Texas Oral Health Surveillance Plan

Department of State Health Services
Family and Community Health Services Division
Oral Health Branch
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List of Abbreviations

ASTDD	Association of State and Territorial Dental Directors
BRFSS	Behavior Risk Factor Surveillance System
BSS	Basic Screening Survey
CDC	Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program
CHS	Center for Health Statistics
DSHS	Department of State Health Services (Texas)
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment Program
FCHS	Family and Community Health Services
FQHC	Federally Qualified Health Center
HHSC	Health and Human Services Commission (Texas)
HP2020	Healthy People 2020
HS	Head Start
MCD	Medicaid and CHIP Division
NOHSS	National Oral Health Surveillance System
OHP	Oral Health Program
PHI	Protected Health Information
PPS	Prevention and Preparedness Services
PRAMS	Pregnancy Risk Assessment Monitoring System
SBHC	School-Based Health Center
SFY	State Fiscal Year
TBDR	Texas Birth Defects Registry
TCR	Texas Cancer Registry
TOHSS	Texas Oral Health Surveillance System
UDS	Uniform Data System
US	United States
WFRS	Water Fluoridation Reporting System
YRBS	Youth Risk Behavior Survey

Introduction

The Texas Oral Health Surveillance System (TOHSS) defines public health surveillance as an ongoing systematic collection, analysis, and interpretation of health data for purposes of improving health. An essential component of the system is the dissemination and use of surveillance data to improve oral health. This is due to the fact that tooth decay is the single most common childhood disease according to the Center for Disease Control and Prevention (CDC).[1]

The primary focus of TOHSS is to monitor trends in oral disease, such as early childhood caries, loss of teeth, and oral and pharyngeal cancer; effectiveness of preventive services, such as dental sealants, community water fluoridation, and fluoride varnish; and dental service utilization, through such programs as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and the Children's Health Insurance Program (CHIP). As an example, in Texas, through August 2006, limited oral evaluations as part of the Basic Screening Survey (BSS) were completed on 17,344 school children with 5,836 (33 percent) of those children receiving dental sealants. BSS-associated limited oral evaluations were also completed on 3,698 Head Start (HS) students with 97.9 percent of those students receiving fluoride varnish.[2] Through the statewide BSS conducted during school year 2007–2008, it was identified that 34.4 percent of third grade children in Texas had received dental sealants.[3]

Additionally, each year, more than 35,000 new cases of cancer of the mouth and throat (oral cavity and pharynx) are diagnosed nationally and more than 7,600 deaths occur.[1] Past surveillance has shown that oral cancer is on the decline in Texas, decreasing from a rate of 7.1 per 10,000 population in 2000 to 6.5 per 10,000 population in 2008.[2]

By analyzing trends over time, essential oral health information is available for stakeholders and policymakers to evaluate current systems and identify potential resources needed to improve the oral health of all Texans in the future. Indicators that are not currently monitored by the TOHSS are listed in Appendix A for future consideration as resources and/or collaborative opportunities become available.

The opportunities available to collect observed in-mouth oral health data are somewhat limited in Texas and compounded by the geographic size of the state. Data collection opportunities are further challenged by the availability of access to potential school aged cohorts as a result of required state educational skills testing preparation and administration of the tests themselves. Access to adult cohorts is also difficult and various barriers have been encountered over the course of several attempts.

The creation of TOHSS allows Texas to collect and review oral health data from available standardized reporting formats. It also allows Texas to compare the oral health of its residents to that of national standards, such as the National Oral Health Surveillance System (NOHSS), jointly developed by the CDC and the Association of State and Territorial Dental Directors (ASTDD), and Healthy People 2020 (HP2020), which is maintained by the United States (US) Department of Health and Human Services.

Purpose/Goal

The purpose or goal of the TOHSS is to establish and maintain ongoing monitoring and timely communication of findings; and use the data to initiate and evaluate oral health interventions and policies.

Objectives

Assessment is a key objective of Texas's public health efforts and includes collection, analysis, interpretation, and dissemination of data. These activities provide a mechanism to monitor oral disease trends within specific populations over time. This information can be used to guide the allocation of resources for disease prevention and oral health promotion opportunities, as well as treatment services. Continued assessment and evaluation in these areas supports the development of oral health policy. Thus, the implementation and maintenance of a comprehensive oral health assessment and surveillance system is a critical requirement of any oral health planning effort. Objectives for TOHSS are:

- Assess oral health burden by monitoring the status of oral health and disease of Texans.
- Incorporate data on a variety of national and local indicators that assess overall oral health.
- Identify data and knowledge gaps by supporting, enhancing, and expanding TOHSS.
- Measure the use of oral health services available to children, adolescents, and adults in Texas.
- Monitor preventive services, such as community water fluoridation and dental sealant placement.

