

Wisconsin Oral Health Surveillance Plan: 2025–2029



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Introduction

Oral health is an essential component for good general health. Oral diseases have been linked to other chronic diseases like diabetes and heart disease and cause significant morbidity throughout the lifespan. Additionally, oral diseases place a considerable economic burden on society, as it has been estimated that untreated oral disease contributes to nearly \$46 billion in lost productivity in the United States each year.^[1] The Wisconsin Oral Health Program (OHP) in the Division of Public Health (DPH) at the Wisconsin Department of Health Services (DHS) strives to improve the oral health status of all Wisconsin residents through oral health prevention programs. In Wisconsin, the prevalence of oral disease and access to dental care remain persistent issues.

Public health surveillance is the continuous systematic collection, analysis, and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Surveillance is a core tenet of public health, as it seeks to provide actionable data for the purposes of informing decision makers and public health programs. The



Wisconsin oral health surveillance system (OHSS) utilizes a variety of primary and secondary data sources to monitor oral health throughout Wisconsin. The surveillance system is an essential component of the OHP, because it provides the most current and accurate data on an array of topics crucial to monitoring oral health, including oral disease burden, risk and behavioral factors contributing to oral disease, access to dental care, and the oral health workforce.

The surveillance system monitors trends in disease prevalence, such as untreated decay among children, tooth loss among adults, and oral and pharyngeal cancer rates. Additionally, the surveillance system tracks access to preventive services like fluoride varnish, dental sealants, and community water fluoridation. Risk and behavioral factors (for example, smoking) are also monitored as part of the surveillance system. Another key component of the system is evaluating access to oral health services, such as the utilization of dental services by the Medicaid/BadgerCare+ (MA/BC+) population. Further, the surveillance system seeks to identify health disparities, which allow the Wisconsin OHP to appropriately allocate services to reduce the disparate burden of disease.

The surveillance system not only provides key data to the Wisconsin OHP but also to all its partners and the public. Data from the surveillance system are used to inform the development and implementation of programs, allocate resources, support grant applications, and inform policy decisions.

This surveillance plan contains an overview of the purpose and objectives of Wisconsin's OHSS, along with detailed tables of currently available surveillance indicators and data sources. Information on data collection timelines, data dissemination, and data gaps are addressed as well. Lastly, the plan includes current interest holders, the OHP's approach to data privacy, and the surveillance system's evaluation plans. Appendix A and Appendix B include a surveillance logic model, and a list of acronyms and abbreviations used throughout this document, respectively.

Wisconsin's oral health surveillance system

Purpose

The purpose of Wisconsin's OHSS is to provide a consistent source of updated reliable and valid information for use in developing, implementing, and evaluating programs dedicated to improving the oral health of Wisconsin's residents. Assessment is the key objective of Wisconsin's public health efforts to address oral disease and its risk factors by collecting, analyzing, interpreting, and disseminating oral health data. These activities provide a mechanism to routinely monitor state-specific oral health data and the impact of interventions within specific populations of focus over time. Continual assessment and evaluation support the development of oral health programs and policies; therefore, a surveillance system is a critical component of the OHP.

Objectives

1. Estimate the extent and severity of oral disease and its risk factors in Wisconsin.
2. Measure utilization of oral health services in Wisconsin.



3. Monitor utilization and effectiveness of community-based and school-based oral health prevention programs.
4. Identify populations at a greater risk of experiencing oral disease and unmet dental needs.
5. Understand the non-clinical contributors that influence poor oral health outcomes.
6. Provide current, scientific, and reliable data for the state.
7. Use oral health data to plan, implement, and evaluate the impact of Wisconsin's oral health programs and policies.
8. Provide information for decision-making and public health resource allocations.
9. Evaluate the strengths and gaps of Wisconsin OHSS to identify opportunities to improve the system.



