Oral Health Surveillance System (PaOHSS) primarily relies on passive data monitoring, integrating existing datasets to track oral health trends, assess disparities, and guide program planning. Surveillance efforts align with national public health priorities, including Healthy

People 2030, and are shaped by available resources, funding, and stakeholder priorities.

## 1. Data Sources

The system incorporates multiple data sources to provide a comprehensive assessment of oral health status, service utilization, and environmental factors affecting oral health.

### Surveys & Behavioral Data

- **American Community Survey (ACS) (National)**  
Provides demographic and socioeconomic data relevant to identifying oral health disparities and social determinants of health.
- **ASTDD State Synopses (National/State)**  
Annual summaries of state oral health program activities, policies, accomplishments, and key metrics, compiled by the national Association of State and Territorial Dental Directors.
- **Basic Screening Survey (BSS) for Third Grade Students (State/Local)**  
Gathers clinical screening data on third grade students measuring dental caries, sealant presence, and need for urgent dental treatment; implemented by states or local partners following a national protocol.
- **Behavioral Risk Factor Surveillance System (BRFSS) (State/National)**  
Collects self-reported data on adult oral health behaviors, including dental visits and preventive care. State-administered with support from the CDC.
- **Birth Defects Registry (State)**  
Tracks occurrences of congenital conditions such as cleft lip and palate to identify trends and guide intervention at the state level.
- **Cancer Registry (State/National)**  
Monitors incidence and stage at diagnosis of cancers, including oral and pharyngeal cancers. State registries feed into national systems like SEER or NPCR.

- **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Data**

*(State/National)*

Monitors access to comprehensive and preventive oral health services among children enrolled in Medicaid. States report to CMS.

- **HRSA Data Warehouse** *(National)*

Identifies Dental Health Professional Shortage Areas (DHPsAs) and maps provider distribution and availability across the U.S.

- **Medicaid and CHIP Claims Data** *(State/National)*

Tracks utilization of dental services and access to preventive care among Medicaid- and CHIP-enrolled populations. Collected by states, reported nationally.

- **National Survey of Children's Health (NSCH)** *(National)*

Collects parent-reported data on children's health, including oral health status and access to care across all states.

- **PADWIS (Pennsylvania Drinking Water Information System)** *(State)*

Maintains records on public water systems in Pennsylvania, including fluoridation levels, to assess alignment with Healthy People 2030 goals.

- **Pennsylvania Healthcare Workforce Reports** *(State)*

Tracks demographics, education, and employment trends among dental professionals in Pennsylvania.

- **Pregnancy Risk Assessment Monitoring System (PRAMS)** *(State/National)*

Combines self-reported and birth certificate data to identify women and infants at high risk for health issues and to monitor maternal and infant health trends. State-administered and supported by the CDC-

- **Program Information Report (PIR), Head Start Program** (*National*)

Collects program-level data on Head Start children and families, staff, and the dental and health services they receive.

- **Uniform Data System (UDS)** (*National*)

Reports data on dental service delivery at federally qualified health centers (FQHCs), including patient demographics and service volume.

- **Vital Records** (*State*)

Provides birth and death statistics, including demographic details relevant to health outcomes. Managed at the state level.

- **Water Fluoridation Reporting System (WFRS)** (*National*)

Tracks community water fluoridation coverage and trends across states. Managed by the CDC in coordination with state programs.

- **Youth Risk Behavior Surveillance System (YRBSS)** (*State/National*)

Collects self-reported data from adolescents on health risk behaviors, including oral hygiene practices and preventive care. School-based, with national coordination by the CDC.

## 2. Data Collection Methods & Frequency

The surveillance system primarily relies on passive data collection, utilizing established datasets from federal, state, and local sources. Data collection efforts occur at varying frequencies, depending on the source and available resources.

### Oral Health Data Sources: Frequency and Collection Method

Data Source	Collection Frequency	Collection Method
American Community Survey (ACS)	Annual	Household survey (self-reported)
ASTDD State Synopses	Annual	State-submitted program summaries