TOHSS Components

The following are components of the TOHSS:

- Oral health data collection and surveillance logic model.
- Current oral health indicators in the surveillance plan in Texas.
- Oral health resources used in the TOHSS.
- Dissemination of TOHSS information.
- Confidentiality of TOHSS data.
- Evaluation of the surveillance system.

Texas Oral Health Logic Model

Inputs Needed

STAFF
- Epidemiological support
- Information technology support
- Oral health policy leadership
- OHP regional dental teams
- Data collection and data entry staff

DATA SOURCES
- State data sources
- National data sources
- Local-level data sources

EQUIPMENT
- Hardware and software

OTHER
- Funding
- Staff training
- Community support

Activities

IMPLEMENT A SURVEILLANCE PLAN
- Identify indicators
- Establish objectives for surveillance
- Begin to monitor indicators by regions, counties, and subpopulations where appropriate and available

DATA MANAGEMENT
- Acquire data from sources
- Identify data gaps
- Ensure data security/confidentiality
- Analyze data and interpret findings
- Maintain/update data regularly

EVALUATION
- Engage stakeholders
- Describe TOHSS
- Evaluate surveillance plan
- Gather credible evidence regarding the performance of TOHSS
- Justify and state conclusions, make recommendations

REPORTING
- Ensure use of evaluation findings and share lessons learned

Intermediate Outcomes

- Monitor trends in oral health in Texas
- Increase evidence-based program planning and evaluation based on surveillance data
- Increase programs for populations in most need as identified by surveillance data

Distal Outcomes

- Document changes in oral health indicators

Oral Health Indicators under Surveillance in Texas

State-based oral health surveillance system contains a core set of measures that describe the status of important oral health conditions and behaviors. These measures serve as benchmarks for assessing progress in achieving good oral health.

To develop a manageable oral health surveillance system, it is critical to assess the currently available assets, such as data sources that already include an oral health component, as well as other state resources and capacities that can be used to augment those of the state oral health program.

Oral health surveillance in Texas has been shaped to mirror two US standards, including the NOHSS, a collaborative effort between the CDC Division of Oral Health and the ASTDD; and HP2020, a compendium of indicators selected by the federal government to track the nation's progress towards year 2020 public health objectives. Table 1 below contains the oral health indicators monitored by the TOHSS. The Texas Department of State Health Services (DSHS) Oral Health Program (OHP), along with the Office of Program Decision Support epidemiologist assigned to support OHP, work with the individual program coordinators to obtain and analyze the oral health data collected throughout the Health and Human Services Enterprise and DSHS. In 2012, OHP plans to begin addressing surveillance data by subpopulation; including race, gender, and age, to allow the DSHS OHP to begin reviewing possible health disparities and to determine which areas may need further attention.

Other national indicators, not currently monitored by the TOHSS, are listed in Appendix A for future consideration as resources and/or collaborative opportunities become available.

Table 1: Texas Oral Health Indicators

Oral Health Indicators Monitored by TOHSS		
Indicators	**Data Set**	**National Oral Health Surveillance Standard**
Oral Health of Children and Adolescents (Dental Caries Experience)		
Percent of HS children with history of decay in their primary teeth	BSS	HP2020 (OH-1.1)
Percent of third grade children with history of decay in their primary and permanent teeth	BSS	NOHSS/HP2020 (OH-1.2)
Reduce the proportion of children who have dental caries experience in their primary or permanent teeth	BSS	HP2020 (OH-1.1-1.3)
Oral Health of Children and Adolescents (Untreated Dental Decay)		
Percent of HS children with untreated dental decay in their primary teeth	BSS	HP2020 (OH-2.1)
Percent of third grade children with untreated dental decay in their primary and permanent teeth	BSS	NOHSS/HP2020 (OH-2.2)
Reduce the proportion of children with untreated dental decay	BSS	HP2020 (OH-2.1-2.3)
Oral Health in Adults (Tooth Loss)		
Percent of adults ≥ 65 years who have lost all of their natural teeth due to tooth decay or gum disease	BRFSS	NOHSS/HP2020 (OH-4.2)
Percent of adults ≥ 65 years who have lost six or more teeth due to tooth decay or gum disease	BRFSS	NOHSS
Percent of adults aged 45-64 years who have ever had a permanent tooth extracted because of dental caries or periodontal disease	BRFSS	HP2020 (OH-4.1)
Reduce the proportion of adults aged 45-64 years who have ever had a permanent tooth extracted because of dental caries or periodontal disease	BRFSS	HP2020 (OH-4.1-4.2)
Oral Health in Adults (Cancer of the Oral Cavity and Pharynx)		
Age-adjusted mortality rate per 100,000 population caused by cancer of the oral cavity or pharynx	TCR	HP2020 (OH-6)
Percent of oral and pharyngeal cancers detected at earliest stage	TCR	HP2020 (OH-6)
Increase the proportion of oral and pharyngeal cancers detected at the earliest stage	TCR	NOHSS/HP2020 (OH-6)