Oral health indicators

The indicators that form the framework of Wisconsin's OHSS include all of the indicators outlined in the Council of State and Territorial Epidemiologist's (CSTE) operational definition of an OHSS, which is the Healthy People 2030 objective, HP2030 OH-D01.^[2, 3] The surveillance system also contains indicators approved by CSTE for inclusion in the National Oral Health Surveillance System.^[4]

Surveillance indicators can be categorized in five core areas: oral health outcomes, risk and behavioral factors, workforce, community interventions, and access to care. All indicators included in this plan were reviewed for available current state-level data sources. If current state-level estimates could not be ascertained through available data sources, the indicators were not included. These indicators will be further discussed in the data gaps section.

A total of 81 indicators captured through primary and secondary data sources are listed in Table 1. To remain flexible and effective, the surveillance system and plan may change over time to best meet the needs of the OHP and address emerging public health interests.

Table 1: Wisconsin OHSS surveillance indicators

Indicator	Populations						Data source
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+	
Access to care: any utilization							
Proportion of MA/BC+ members with a dental service in the past year				X			MA/BC+ Claims
Proportion of adults with a dental visit in the past year		X				X	Behavioral Risk Factor Surveillance System (BRFSS)
Proportion of adults aged 18 or older diagnosed with diabetes that had a dental visit		X					BRFSS
Proportion of adults aged 18 or older diagnosed with diabetes that had a medical and dental visit.		X					BRFSS
Proportion of people aged 1 or older with a dental visit in the past year	X	X					Wisconsin Family Health Survey (FHS)
Proportion of women who had their teeth cleaned by a dentist or dental hygienist before pregnancy					X		Pregnancy Risk Assessment Monitoring System (PRAMS)
Proportion of women who had their teeth cleaned by a dentist or dental hygienist during pregnancy					X		PRAMS
Proportion of youth who saw a dentist in the past year	X						Youth Risk Behavior Survey (YRBS)
Access to care: emergency department visits							
Rate of emergency department visits for non-traumatic dental conditions	X	X					Wisconsin Hospital Emergency Department (ED) Data

Indicator	Populations						Data source
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+	
Number of emergency department visits for non-traumatic dental conditions per year	X	X					ED Data
Access to care: preventive dental visits							
Proportion of children with a preventive dental visit in past year	X		X				National Survey of Children's Health (NSCH)
Proportion of Children and Youth with Special Health Care Needs (CYSHCN) needing preventive dental care in past year			X				NSCH
Proportion of women told by dental or other health care worker how to care for teeth and gums during most recent pregnancy					X		PRAMS
Number of children enrolled in the MA/BC+ program receiving at least one fluoride varnish application by a dental provider				X			MA/BC+ Claims
Number of children enrolled in the MA/BC+ program receiving at least one fluoride varnish application by a medical provider				X			MA/BC+ Claims
Community interventions: community water fluoridation							
Proportion of population on community water systems with access to fluoridated water							Water Fluoridation Reporting System (WFRS)
Proportion of population on community water systems with access to optimally fluoridated water							WFRS

Indicator	Populations						Data source
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+	
Proportion of community water systems that fluoridate							WFRS
Proportion of community water systems that optimally fluoridate							WFRS
Oral health outcomes: caries experience							
Proportion of Head Start children with caries experience	X						Healthy Smiles Survey (HSS) – Head Start
Proportion of kindergarten children with caries experience	X						HSS – Kindergarten and Third Grade
Proportion of third grade children with caries experience	X						HSS – Kindergarten and Third Grade
Proportion of ninth grade children with caries experience in their permanent teeth	X						HSS – Ninth Grade
Proportion of children with a toothache in the past 6 months	X		X				NSCH
Proportion of children with decayed teeth or cavities in the past 6 months	X		X				NSCH
Oral health outcomes: dental sealants							
Proportion of kindergarten children with dental sealants	X						HSS – Kindergarten and Third Grade
Proportion of third grade children with dental sealants	X						HSS – Kindergarten and Third Grade
Proportion of ninth grade children with any permanent molar dental sealants	X						HSS – Ninth Grade
Proportion of ninth grade children with at least five permanent molar dental sealants	X						HSS – Ninth Grade