<b>Data Source</b>	<b>Collection Frequency</b>	<b>Collection Method</b>
Basic Screening Survey (BSS)	As implemented by state/local programs	In-person clinical screenings using standardized forms
Behavioral Risk Factor Surveillance System (BRFSS)	Annual (subject to funding)	Telephone survey (self-reported)
Birth Defects Registry	Ongoing	Clinical reports and hospital discharge data
Cancer Registry	Ongoing	Provider-reported diagnoses
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	Annual	Medicaid administrative claims data
HRSA Data Warehouse	Ongoing	Federal workforce reporting and shortage area designations
National Survey of Children's Health (NSCH)	Every 1–2 years	Online/mail survey (parent-reported)
PADWIS (PA Drinking Water Information System)	Annual	Pennsylvania Department of Environmental Protection water system monitoring data
Pennsylvania Department of Human Services Medicaid and CHIP Data	Quarterly or annually (as available)	Medicaid administrative records
Pennsylvania Healthcare Workforce Reports	Every 2–4 years	State licensure records and workforce surveys
Pregnancy Risk Assessment Monitoring System (PRAMS)	Annual	Mail and phone survey of new mothers (self-reported)
Program Information Report (PIR), Head Start	Annual	Administrative program data
Uniform Data System (UDS)	Annual	Federally Qualified Health Center (FQHC) administrative reports
Vital Records	Ongoing	State-issued birth and death certificates
Water Fluoridation Reporting System (WFRS)	Annual	State-reported data to the CDC
Youth Risk Behavior Surveillance System (YRBSS)	Biennial	School-based survey (student self-reported)

### **Direct Data Collection**

While most surveillance activities rely on existing data sources, the OHP has historically conducted direct data collection every five years to assess key oral health indicators.

- The Pennsylvania Department of Health. (2023, June). *2021–2022 Oral Health Basic Screening Survey of third-graders:*
- Future direct data collection efforts are uncertain and will depend on available resources, funding, and program priorities.
- When conducted again, these efforts will align with national recommendations and complement ongoing passive data monitoring.

### **3. Data Analysis & Interpretation**

The level of analysis conducted will depend on data availability, program priorities, and resource capacity. Various analytical approaches may be applied to examine oral health trends and disparities.

#### **Potential Analysis Approaches (if feasible):**

- **Descriptive Analysis:** Summarizing key oral health indicators (e.g., dental service utilization, fluoridation coverage).
- **Trend Analysis:** Identifying changes in oral health outcomes over time, where historical data is available.
- **Disparity Analysis:** Examining variations by race, ethnicity, income, insurance status, and geographic location, depending on data granularity.
- **Utilization Patterns:** Reviewing Medicaid claims and EPSDT data to assess trends in dental service access.

Findings may be used to inform funding applications, policy recommendations, and program development as resources allow.

### **4. Quality Assurance & Data Limitations**

The Oral Health Program will work within existing data infrastructure, reporting timelines, and funding constraints to ensure data integrity.

### **Potential Quality Assurance Measures (if feasible):**

- Cross-reference of multiple data sources to enhance accuracy and completeness.
- Periodic validation reviews of Medicaid and administrative data to identify discrepancies.
- Stakeholder engagement to refine data collection processes and address reporting challenges.

### **Acknowledged Data Limitations:**

- Self-reported surveys (e.g., BRFSS, PRAMS) may introduce recall bias and underreporting.
- Medicaid data may underestimate service utilization due to provider participation and coding variations.
- Water fluoridation data is updated annually, limiting real-time tracking capabilities.
- Geographic disparities in data availability may affect the ability to conduct statewide analysis for certain populations.
- Services offered through school districts or free and charitable clinics is not captured effectively.
- Most data is collected intermittently, which limits the ability to track real-time trends or respond promptly to emerging issues.

Adjustments to surveillance methodology may be considered based on available funding, evolving program needs, and stakeholder input.

### **5. Integration & Use of Data**

Surveillance data will be used to inform public health planning, policy recommendations, and targeted interventions, with the extent of data utilization depending on funding, stakeholder priorities, and program capacity.

- Findings may be shared with state and local health agencies, policymakers, and community organizations to guide resource allocation.
- Data may be incorporated into public-facing reports, dashboards, or policy briefs as funding and technical capacity allow.
- Stakeholder feedback may be used to refine data collection and reporting strategies over time.

The PaOHSS Plan provides a structured approach to monitoring oral health outcomes using passive data sources, with the potential for direct data collection based on available resources. While surveillance activities are shaped by funding, data availability, and program priorities, the system aims to support evidence-based decision-making and continuous public health improvement.

### **Dissemination and Reporting Plan**

To ensure transparency and facilitate the use of oral health data for decision-making, the findings from the oral health surveillance activities will be shared with key stakeholders, public health professionals, policymakers, and the general public. Dissemination efforts will include various reporting formats and outreach strategies tailored to different audiences.

### **Dissemination Products and Methods**

The Pennsylvania Oral Health Surveillance System Plan will be publicly accessible on the DOH website, providing a comprehensive overview of state-specific oral health surveillance priorities, identified data gaps, and planned activities. To enhance transparency and data utilization, the OHP will develop and release at least one public-facing data product annually to share key findings and insights.

