Illinois Oral Health Surveillance System (IOHSS)

EVALUATION PLAN

Sangeeta Wadhawan, BDS, MPH
Oral Health Epidemiologist
Illinois Department of Public Health
NOHC 2007
Why evaluate?

- to increase the system’s utility and efficiency
- the **only** way to separate programs that promote health and prevent disease from those that do not
- it is a driving force for planning effective public health strategies, improving existing programs, and demonstrating the results of and investments
- to ensure that its being monitored efficiently and effectively
## IOHSS Evaluation Tool

<table>
<thead>
<tr>
<th>IOHSS Stage</th>
<th>Evaluation Question /Activity</th>
<th>Evaluation Impact</th>
</tr>
</thead>
</table>
| **Planning** | • What data sets exist?  
• Who are the potential partners?  
• Where are the data gaps?  
• Sources of financial support, stakeholders  
• Survey / Email other departments, states and CDC to learn potential partners  
• CDC guideline to evaluate the system - data validity, integrity, completeness, timeliness | • Understanding the strengths and weaknesses of IOHSS  
• Assure data validity  
• Identify gaps  
• Identify potential partners  
• Plan for financial resources |
| **Implementation** | • Does IOHSS have sufficient IT support, security check, solid surveillance plan and sustainability plan?  
• Awareness of IOHSS among partners and stakeholders  
• Identify new partners and stakeholders  
• Use CDC guideline to evaluate the system  
• Usefulness of IOHSS among key stakeholders and community | • Were people able to use the data collected  
• Awareness of IOHSS  
• Find out our potential financial supporters  
• Are we satisfying our partners/stakeholders for data needs?  
• Help develop marketing strategies |
| **Maintenance** | • Evaluate the reach of the information, timeliness of the analysis and dissemination of the reports  
• Evaluate the policy and legislative actions taken due to the system by tracking the environment  
• Evaluate the sustainability of IOHSS | • Helps to understand the success of IOHSS  
• Increases the system’s efficiency  
• Helps develop policies and legislative actions  
• Can promote sustainability |
Program evaluation approach (circular)

- Engage stakeholders
- Describe the program
- Focus the evaluation design
- Gather credible evidence
- Justify conclusions
- Ensure use and share lessons learned
- Utility
- Feasibility
- Propriety
- Accuracy

Focus the evaluation design
CDC Guidelines

- Task A. Engage Stakeholders
- Surveillance advisory committee
- Partners and Stakeholders
- Evaluation questionnaire
Task B. Describe the Surveillance System to be evaluated

B.1. Describe the public health importance of the oral health under surveillance.

B.2. Describe the Purpose and Operation of the System
- Describe the planned uses of the data
- Describe the health-related event being monitored under surveillance, including the case definition for each specific condition
- Cite any legal authority for the data collection
- Describe where in the organization(s) the system resides, including the context (e.g., the political, administrative, geographic, or social climate) in which the system evaluation will be done
- Describe the level of integration with other systems, if appropriate.
- Describe the components of the system.
  ----Does the system comply with an applicable records management program? For example, are the system's records properly archived and/or disposed of?

B.3. Describe the Resources Used to Operate the Surveillance System
- Funding source(s): Specify
- Personnel requirements
- **Other resources:** travel, training, supplies, computer and other equipment, and related services (e.g., mail, telephone, computer support, Internet connections, and hardware/software maintenance).
Task C. Focus the Evaluation Design

- Determine the specific purpose of the evaluation (e.g., a change in practice)
- Identify stakeholders (Task A) who will receive the findings and recommendations of the evaluation (i.e., the intended users)
- Consider what will be done with the information generated from the evaluation (i.e., the intended uses)
- Specify the questions that will be answered by the evaluation
- Determine standards for assessing the system’s performance
Task D. Gather Credible Evidence Regarding the Performance of the Surveillance System

D.1. Indicate the level of usefulness by describing the actions taken as a result of analysis and interpretation of the data.