Indicator	Populations						Data source
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+	
Number of children receiving dental sealants through the Wisconsin Seal-A-Smile Program	X		X				DentaSeal
Percentage of children aged 6–9 years old enrolled in the MA/BC+ program that received a sealant on a permanent molar tooth				X			Center for Medicare and Medicaid Services 416 (CMS-416)
Percentage of children aged 10–14 years enrolled in the MA/BC+ program that received a sealant on a permanent molar tooth				X			CMS-416
Percentage of children enrolled in the MA/BC+ program that had at least one permanent first molar sealed by their 10 th birthday				X			MA/BC+ Claims
Percentage of children enrolled in the MA/BC+ program that had all four permanent first molars sealed by their 10 th birthday				X			MA/BC+ Claims
Percentage of children enrolled in the MA/BC+ program that had at least one permanent second molar sealed by their 15 th birthday				X			MA/BC+ Claims
Percentage of children enrolled in the MA/BC+ program that had all four permanent second molars sealed by their 15 th birthday				X			MA/BC+ Claims
Oral health outcomes: needed dental care							
Proportion of Head Start children with early or urgent treatment needs	X						HSS – Head Start

Indicator	Populations						Data source
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+	
Proportion of kindergarten children with early or urgent treatment needs	X						HSS – Kindergarten and Third Grade
Proportion of third grade children with early or urgent treatment needs	X						HSS – Kindergarten and Third Grade
Proportion of ninth grade children with early or urgent treatment needs	X						HSS – Ninth Grade
Proportion of elderly needing early or urgent dental care						X	HSS – Older Adults
Proportion of women who needed to see a dentist for a problem during most recent pregnancy					X		PRAMS
Oral health outcomes: tooth loss							
Proportion of adults aged 18–64 years with no tooth loss		X					BRFSS
Proportion of older adults (≥ 65 years) with six or more teeth lost		X				X	BRFSS
Proportion of older adults (≥ 65 years) who are edentulous		X				X	BRFSS
Proportion of adults in nursing homes (65–74) who are edentulous						X	HSS – Older Adults
Proportion of adults with tooth loss due to decay or gum disease		X				X	BRFSS
Proportion of adults with diabetes who have lost teeth due to decay and gum disease		X				X	BRFSS
Proportion of adults with heart disease or stroke who have lost teeth due to decay or gum disease		X				X	BRFSS
Proportion of adults who smoke who have lost teeth due to decay or gum disease		X				X	BRFSS

Indicator	Populations						Data source
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+	
Proportion of adults with fair or poor general health who have lost teeth due to decay or gum disease		X				X	BRFSS
Oral health outcomes: untreated caries							
Proportion of Head Start children with untreated caries	X						HSS – Head Start
Proportion of kindergarten children with untreated caries	X						HSS – Kindergarten and Third Grade
Proportion of third grade children with untreated caries	X						HSS – Kindergarten and Third Grade
Proportion of ninth grade children with untreated caries in their permanent teeth	X						HSS – Ninth Grade
Proportion of older adults (65–74) in nursing homes with untreated coronal decay						X	HSS – Older Adults
Proportion of older adults (75+) in nursing homes with untreated root surface decay						X	HSS – Older Adults
Oral health outcomes: oral and pharyngeal cancer							
Age-adjusted oral and pharyngeal cancer mortality rate		X					Wisconsin Cancer Reporting System (WCRS)
Age-adjusted oral and pharyngeal cancer incidence rate		X					WCRS
Proportion of oral and pharyngeal cancers detected at the earliest stages		X					WCRS
Risk and behavioral factors: cleft lip and/or palate							
Rate of babies born with cleft lip or palate	X						Wisconsin Birth Defects Registry (WBDR)