Oral Health Indicators Monitored by TOHSS (continued)		
Indicators	**Data Set**	**National Oral Health Surveillance Standard**
Access to Preventive Services		
Percent of adolescents who saw a dentist for a check-up, exam, teeth cleaning, or other dental work in the past year, past two years, more than two years ago, never, not sure	New state question for 2013 YRBS	NOHSS / HP2020 (OH-7)
Percent of adults with dental visits in the past year	BRFSS	NOHSS / HP2020 (OH-7)
Percent of adults who have had their teeth cleaned in the past year	BRFSS	NOHSS / HP2020 (OH-7)
Percent of women who had their teeth cleaned *before* most recent pregnancy	PRAMS Phase 6 and 7	HP2020 (OH-7)
Percent of women who had their teeth cleaned *during* most recent pregnancy	PRAMS Phase 6 and 7	HP2020 (OH-7)
Percent of woman who went to a dentist or dental clinic about a problem during most recent pregnancy	PRAMS Phase 7 (potential add to 2012 PRAMS survey)	HP2020 (OH-7)
Percent of women who had their teeth cleaned *after* most recent pregnancy	PRAMS Phase 7	HP2020 (OH-7)
Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year	BRFSS (adults), PRAMS (new mothers)	HP2020 (OH-7)
Number of eligibles receiving any dental services	EPSDT/CHIP	HP2020 (OH-8)
Number of eligibles receiving preventive dental services	EPSDT/CHIP	HP2020 (OH-8)
Number of eligibles receiving dental treatment	EPSDT/CHIP	HP2020 (OH-8)
Percent of HS children with urgent dental need	BSS	HP2020 (OH-8)
Percent of third grade children with urgent dental need	BSS	HP2020 (OH-8)
Reduce the proportion of children with an urgent dental need	BSS	HP2020 (OH-8)
Percent of SBHCs with an oral health component	SBHC Contract Reporting	HP2020 (OH-9)

Oral Health Indicators Monitored by TOHSS (continued)		
Indicators	**Data Set**	**National Oral Health Surveillance Standard**
Access to Preventive Services (continued)		
Increase the proportion of SBHCs with an oral health component (dental sealants, dental care, topical fluoride)	SBHC Contract Reporting	HP2020 (OH-9)
Percent of patients who receive oral health services at health centers each year	UDS	HP2020 (OH-11)
Increase the proportion of patients who receive oral health services at a Federally Qualified Health Center (FQHC) each year	UDS	HP2020 (OH-11)
Oral Health Interventions (Dental Sealants)		
Percent of HS children who have received dental sealants in one or more of their primary molar teeth	BSS	HP2020 (OH-12.1)
Percent of third grade children who have received dental sealants in one or more of their permanent first molar teeth	BSS	NOHSS/HP2020 (OH-12.2)
Increase the proportion of children who have received dental sealants on their molar teeth	BSS	HP2020 (OH-12)
Oral Health Interventions (Fluoridation Status)		
Percent of population on public water systems receiving fluoridated water	WFRS	NOHSS / HP2020 (OH-13)
Monitoring, Surveillance Systems (Craniofacial Services)		
Number of babies born with cleft lip/cleft palate	TBDR	HP2020 (OH-15)
Rate of babies born with cleft lip/cleft palate per 10,000 live births	TBDR	HP2020 (OH-15)
Increase the number of states and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams	TBDR	HP2020 (OH-15)

Oral Health Data Collection/Sources

The TOHSS utilizes data from multiple sources. Table 2 provides information about the data sources, the agency in which they are housed, and the data collection time frames. Additionally, a description of each data source is provided below Table 2.