### **Dissemination Methods May Include:**

- Reports and Fact Sheets – Summaries of oral health trends, disparities, and key

surveillance findings.

- Web-Based Content and Dashboards – Interactive online tools to provide real-time access to oral health indicators.
- Presentations and Webinars – Stakeholder briefings, conference presentations, and educational sessions to communicate findings.
- Success Stories and Briefs – Narrative reports highlighting program impact, challenges, and best practices.
- Peer-Reviewed Publications – Research papers submitted to journals to contribute to the broader field of public health and oral health policy.

By implementing a comprehensive dissemination strategy, the OHP aims to ensure that surveillance data are effectively shared and used to guide oral health policies, programs, and interventions across Pennsylvania.

## **Evaluation**

The purpose of evaluating the PaOHSS Plan is to ensure that the oral health indicators are being monitored effectively and efficiently and to increase the utility and productivity of the system. Periodic 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 program and policy initiatives. The DOH will evaluate the PaOHSS Plan based on the CDC framework for program evaluation, including how well the following six steps outlined in "Updated Guidelines for Evaluating Surveillance Systems" were implemented (German, Lee, Horan, Milstein, Pertowski, & Waller, 2001):

- Engage Pennsylvania's stakeholders;
- Describe the PaOHSS Plan;
- Focus the evaluation design;

- Gather credible evidence regarding the performance of the PaOHSS Plan;
- Justify and state conclusions, make recommendation; and
- Ensure use of evaluation findings and share lessons learned.

The evaluation of the PaOHSS Plan will focus on providing recommendations for improving the quality, efficiency, and usefulness of the system. The PaOHSS Plan 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 system’s impact on policy and legislative actions.

### **Summary of Key Points**

The Pennsylvania Oral Health Surveillance System Plan outlines a comprehensive, data-driven approach to monitoring oral health trends, identifying disparities, and guiding public health interventions. By integrating multiple data sources and focusing on data disaggregation, the plan strengthens Pennsylvania’s oral health surveillance system, enhances evidence-based decision-making, and supports the development of targeted interventions to improve oral health outcomes statewide.

### **Key objectives of this plan include:**

- Strengthening Oral Health Surveillance Systems – Establishing a sustainable framework for ongoing data collection and reporting.
- Informing Evidence-Based Interventions – Leveraging surveillance data to shape policies, programs, and funding priorities.
- Addressing Health Disparities – Identifying and responding to inequities in oral health access and outcomes, particularly among underserved and high-risk populations.
- Enhancing Public and Stakeholder Engagement – Sharing findings with policymakers, healthcare providers, and community organizations to foster collaboration and advocacy.

- Aligning with National Public Health Goals – Supporting initiatives such as Healthy People 2030 and its oral health objectives.

### **Expected Impact**

The implementation of this surveillance plan is expected to have far-reaching public health benefits, leading to:

- Improved Access to Preventive Care – Data-driven strategies will help identify gaps in dental service utilization and support efforts to expand access to preventive oral health services, particularly for Medicaid recipients and underserved populations.
- Reduction in Oral Health Disparities – By analyzing disparities in dental care access, disease prevalence, and social determinants of health, targeted interventions can be developed to improve outcomes for high-risk groups.
- Enhanced Policy and Program Development – Findings from the surveillance system will inform policy decisions, funding allocations, and statewide initiatives aimed at reducing oral disease and promoting oral health
- Better Integration of Medical and Dental Care – The plan will support medical-dental integration efforts, encouraging collaboration between medical and dental providers to address oral health as part of overall health and wellness.
- Increased Public Awareness and Education – By disseminating key findings through reports, dashboards, traditional media outlets, social media outlets, stakeholder engagement efforts and other communication channels, the plan will contribute to greater public awareness about the importance of oral health and preventive care.

This surveillance plan serves as a critical tool for improving oral health outcomes across Pennsylvania. By utilizing data to drive public health action, the Oral Health Program and its vast array of partners can ensure that resources are directed where they are needed most, disparities

are suitably addressed, and long-term improvements in oral health are achieved.