Indicator	Populations						Data source
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+	
Proportion of women aged 18–44 taking folic acid		X					BRFSS
Risk and behavioral factors: tobacco use							
Proportion of adults who are current smokers		X					BRFSS
Proportion of adults who use chewing tobacco, snuff, or snus every day or some days		X					BRFSS
Proportion of youth who currently use any tobacco products	X						YRBS
Proportion of youth who currently smoke cigarettes	X						YRBS
Proportion of youth who currently use smokeless tobacco or chew	X						YRBS
Proportion of youth who currently vape	X						YRBS
Workforce							
Number and location of dental Health Professional Shortage Areas in Wisconsin							Health Resources and Services Administration
Number of licensed dentists in Wisconsin							Licensure Data
Number of licensed dental hygienists in Wisconsin							Licensure Data
Number of dentists who are enrolled MA/BC+ providers				X			MA/BC+ Claims
Number of enrolled dentists serving zero MA/BC+ members				X			MA/BC+ Claims
Number of enrolled dentists serving one–49 MA/BC+ members				X			MA/BC+ Claims

Indicator	Populations						Data source
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+	
Number of enrolled dentists serving 50–100 MA/BC+ members				X			MA/BC+ Claims
Number of enrolled dentists serving 100+ MA/BC+ members				X			MA/BC+ Claims
Number of Federally Qualified Health Centers providing dental care							Wisconsin Primary Health Care Association (WPHCA)
Number of dental visits to Federally Qualified Health Centers per year							WPHCA
Number of dental graduates from Wisconsin dental school(s)							Marquette University School of Dentistry
Number of dental hygiene associate degree graduates							Wisconsin Technical Colleges
Miscellaneous: insurance status							
Proportion of people with dental insurance in the past year	X	X					FHS
Proportion of women that had insurance to cover dental care during pregnancy					X		PRAMS

Data sources and timeline

The data indicators in the OHSS come from a variety of primary and secondary data sources. Primary data collection includes the Wisconsin Healthy Smiles Survey, which is based on the Association of State and Territorial Dental Director's (ASTDD) Basic Screening Survey protocol. Currently, the OHP captures oral health data on Head Start children, kindergarten children, third grade children, ninth grade adolescents, and older adults in nursing homes using these surveys. Secondary data sources include telephone surveys, MA/BC+ claims data, registries, written surveys, and other databases. All data sources are listed in Table 2 along with detailed information regarding the purpose and method of data collection, population covered, frequency of collection, and most recent data available as of March 2025.

Many of the data sources included as part of the Wisconsin OHSS are collected on an annual basis. However, primary data collected through surveys are not available on an annual basis. For example, data collection for the Wisconsin HSS is highly contingent upon available funding and is staggered by age group. As such, the Wisconsin HSS data are collected as frequently as every five years.

Table 2: Data sources table

Name of source	Purpose	Population	Collection methods	Frequency	Most recent year available
BRFSS*	Collects information on risk behaviors and health conditions	Non-institutionalized adults aged 18 and older in Wisconsin	Telephone survey, including a sample of cell phones	Annual (oral health in even years)	2023
CMS-416	Collects basic information on State Medicaid and CHIP programs to assess the effectiveness of EPSDT services	Children and youth ages 0 to 20 enrolled in Medicaid and CHIP programs	Form submitted by State Medicaid and CHIP programs	Annual	Federal fiscal year 2023
DentaSeal	A tool for evaluation and benchmarking of school-based dental sealant programs	Children participating in school-based dental sealant programs	Program coordinators enter data chairside on each patient into the software program	Annual	2023–2024 school year
FHS	Collects data on health status and health insurance coverage for all household members	Non-institutionalized Wisconsin residents	Telephone survey; landlines only	Annual	2023
HSS – Head Start	Collects basic screening data on Head Start children	Representative sample of Head Start children ages 3 to 5	Open mouth survey	Every five years (contingent upon funding)	2013–2014 school year
HSS – Kindergarten Grade	Collects basic screening data on third grade children	Representative sample of Wisconsin public school students in third grade	Open mouth survey	Every five years	2022–2023 school year
HSS – Third Grade	Collects basic screening data on third grade children	Representative sample of Wisconsin public school students in third grade	Open mouth survey	Every five years	2022–2023 school year
HSS – Ninth Grade	Collects basic screening data on ninth grade adolescents as well as risk factors and self-reported oral health status	Representative sample of Wisconsin public school students in ninth grade	Open mouth survey with a matched self-report survey	Every five years (contingent upon funding)	2014–2015 school year
HSS – Older Adults	Collects basic screening data on older adults in nursing homes	Representative sample of nursing home residents	Open mouth survey	Every five years (contingent upon funding)	2016