Table 2: Oral Health Data Collection Sources and Time Frames

Data Source	Agency/Division	Time Frame
BSS	DSHS/FCHS	Every 3-5 years
YRBS	DSHS/CHS	Every 2 years
BRFSS	DSHS/CHS	Annual, oral health rotating core every 2 years
PRAMS	DSHS/FCHS	Annual
TCR	DSHS/PPS	Annual
TBDR	DSHS/PPS	Annual
WFRS	DSHS/PPS	Annual
EPSDT	HHSC/MCD	Annual
CHIP	HHSC/MCD	Annual
SBHC	DSHS/PPS	Annual
UDS	US Department of Health and Human Services	Annual

BSS – Developed by ASTDD in 1999 as a response to the need for community level oral health data. The BSS is a standard set of surveys designed to collect information about the observed oral health of participants; self-reported or observed information on age, gender, and race/ethnicity; and self-reported information on access to care for preschool, school-age, and adult populations. Questions about the person being screened in Texas include: length of time since last dental visit, accessibility of dental care, and direct oral evaluation of individuals for caries and sealants. Measures used in the BSS are consistent with the NOHSS, which allows comparison with other states, as well as the nation.

BRFSS – An ongoing state-based data collection program designed to measure behavioral risk factors in the non-institutionalized adult population, age 18 years or older. States select a random sample of adults for a telephone interview. This selection process results in a representative sample for each state so that statistical inferences can be made from the information collected. The BRFSS surveys the oral health of adults on a biennial basis. Data is currently available for even years from 2002 through 2010. Questions include length of time since last dental visit, length of time since last dental cleaning, and the number of teeth removed due to decay. BRFSS data is self-reported by the interviewed adult.

TBDR – A statewide population-based birth defects registry or surveillance system that monitors all births in Texas through multiple sources of information to identify cases of birth defects. Children identified through TBDR are referred to appropriate medical and community services. With regards to oral health, the birth defects registry collects the number of babies born with cleft lip and cleft palate to calculate a rate of babies born with cleft lip/cleft palate per 10,000 live births. Birth defect data is gathered through multiple sources of information into a statewide registry and reported by the Environmental Epidemiology and Disease Registry Section within the Texas DSHS.

EPSDT – The child-health component of Medicaid required in every state and designed to improve the health of low-income children by financing appropriate and necessary health care services for eligible

individuals, birth through 20 years of age. Data sources include the enrollment and claims systems and reports prepared by the HHSC.

TCR – A statewide population-based registry or surveillance system that serves as the foundation for measuring the Texas cancer burden; comprehensive cancer control efforts; health disparities; and progress in prevention, diagnosis, treatment, and survivorship. It also supports a wide variety of cancer-related research. With regards to oral health, the TCR collects data on incidence and mortality rates associated with both oral and pharynx cancers. These data can be tabulated by populations, allowing a look at health disparities in these cancers for Texas. TCR data is collected based on diagnosis through entities such as hospitals, physician's offices, and/or clinical labs, and reported by the Environmental Epidemiology and Disease Registries Section within the Texas DSHS.

PRAMS – A CDC-sponsored initiative to reduce infant mortality and low birth weight births. PRAMS is an ongoing state-specific population-based surveillance system designed to identify and monitor selected maternal experiences before, during, and after pregnancy. Among questions included in this survey are two pertaining to the need for oral health care during and after pregnancy. PRAMS data is self-reported by the women participating in the survey.

CHIP – A program designed specifically to assist children who lack insurance coverage as their families earn too much to qualify for the Texas Medicaid Program and do not have private insurance. The Texas CHIP Dental Services Program became effective on April 1, 2006, and covers certain preventive and restorative dental services. CHIP data is collected from enrollment and submitted dental claims.

WFRS – A tool for states to monitor the quality of the water fluoridation programs. Data provided by water systems is used by Texas Fluoridation Project staff to recognize excellent work in water fluoridation and to identify opportunities for continuous improvement in the water fluoridation program. For surveillance purposes, this data provides OHP with information regarding the prevention of dental caries at the community level. In addition, the distribution of dental caries by community type (i.e., fluoridated versus non-fluoridated communities) will allow the OHP management and staff to determine which areas in Texas have the greatest need for preventive dental services.