D.2. Describe each of the following system attributes

- Simplicity
- Flexibility
- Data quality
- Acceptability
- Sensitivity
- Timeliness
- Stability
Task E. Justify and State conclusions and Make Recommendations

For example: Oral Health needs to partner with nontraditional partners – For example, In Illinois; the Division of Oral Health partnered with the Division of Chronic Disease for the 3rd grade BSS. The oral health status along with obesity data was collected.
Task F. Ensure Use of Evaluation Findings and Share Lessons Learned

- Low sealant rate in Chicago
- Oral Health and Obesity partnership
- Oral Health and Diabetes partnership
**IOHSS LOGIC MODEL**

**INPUTS**
- **Staff Needed**
  - Oral health epidemiologist
  - Fluoridation data manager
  - Program administrator
  - IT support
  - Data entry/support staff

- **Data Sources**
  - National, state & local level
  - New Data collection to fill the gaps (Workforce, BSS 3rd graders, Head Start, etc)

- **Equipment**
  - Hardware/software
  - Optiform software
  - SAS/SPSS/ACCESS

- **Other**
  - Community support
  - Funding
  - Key Stakeholders/partners
  - Memorandum of Agreements for data sharing

**ACTIVITIES**
- Regular advisory committee meetings
- Planning, implementation and enhancement of the IOHSS plan
- Development and maintenance of the IOHSS database
- Linking the existing data sources
- Networking with other agencies for collaborations
- Identification of data gaps
- Data analysis and interpretation
- Routine dissemination of surveillance reports at the state and national level
- Quality assurance methods to assure data accuracy
- Data security and confidentiality
- Strategies for sustaining the IOHSS
- Maintenance of the IFRS
- Maintain linkage to WFRS
- Evaluate surveillance system and its reporting system

**INTERMEDIATE OUTCOMES**
- Ongoing monitoring of trends in oral health in Illinois
- Increase in evidence-based interventions, planning and evaluation
- Increase in programs for populations most in need

**DISTAL OUTCOMES**
- Documentation of changes in oral health indicators
- Improved oral health in Illinois
<table>
<thead>
<tr>
<th>Data Set</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Data</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory School Dental Examination - K, 2 &amp; 6 Grades</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSS – 3rd Graders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce Survey/Licensure Renewal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IL Fl Survey among DDS/RDH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>BSS – Senior citizens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>BSS – ECC- HeadStart</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Data</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRFSS</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County BRFSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cancer Registry</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dental Sealant Grant</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>HFS Medicaid</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Craniofacial Anomaly</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>IL Fluoridation Reporting System</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dental Professional Licensure</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Private Well Water Testing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Safety Net Dental Clinics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vital Statistics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Who uses the IOHSS data</td>
<td>Why do they use the IOHSS data</td>
<td>Should we approach for partnership/resources to help support system – if valuable to them – interest in keeping data current, valid, available etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IFLOSS</strong></td>
<td>Planning, advocacy</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local health departments</td>
<td>For developments of grants, program planning</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Illinois State Dental Society (ISDS)</strong></td>
<td>Policy development, Advocacy</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational institutes – Dental and Dental Hygiene Schools</td>
<td>Policy development, advocacy</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other departments or agencies in the department of Public Health</td>
<td>Collaborations, shared of resources</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Illinois Primary Healthcare Association</strong></td>
<td>To address the dental shortage access issues, Advocacy</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-traditional partners like CLOCC</strong></td>
<td>Advocacy</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Illinois Rural Association</strong></td>
<td>To address the dental shortage access issues, Advocacy</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How important is that data and can they get it from elsewhere?  
Who else can we approach – market the IOHSS to increase need for system and probable sustainability?
Dental Sealant Grant Program

Oral Health Needs Assessment Program (OHNAP)

Safety Net Clinics Craniofacial Anomaly Program

Surveys BSS 3rd Graders Workforce Fluoride HeadStart

Fluoridation IFRS PWWTP

External Data

BRFSS; PRAMS; IDHFS (Medicaid); Cancer Registry IDFPR; ISBE; IEPA; DDS & RDH Schools; Vital Statistics; Center for Rural Health (HPSA Designations); Head Start Agencies; Tobacco Cessation Program, CMS 416

The Illinois Oral Health Surveillance System

What next?

- BSS is costly and time consuming?
- Sentinel data a possibility?
Thank you

Sangeeta.wadhawan@illinois.gov