Name of source	Purpose	Population	Collection methods	Frequency	Most recent year available
Hospital ED Data	Collects patient-level data on hospital emergency room services and charges	All Wisconsin residents	Data are collected by the Wisconsin Hospital Association from Wisconsin hospitals	Annual	2024
Licensure Data	Collects provider-level data upon licensure and renewal of license	All licensed dentists and dental hygienists	Data are collected by Wisconsin Department of Safety and Professional Services	Renewal even years, but data available as requested	2025
MA/BC+ Claims Data	Compiles member- and provider-level MA/BC+ claims data	Wisconsin MA/BC+ members and providers	Claims submitted by providers	Annual	Federal fiscal year 2023
NSCH	Collects data on physical, mental and emotional health of children and CYSHCN	National sample (including every state) of children from birth through 17	Telephone survey completed by parent or guardian	Annual	2023
PRAMS	Collects data on maternal experiences and attitudes before, during, and after pregnancy	Sample of mothers with a recent live birth from birth certificates	Mailed survey, with mail and telephone follow up	Annual	2023
WBDR**	Required by Wisconsin Statute 253.12 and includes all children from birth to age two diagnosed with a birth defect or treated in Wisconsin for a birth defect	Children from birth to age two	Secure web-based reporting system for select reportable conditions	Annual	2023
WCRS***	A population-based registry guided by statutory mandate to collect, manage, and analyze cancer incidence and mortality data	Wisconsin residents	Reports received from Wisconsin hospitals and clinics on all cancers except basal and squamous cell carcinomas of the skin	Biennial	2022
WFRS	Collects data on fluoridation levels of Wisconsin community water systems	Community water systems	Web based data collection	Monthly	2024
YRBS	Collects data on health risk behaviors	High school students	Paper survey	Biennial (odd)	2023

*Oral health questions are part of the core in even years but are added by the OHP when resources allow in the odd years.

**Change in statue from an opt-in registry to an opt-out registry. Data collection has encountered a series of delays as the registry transitioned data collection platforms.

***Operates on a 24-month research freeze cycle, so while data are collected on an ongoing basis, they don't become available until two years after collection.

Table 3: Data Source Timeline

Data sources	Years				
	2025	2026	2027	2028	2029
BRFSS		X		X	
CMS-416	X	X	X	X	X
DentaSeal	X	X	X	X	X
FHS	X	X	X	X	X
HSS – Ninth Grade	X (Planning)	X (Collection)			
HSS – Older Adults					X (Planning)
HSS – Kindergarten and Third Grade			X (Planning)	X (Collection)	
Hospital ED Data	X	X	X	X	X
Licensure Data	X	X	X	X	X
MA/BC+ Claims Data	X	X	X	X	X
NSCH	X	X	X	X	X
PRAMS	X	X	X	X	X
WBDR	X	X	X	X	X
WCRS	X	X	X	X	X
WFRS	X	X	X	X	X
YRBS	X		X		X

Surveillance gaps and limitations

The OHP has successfully maintained and expanded its surveillance since the creation of the Wisconsin OHSS. However, there are still persistent gaps in surveillance, as presented in Table 5. In addition to the indicators highlighted in Table 5, there is an increasing need for more granular community-level data to support oral health initiatives throughout Wisconsin. Much of the existing data available through the Wisconsin OHSS are available at the state-level, which limits the ability make county-level or within county inferences. Further, an emerging frontier in the oral health data ecosystem is the creation of interconnected (or interoperable) data systems. This area must be addressed through statewide initiatives, as dental and medical silos have created an environment of segmented care and data.

These data collection efforts all require significant resources and there is a concern that some of the OHP's extended Wisconsin Healthy Smile Surveys (for example, head start and older adults) may not be feasible due to funding limitations. If these surveillance activities

are to continue, the OHP will need to identify additional funding sources to support future data collection efforts.