SBHC – An initiative funded through the Title V Maternal and Child Health Block Grant, to provide funding for SBHCs that deliver primary and preventive health services to a school-age population, or to expand services to existing SBHCs. One of those expanded services includes dental health services. All contracted respondents must track a specified number of students, as well as provide services using evidence-based practices and interventions and report clinical and educational process and outcome measures. Data provided to the DSHS School Health Program will be used to report on the proportions of SBHCs, with an oral health component providing services that include dental sealants, dental care, and topical fluoride treatments.

UDS – A core system of information appropriate for reviewing the operation and performance of health centers. UDS is a reporting requirement for Health Resources and Services Administration grantees, including community health centers, migrant health centers, health care for the homeless grantees, and

public housing primary care grantees. Data provided by the UDS system will be used to report on the proportion of patients who receive oral health services at FQHCs in Texas each year.

YRBS – A federally-funded classroom-based paper survey conducted biennially in odd years. The YRBS monitors priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults in the US. As a primary source for comprehensive statewide data on preventive health practices and health risk behaviors, YRBS is an important tool for decision-making throughout DSHS, the Texas Education Agency, and the public health community. Public and private health authorities at the federal and state levels rely on YRBS to identify public health problems, design policy and interventions, set goals, and measure progress toward those goals. The OHP is currently proposing one question related to adolescent oral health in the next YRBS with other questions to follow in subsequent years, as required. YRBS data is self-reported by individuals providing responses to the survey.

Resources

Resources directly required to operate the TOHSS include funding sources; personnel requirements; and other resources such as travel, training, supplies, computers and other equipment; and related services, such as mail, telephone, computer support, internet connections, and hardware and software maintenance. Additionally, estimation of indirect costs (e.g., follow-up laboratory tests) and cost of secondary data sources (e.g., vital statistics or survey data) are also included as available/required. It is difficult to ascertain and quantify specific cost breakdowns of oral health surveillance in Texas, since oral health surveillance data are obtained from multiple programmatic areas.

Dissemination of TOHSS Information

DSHS OHP plans to provide oral health information to the public through the program's website and in various public presentations. Currently available data will be shared with the public by means of a chart book that will contain a summary of the results from the various indicators incorporated in the TOHSS. The intent of the chart book is to help disseminate timely oral health data so that responsible parties, policymakers, the professional community, and the public can readily understand the implications of the information. The TOHSS data will also provide information at the national level to the NOHSS and the ASTDD State Synopses, as required and available.

Evolution of TOHSS will allow further refinement of the indicators and continued improvement in the ability to communicate data, including trend analysis. Future plans include expansion of indicators to include surveillance data for regions, counties, and subpopulations based on pertinent demographics such as sex, age, and race/ethnicity.

Confidentiality of TOHSS Data

Management of all health-related data, both primary and secondary, meets Health Insurance Portability and Accountability Act standards for patient privacy, data confidentiality, and data integration. Access to protected health information (PHI) is limited to the surveillance staff for analysis purposes only. Program

staff will view PHI only when necessary. No PHI is released to partners or to the public. Only aggregated results will be reported.

Evaluation

The purpose of evaluating the TOHSS is to ensure that problems of oral health importance are being monitored efficiently and effectively. Evaluation of the TOHSS will occur periodically to determine its utility in monitoring oral health trends over time, determining the effectiveness of interventions, and planning future programmatic and policy initiatives. The OHP will engage stakeholders periodically in an evaluation of TOHSS, following the six tasks proposed in "Updated Guidelines for Evaluating Surveillance Systems" (Guidelines) published in Morbidity and Mortality Weekly Report, July 27, 2001/(50) RR13; 1-35:

- Engage Texas stakeholders;
- Describe TOHSS;
- Evaluate the surveillance plan;
- Gather credible evidence regarding the performance of TOHSS;
- Justify and state conclusions, make recommendations; and
- Ensure use of evaluation findings and share lessons learned.

The emphasis of the TOHSS should include recommendations for improving quality, efficiency, and usefulness. TOHSS should also be evaluated to determine how well the system operates to meet its purpose to establish and maintain ongoing monitoring, timely communication of findings, and the use of data to initiate and evaluate oral health interventions and policies. The TOHSS objectives are to:

- Assess oral health burden by monitoring the status of oral health and disease of Texans;
- Incorporate data on a variety of national and local indicators that assess overall oral health;
- Identify data and knowledge gaps by supporting, enhancing, and expanding TOHSS;
- Measure the utilization of oral health services available to children, adolescents, and adults in Texas; and
- Monitor preventive services, such as community water fluoridation and dental sealant placement.

