

## Oral Health Data Resources for Counties

**Maternal Infant Health Assessment (MIHA)** is an annual, statewide-representative survey of women with a recent live birth in California. MIHA collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy. Some data available at the county level. Requests for specific reports can be made to the MCAH program at CDPH ([MIHA@cdph.ca.gov](mailto:MIHA@cdph.ca.gov)).

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotCo>

- Indicator: Dental Visit during pregnancy

**California Health Interview Survey (CHIS)** is the nation's largest state health survey and a critical source of data on Californians as well as on the state's various racial and ethnic groups. Policymakers, researchers, health experts, members of the media and others depend on CHIS for credible and comprehensive data on the health of Californians. CHIS data are available by county (with some counties grouped due to insufficient sample size) on the AskCHIS system.

<http://ask.chis.ucla.edu>

- Indicator: Annual Dental Visit
- Indicator: Dental Insurance

**Medi-Cal Dental Data Reports** are published annually with several measures about dental service utilization among their population. AB 2207, signed by the Governor in 2016, builds on prior Medi-Cal dental data reporting requirements by adding performance measures for pediatric and adult dentistry. The legislation includes reporting requirements for utilization data on a “per-provider” basis, and annual preventive services by prevention, treatment, examination, and general anesthesia categories. These measures are available by county.

<http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx>

<http://www.dhcs.ca.gov/dataandstats/data/Pages/AccessingProtectedData.aspx>

- Indicator: Annual Dental Visit among Medi-Cal Population
- Indicator: Preventive Dental Visit Among the Medi-Cal Population

**California Cancer Registry** is California's statewide population-based cancer surveillance system. We collect information about almost all cancers diagnosed in California. This information furthers our understanding of cancer and is used to develop strategies and policies for its prevention, treatment, and control. The availability of data on cancer in the state allows health researchers to analyze demographic and geographic factors that affect cancer risk, early detection, and effective treatment of cancer patients. The Registry has an online interactive map that provides these data by county.

<https://www.cancer-rates.info/ca/>

- Indicator: Oral and Pharyngeal Cancer Incidence

**Office of Statewide Health Planning and Development (OSHPD)** collects and reports emergency department data annually. The reported data include patient demographic information, such as age, sex, county of residence, and race/ethnicity, diagnostic information, treatment information, disposition, and expected source of payment. County Frequencies for Emergency Department and Ambulatory Surgery outpatient encounters by patient county of residence can be downloaded. Individual-level data are also available in county-specific datasets from OSHPD.

Although emergency departments are strategically located to serve as an interface between the public and the health care system, their use for dental-related conditions, especially non-traumatic dental conditions (NTDCs), is a growing dental public health concern. ASTDD has guidance for analyzing NTDCs.

[https://www.oshpd.ca.gov/HID/Data\\_Request\\_Center/AB2876.html](https://www.oshpd.ca.gov/HID/Data_Request_Center/AB2876.html)

<http://www.astdd.org/data-collection-assessment-and-surveillance-committee/>

- Indicator: Emergency Department visits for preventive dental conditions

**Federally Qualified Health Centers (FQHC)** - Each year HRSA-funded Health Center Grantees (FQHCs) are required to report core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues including dental service utilization. Additionally, on an annual basis (calendar year), individual primary care clinics report facility-level data on services capacity, utilization, patient characteristics, and capital/equipment expenditures

<https://bphc.hrsa.gov/datareporting/index.html>

<https://www.oshpd.ca.gov/HID/PCC-Utilization.html#Complete>

- Indicator: Number of FQHCs with a dental program

**The California Water Board** collects data from California water systems about the fluoridation status among other information.