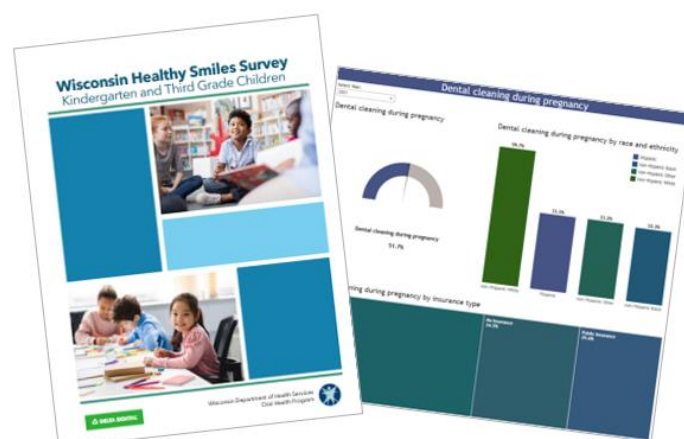
Table 4: Surveillance gaps table

Indicator	Populations					
	Children and youth	Adults	CYSHCN	MA/BC+	Pregnant women	Adults 65+
Access to care: any utilization						
Proportion of older adult nursing home residents with a dental visit in the past 12 months						X
Proportion of MA/BC+ members with a regular and usual source of dental care (care from same provider in two consecutive years)				X		
Proportion of CYSHCN enrolled in MA/BC+ program receiving a dental visit			X	X		
Access to care: preventive dental visits						
Proportion of CYSHCN enrolled in MA/BC+ program receiving a preventive dental visit			X	X		
Oral health outcomes: oral and pharyngeal cancer						
Proportion of adults with an oral cancer exam with in the past 12 months		X				
Oral health outcomes: periodontal disease						
Proportion of adults ever diagnosed with periodontal (gum) disease		X				
Oral health outcomes: untreated caries						
Proportion of adults with untreated decay		X				

Data dissemination and use

Dissemination of the data plays a key role in public health practice and must be a priority of any surveillance system. As outlined throughout this plan, the Wisconsin OHSS collects a robust set of valuable data on a variety of oral health topics. Providing actionable data can lead to changes in available funding, guide policy development, and inform public health programs. All of which are essential to the function and sustainability of public health programs. Further, data dissemination allows public health a mechanism for educating the public on the importance of oral health, which can lead to behavioral changes necessary for promoting good oral health. As such, it is important to routinely make data publicly available in a timely manner.

Data dissemination will follow best practice guidelines established by the ASTDD to help ensure that any data shared with the public or partners has defined key messages that are tailored for its intended audience.^[6] Surveillance data will be disseminated to the public, interested partners, and policy makers through presentations, comprehensive surveillance reports, infographics, factsheets, and interactive data dashboards. These tools will be used to increase awareness about oral diseases and their risk factors, monitor trends and disparities in oral health status and access to care, and demonstrate the impact of public health programs.



Interest holders

There are many oral health surveillance interest holders in Wisconsin, as the system provides actionable data that can be used to inform the development and implementation dedicated to promoting good oral health. These interest holders represent public health, professional organizations, educational institutions, and other government agencies. Table 6 provides a list of key surveillance interest holders.

Table 5: Interest holders

State Agencies and Programs	
Department of Natural Resources	Department of Workforce Development

Department of Safety and Professional Services	Department of Public Instruction
DPH—Children and Youth with Special Health Care Needs Program	DPH—Chronic Disease Prevention Unit
DPH—Regional Offices	DPH—Maternal and Child Health Program
DPH—Bureau of Environmental and Occupational Health	DPH—Wisconsin Cancer Reporting System
DPH—Wisconsin Healthcare-Associated Infections Prevention Program	DPH—Primary Care Program
Community and professional organizations	
Wisconsin Dental Association	Wisconsin Dental Hygienists' Association
Wisconsin Head Start Association	Children's Health Alliance of Wisconsin
Wisconsin Primary Health Care Association	Delta Dental of Wisconsin
Community Health Centers	University of Wisconsin School of Medicine and Public Health
Wisconsin Office of Rural Health	Marquette University School of Dentistry
Wisconsin Technical Colleges	Wisconsin Oral Health Coalition
Local Public Health Departments	Wisconsin Seal-A-Smile Program
Tribal Health Departments	Great Lakes Inter-Tribal Epidemiology Center
Wisconsin Association of Free and Charitable Clinics	Wisconsin Area Health Education Centers