References:

[1] Oral Health Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers: At a Glance 2010. Accessed 06/28/2011 at http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2010/oral_health_aag.pdf

[2] Oral Health in Texas 2008. Accessed 07/08/2011 at http://www.google.com/search?hl=en&source=hp&biw=1003&bih=588&q=oral+health+in+texas+2008&oq=oral+health+in+texas+&aq=4b&aqi=g-b1&aql=f&gs_sm=c&gs_upl=1047l3891l0l21l17l0l5l5l0l250l1952l0.7.4l11

[3] National Oral Health Surveillance System, Oral Health Indicators. Accessed 05/18/2012 at http://www.cdc.gov/nohss/

Appendix A: Oral Health Indicators NOT Currently Monitored by TOHSS

HP 2020 Oral Health Indicators NOT Currently Monitored by TOHSS
OH - 3 Untreated dental decay in adults
OH - 5 Destructive periodontal disease
OH – 10 Health centers with oral health component
OH – 14 Preventive dental screening and counseling
OH – 17 Health agencies with a dental professional directing their dental public health program

Appendix B: Texas Oral Health Data Source Grid

Topic	Source	SFY* 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Pre-School Age Children										
Decay Experience	BSS					X				X
Untreated Decay						X				X
Sealant Prevalence						X				X
Urgent Need						X				X
Third Grade Children										
Decay Experience	BSS				X				X	
Untreated Decay					X				X	
Sealant Prevalence					X				X	
Urgent Need					X				X	
Adolescents										
Length of time since last dental visit	YRBS				X					
Adults										
Length of time since last dental visit	BRFSS	X		X		X		X		X
Length of time since last teeth cleaning		X		X		X		X		X
Number of teeth removed due to tooth decay or gum disease		X		X		X		X		X
Seniors										
Length of time since last dental visit	BRFSS							X		X
Length of time since last teeth cleaning								X		X
Number of teeth removed due to tooth decay or gum disease								X		X

*SFY- State Fiscal Year (September-August)

Topic	Source	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Mothers of Infants										
Percent of women who had their teeth cleaned before most recent pregnancy (Phase 6 and 7)	PRAMS	X	X	X	X	X	X	X	X	X
Percent of women who had their teeth cleaned during most recent pregnancy (Phase 6 and 7)		X	X	X	X	X	X	X	X	X
Percent of women who went to a dentist or dental clinic about a problem during most recent pregnancy (Phase 7)				X	X	X	X	X	X	X
Percent of women who had their teeth cleaned after most recent pregnancy (Phase 7)				X	X	X	X	X	X	X
Fluoridation Status										
Percent of population on public water systems receiving fluoridated water	WFRS	X	X	X	X	X	X	X	X	X
Malignant Oral Cavity and Pharynx Cancer Diagnosed										
Age-adjusted mortality rate per 100,000 population caused by cancer of the oral cavity or pharynx	TCR	X	X	X	X	X	X	X	X	X
Percent of oral and pharyngeal cancers detected at earliest stage		X	X	X	X	X	X	X	X	X
Increase the proportion of oral and pharyngeal cancers detected at the earliest stage		X	X	X	X	X	X	X	X	X
Clefts and Craniofacial Anomalies										
Number of babies born with cleft lip/cleft palate	TBDR	X	X	X	X	X	X	X	X	X
Rate of babies born with cleft lip/cleft palate per 10,000 live births		X	X	X	X	X	X	X	X	X

Topic	Source	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
EPSDT										
Number of eligibles receiving any dental services	Texas Medicaid Dental Claims	X	X	X	X	X	X	X	X	X
Number of eligibles receiving preventive dental services		X	X	X	X	X	X	X	X	X
Number of eligibles receiving dental treatment		X	X	X	X	X	X	X	X	X
CHIP										
Number of eligibles receiving any dental services	Texas CHIP Dental Claims	X	X	X	X	X	X	X	X	X
Number of eligibles receiving preventive dental services		X	X	X	X	X	X	X	X	X
Number of eligibles receiving dental treatment		X	X	X	X	X	X	X	X	X