[https://www.waterboards.ca.gov/drinking\\_water/certlic/drinkingwater/Fluoridation.shtml](https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.shtml)

- Indicator: Number of fully and partially fluoridated water systems

**The California Department of Education (CDE)** data and statistics collected from California schools and learning support resources to identify trends and educational needs and to measure performance. CDE has made available school-level FRPM eligible data that local educational agencies (LEAs) certified in the California Longitudinal Pupil Achievement Data System (CALPADS) as part of their annual Fall 1 data submission. The certified data in this file reflect the unduplicated counts and percentages of students eligible to receive Free or Reduced Price Meals (FRPM) under the National School Lunch Program (NSLP). The file includes school-level FRPM eligible data for K–12 students and for students who are ages 5–17 who have a primary or short-term enrollment in the school.

<https://www.cde.ca.gov/ds/sd/sd/>

**The Kindergarten Assessment** Dental Check-up law (AB 1433), enacted in 2006, helps identify children with unmet oral health needs and provides schools with essential information to ensure their students are healthy and ready to learn. Participating schools distribute oral health education materials and the assessment-waiver form to parents who are registering their child in public school for the first time, in either kindergarten or first grade. Additionally, an amendment to the bill, SB 379 passed in October 2017, makes statutory updates that will facilitate the efficient collection of the data. In addition to adding new data points reported by schools, SB 379 enables schools to facilitate screenings by streamlining the consent process for on-site oral health assessments. These data are available by county.

<http://www.cda.org/public-resources/kindergarten-oral-health-requirement>

- Indicator: Percent of schools participating in kindergarten assessment
- Indicator: Percent of children in participating schools with untreated caries

**The Basic Screening Survey (BSS)** is a consistent model for monitoring oral disease in a timely manner, at the lowest possible cost, with minimum burden on survey participants, and that will support comparisons within and between states. The BSS provides guidance to states on population groups to monitor, indicators to collect and case definitions that, to some degree, sacrifice precision in order to improve timeliness and save resources. Because oral disease patterns differ between preschool children, school children and older adults, ASTDD has developed BSS models specific to each age group.

<http://www.astdd.org/basic-screening-survey-tool/>

- Indicators: Prevalence of Caries Experience, Prevalence of Untreated Caries, Prevalence of Urgent Dental Care Need, Prevalence of Sealants

**The Kids Count Data Center** draws from more than 50 KIDS COUNT state organizations that provide state and local data, as well publications providing insights into trends affecting child and family well-being. Indicators include: children with dental insurance, annual dental visits for Denti-Cal recipients, children who used preventive dental services, children with annual dental visit, children with oral health evaluations, children who have used dental treatment, and schools with a health center.

<http://datacenter.kidscount.org/data#CA/2/0/char/0>

**National Survey of Children's Health (NSCH)** was conducted three times between 2003 and 2012 and again in 2016. It provides rich data on multiple, intersecting aspects of children's lives—including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. It provides statistics on oral health status, and dental service utilization at the state level on its interactive query system

(<http://www.childhealthdata.org/browse/survey>) However, the Data Resource Center's Local Area Profiles allow users to view county and city level estimates using data from the 2011/12 NSCH and 2008-2012 American Community Survey (ACS). The data are derived using a method called "synthetic estimation", which is a way of estimating local health indicators by using descriptive or demographic data for local areas, combined with known state prevalence values

<https://www.childhealthdata.org/browse/data-snapshots/local-area-profile>

<http://www.childhealthdata.org/docs/nsch-docs/local-use-of-state-data-and-synthetic-estimates.pdf?sfvrsn=4>

- Indicator: Preventive dental visit

**Behavioral Risk Factor Surveillance System (BRFSS)** is a cross-sectional telephone survey that state health departments conduct monthly over landline telephones and cellular telephones with a standardized questionnaire and technical and methodologic assistance from CDC. BRFSS is used to collect prevalence data among adult U.S. residents regarding their risk behaviors and preventive health practices that can affect their health status. It is possible to create synthetic county estimates, but this requires analytic capacity.

[https://www.cdc.gov/brfss/data\\_documentation/index.htm](https://www.cdc.gov/brfss/data_documentation/index.htm)

- Indicator: Annual Dental Visit
- Indicator: Tooth Loss