Privacy and confidentiality

The Wisconsin OHSS follows Health Insurance Portability and Accountability act (HIPAA) standards for patient privacy and protected health information. The system limits identifiers collected to essential data elements, and the data are stored on a secure server at DHS. Unique identifiers are only available to DHS staff that have been trained on HIPAA, data security, and confidentiality. Additional identifiable data will never be released to external partners and aggregate data will only be reported if counts are greater or equal to five. Further, DPH has an additional layer of protection through the Data Governance

Board, which reviews and approves external data requests. This added layer of review ensures that DPH data are used and shared appropriately.

Evaluation

The Wisconsin OHSS will be evaluated to ensure that it is successfully monitoring the oral health status of Wisconsin residents. The evaluation will utilize the CDC's *Updated Guidelines for Evaluating Public Health Surveillance Systems*.^[5] The guidelines provide a framework for assessing the effectiveness and efficiency of the OHSS. Key areas of the evaluation will include assessing the importance of the condition being monitored, the purpose and operation of the surveillance system, resources needed to operate the system, and other select system attributes. The oral health surveillance logic model will also be evaluated. The evaluation will include assessing whether the activities have been carried out, the products have been generated, and the intermediate outcomes have been met or progress has been made towards meeting them.

Acknowledgements

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References

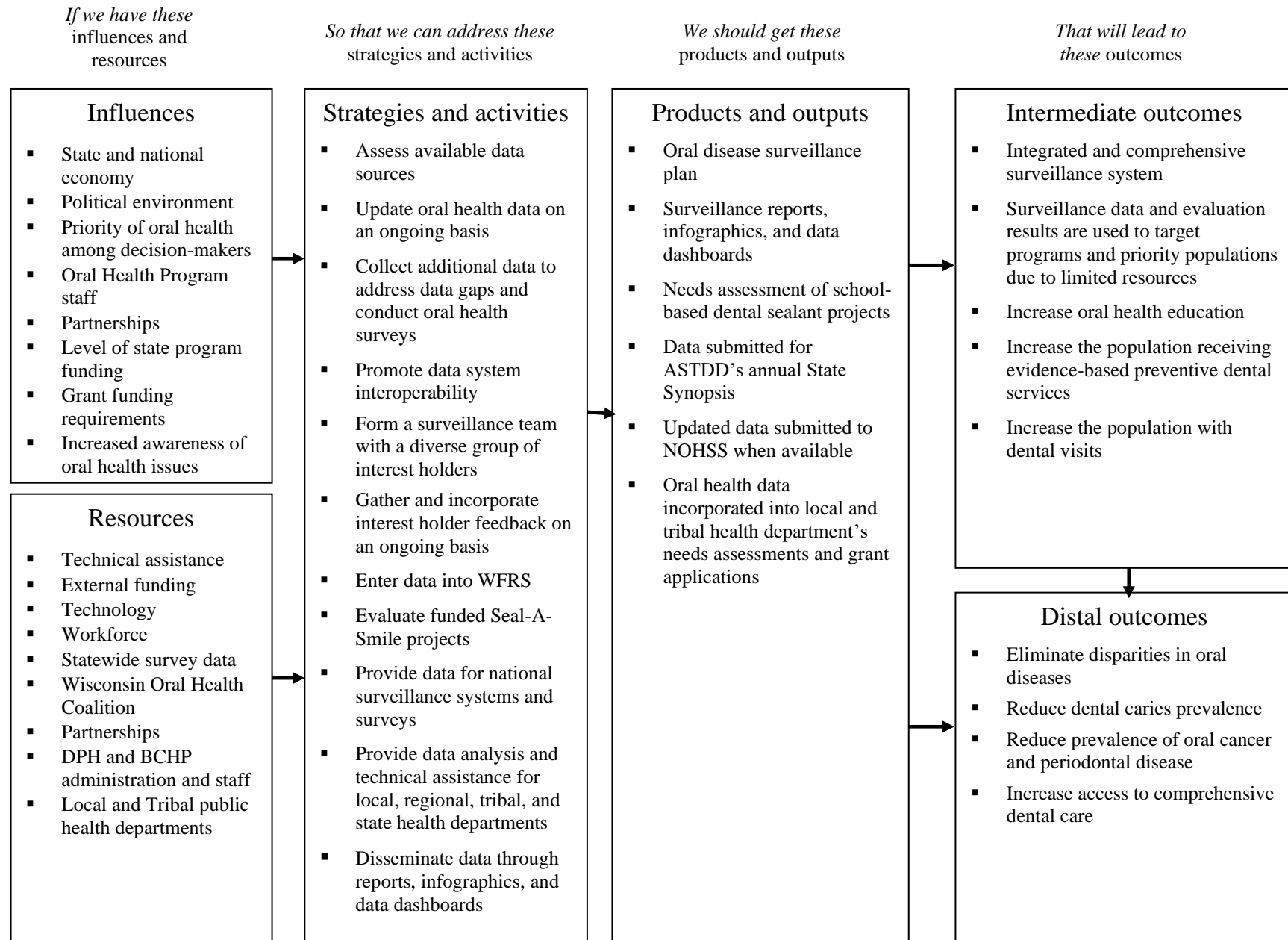
1. National Center for Chronic Disease Prevention and Health Promotion. (2024, October 21). *Health and Economic Benefits of Oral Disease Interventions*. <https://www.cdc.gov/nccdphp/priorities/oral-disease.html>