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**Table 1: Logic Model for the Pennsylvania Oral Health Surveillance System Plan**

Inputs	Outputs	Outcome	
Using these RESOURCES	We will engage in these ACTIVITIES	Which yield these short-term and mid-term OUTCOMES	With these ultimate long-term OUTCOMES
<p>Staff                      State dental director                      Oral health program managers                      Epidemiologist                      Information technology support                      Data entry/support staff                      Data Sources                      National data sources                      State data sources                      Local-level data sources                      New data collection to fill data gaps                      Equipment                      Hardware (desktop computers, printers, IT server)                      Software (SAS, MS Office Suite, internet access)                      Other                      Key stakeholders and partners                      Funding                      Community support</p>	<p>Implementation of the PaOHSS Plan                      Identify data indicators                      Link existing data sources                      Network with other agencies for collaboration                      Sustain and modify the PaOHSS Plan as needed</p> <p>Data Management                      Identify data gaps                      Acquire data from sources                      Ensure data security/confidentiality                      Analyze data and interpret findings                      Maintain/update data regularly</p> <p>Evaluation                      Engage stakeholders and partners                      Describe the PaOHSS Plan                      Evaluate the PaOHSS Plan                      Evaluate performance and progress of the PaOHSS Plan                      Justify conclusions and make recommendations as needed</p> <p>Reporting                      Routine dissemination of reports at local, state and national levels                      Incorporate findings into burden document and update every 5 years</p>	<p>Increased monitoring of oral health trends in Pennsylvania</p> <p>Increased use of data by stakeholders</p> <p>Increased evidence-based program planning and evaluation based on surveillance data</p> <p>Targeted program activities for populations most in need, as identified by surveillance data</p>	<p>Increased use of data by leadership and policymakers for developing and implementing oral health policies</p> <p>Increased programs for high-risk populations or areas</p> <p>Documentation of changes in oral health indicators</p> <p>Improved oral health of Pennsylvania citizens</p>

**Table 2: The Pennsylvania Oral Health Surveillance System Plan Indicators**

Indicator Group	Target Population	Indicator (related HP2020 Objective)	Data Collection Timeline	Data Source	Data Source Availability
Oral Health Outcomes	Newborns	Cleft lip with & without cleft palate (OH 15)	Annual	Birth Certificates; Birth Defects Registry	4th Quarter of the Calendar Year (i.e. 2024 released 4th Quarter of 2025)
		Cleft palate (OH 15)			
	Public elementary school children in grade 3	Dental caries experience (OH 1.2)	Every 5 years, beginning in 2027	Basic Screening Survey	1st Quarter of the Calendar Year (i.e. 2028 released 1st Quarter of 2029)
		Untreated dental caries (OH 2.2)			
		Urgent dental treatment needed			
		Dental sealants (OH 12.2)			
	Adults 18-64 years	Any tooth loss (OH 4.1)	Every 2 years, beginning in 2025	Behavioral Risk Factor Surveillance System (BRFSS)	3rd Quarter of the Calendar Year (i.e. 2025 released 3rd Quarter of 2026)
		No tooth loss			
		1-5 permanent teeth lost			
		6 or more teeth lost			
		All permanent teeth lost (OH 4.2)			
	Adults 65 years and older	No tooth loss	Every 2 years, beginning in 2025	BRFSS	3rd Quarter of the Calendar Year (i.e. 2025 released 3rd Quarter of 2026)
1-5 permanent teeth lost					
6 or more teeth lost					
All permanent teeth lost (OH 4.2)					
All state population	Oral cavity & pharyngeal cancers; incidence and mortality	Annual	Cancer Registry	1st Quarter of the Calendar Year (i.e. 2024 released 1st Quarter of 2025)	
	Oral cavity & pharyngeal cancers detected at early stages (OH 6)				
Children 1-17 years	Oral Health Problems	Annual	National Survey of Children's Health	Annually in October (based on that 2024 data was released in October 2025)	
	Condition of teeth				
	Tooth decay/cavities				

Indicator Group	Target Population	Indicator (related HP2020 Objective)	Data Collection Timeline	Data Source	Data Source Availability
<b>Risk Factors</b>	Children 0-17 years	Poverty	Annual	American Community Survey (ACS)	Annually Beginning in September (i.e. 2024 data will be released beginning in September 2025)
	Children 0-18 years	Medical insurance			
	Adolescents in grades 9-12	Smokeless tobacco use	Every 2 years, beginning in 2023	YRBSS	3rd Quarter of Even Calendar Years (i.e. 2023 released 3rd Quarter of 2025)
	Adults 18 years and older	Diabetes prevalence	Annual	BRFSS	3rd Quarter of the Calendar Year (i.e. 2024 released 3rd Quarter of 2025)
		Tobacco use			
		Alcohol use			
		Poverty	Annual	ACS	Annually Beginning in September (i.e. 2024 data will be released beginning in September 2025)
		Education			
		Employment			
		Race/Ethnicity			
Disability					
Medical insurance					