2. Phipps K, Kuthy R, Marianos D, Isman B. (2013, October). *State-based oral health surveillance systems: conceptual framework and operational definition*. Council of State and Territorial Epidemiologists. <https://www.astdd.org/docs/state-based-oral-health-surveillance-systems-cste-whitepaper-oct-2013.pdf>
3. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030 Oral Health Overview and Objectives*. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>
4. Council of State and Territorial Epidemiologists Chronic Disease Subcommittee. (n.d.). *Revision to the National Oral Health Surveillance System (NOHSS) Indicators*. Council of

State and Territorial Epidemiologists.

<https://cdn.ymaws.com/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-CD-01-ALL.pdf>

5. Centers for Disease Control and Prevention. *Updated Guidelines for Evaluating Public Health Surveillance Systems: Recommendations from the Guidelines Working Group.* MMWR, 50 (No. RR-13), 1-35. Accessed April 15, 2025 from <http://www.cdc.gov/mmwr/pdf/rr/rr5013.pdf>
6. Association of State and Territorial Dental Directors. (2021, August). *Best Practices Approach: Dissemination of Data from State-Based Surveillance Systems.* <https://www.astdd.org/bestpractices/approved-data-dissemination-bpar-2021-final.pdf>.

Appendix A: Logic model



Appendix B: Acronyms and abbreviations

ASTDD	Association of State and Territorial Dental Directors
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CSTE	Council of State and Territorial Epidemiologists
CYSHCN	Children and Youth with Special Health Care Needs
DHS	Wisconsin Department of Health Services
DPH	Division of Public Health
ED	Emergency Department
FHS	Family Health Survey
HSS	Healthy Smiles Survey
MA/BC+	Medicaid/BadgerCare+
NSCH	National Survey of Children's Health
OHP	Oral Health Program
OHSS	Oral Health Surveillance System
PRAMS	Pregnancy Risk Assessment Monitoring System
WBDR	Wisconsin Birth Defects Registry
WCRS	Wisconsin Cancer Reporting System
WFRS	Water Fluoridation Reporting System
WPHCA	Wisconsin Primary Health Care Association
YRBS	Youth Risk Behavior Survey