

FAQs for Calibrated Screeners for the 2023 Smile Survey

1. Q: *Who is Coordinating this year's Smile Survey?*

A: Shelley Guinn, MPH, RDH, CDPH from Washington State Department of Health (DOH) is Coordinating the State-Level Survey. shelley.guinn@doh.wa.gov (Cell (360) 952-0100)

Aji Jobe RDH, BSDH will be the Coordinator for King County.

Dawn Jacobs, CDA, will be the Coordinator for Pierce County.

Dana Harris, RDH, BSDH, CDIPC is Coordinating the County-Level Surveys for the remaining 19 Counties. dana@healthybeginningsllc.com (Cell (509) 948-8662)

There are also 3 Assistant Coordinators: Nina Karhinen, RDH, Tammy Questi, RDH, and Heather Young, RDH. All Coordinators will work closely aligned with each other with common goals in mind.

2. Q: *What is the role of a Coordinator?*

A: Coordinators are responsible for contacting schools to obtain their permission to conduct the Smile Survey. Once a school agrees to participate in the survey, they will discuss what type of consent (Passive or Active) will be used, identify a main school contact, and then connect the school with a Screener for their area. For King and Pierce County, the Coordinators, Dawn and Aji, will also handle all the school scheduling.

If a school chooses not to participate, the Coordinator will update the School Sample Spreadsheet in Smartsheet and notify the Smile Survey Epidemiologist at DOH that the school needs to be replaced in the sample. Depending on if the school is in the state sample or in a county sample, will determine its replacement.

If a Screener has a previous working relationship with a school district or elementary school, and feels comfortable in doing any initial school outreach, please contact the respective coordinator to discuss that option.

3. Q: *What is the role of a Screener?*

A: After the Screener is connected to a school, they will email the school's main contact to schedule a screening date, arrange for the consent forms to be distributed to the students, and finalize details for the screening day. Screeners are expected to work closely with their assigned schools and respective coordinators for their upcoming scheduled visits. Please notify the Coordinator if any questions or concerns arise.

The Screeners are also responsible for ordering and maintaining an adequate amount of screening supplies and result forms, in addition to performing the visual screenings and entering

the oral health data into MS Forms. Screeners are expected to report their progress such as date scheduled and participation status via the School Sample Spreadsheet in Smartsheet.

4. Q: *What is the role of a Scribe?*

A: A Scribe is a volunteer role to help a Screener on the day of a school visit primarily to input data into the MS Forms, or if needed transcribe the data on paper. They may also be used to help the Screener with managing the flow of children. Scribes are not provided for Screeners or compensated by Arcora/DOH. Screeners can contact various community organizations such as their local ABCD Program, Health Department, School PTA/PTO etc. to try and recruit a volunteer or ask family/friends. Depending on the visitor policy of a school, Scribes may also be required to show proof of receiving the initial series of the Covid-19 vaccine.

5. Q: *What is the role of a County Point Person?*

A: This is a volunteer role for a Screener to help Coordinators delegate schools to Screeners especially when there are multiple Screeners available in a County. Sometimes it will be an Assistant Coordinator assigned to this role or sometimes it will be the Lead Screener of a County.

6. Q: *Which Counties have agreed to participate in this year's County-Level surveys?*

A: 21 out of the 39 counties have stakeholders that have requested County-Level oral health data. They are Benton, Grant, Yakima, Adams, Columbia, Franklin, Spokane, Walla Walla, Whitman, Clark, Cowlitz, Clallam, Gray's Harbor, Island, King, Kitsap, Pierce, San Juan, Snohomish, Thurston, and Whatcom Counties. 7 of these counties are small enough that they will have a census survey where all elementary schools in the county will be asked to participate in the sample.

In fact, Washington State is only 1 of 2 states to collect county-level oral health data. The only other state that has collected data for some of their larger counties is Arizona.

7. Q: *How are the schools selected to participate?*

A: Schools are randomly selected by Justin Weisser, MPH Epidemiology & Biostatistics, an Epidemiologist with DOH. He works in conjunction with Dr. Kathy Phipps RDH, PhD in Epidemiology. The survey is designed with a methodology in school selection that is representative of Washington State while considering factors such as free and reduced rate lunch data, race, and ethnicity.

8. Q: *What consent forms are offered to the schools?*

A: Basic Screening Surveys (BSS) are conducted with either 'Passive Consents' or 'Positive Consents', also called 'Active Consents'. Passive consent is preferred for these oral health

screenings since it is only a visual screening, and no services are being provided. Schools are familiar with the use of passive consent since it is also used for other school screenings such as hearing and vision. In addition, the use of passive consent forms is much easier and less time-consuming for school staff.

With the use of positive consent, there is usually a reduced rate of return with only 20-30% of consents sent back. Therefore, Coordinators will encourage all schools to use passive consent forms so that every student that a family does not opt-out is included in the survey. However, some schools may ask that positive consent forms be used, and in that case depending on the specific circumstances, the school may be replaced in the sample.

9. Q: *What languages are the Consent Forms and Results Letters translated into?*

A: In addition to English, the Consent Forms are translated into 7 additional languages: Spanish, Arabic, Somali, Vietnamese, Russian, Ukrainian, and Simplified Chinese, which both Mandarin and Cantonese speakers can read. The Results Letters have all 8 languages in 1 form.

10. Q: *What if my main contact says they cannot locate the children's SSID# (state (OSPI) student ID number)? Or who usually has access to the student rosters with the SSID numbers?*

A: Usually the school secretary, other front office staff or school Registrar will know which roster contains both the child's first and last name and SSID#. It is recommended to send a confirmation email about 1 week ahead of time to remind the school about the specific roster needed so they can have it ready and available on the day of the visit.

11. Q: *What if a school refuses to share the children's state student ID number (SSID#) with the Screener?*

A: OSPI has approved the use of the SSID# for the Smile Survey and does consider them safe to release to Screeners as they are non-identifiable. This 10-digit number is generated by OSPI when a student is registered in any WA State school and is carried with them over their entire K-12 school career. Most schools use their own school ID number to identify students that are less digits in total. Student names are only referenced on the day of the screening to mark children who can or cannot participate, for the results letter that is sent home to families and to be sure the correct child is being screened. When the survey is completed the data set with the SSID# will be sent to OSPI who will merge the data with the demographics and then the data set will be returned to the Department of Health (DOH) Epidemiologist without the SSID#.

The demographics that are not personally identifiable may include: age, gender, race/ethnicity, primary language spoken at home, eligibility for special education or federal lunch program, and if the child is considered a migrant and/or homeless per the [McKinney-Vento Act](#).

Currently, DOH is asking OSPI for a letter of explanation on the safety and their support of sharing the SSID#'s with Smile Survey Screeners, in the meantime, **below is some scripting that can be used when communicating with a school that has concerns about the SSID#:**

“As for the concerns about student information privacy, the Washington Office of Superintendent of Public Instruction (OSPI) considers the 10-digit SSID numbers safe to release to Smile Survey Screeners as those numbers are non-identifiable. Student names will not be added to the survey forms that are filled out during the oral assessments. Student names are only referenced on the day of the screening to make sure the correct child is being screened in connection with the SSID number being entered into the form. Those SSID numbers are how the Epidemiologist from the WA State Department of Health is able to collect demographic information that is categorized with the screening data collected on the screening day. This allows collection of data without transfer of personal identifiers such as student names. No student names will leave the school with me. The SSID numbers will be deleted from the final data file as soon as OSPI matches the non-identifying demographic data. I hope this information helps ease worries about privacy of student information. Please let me know of any other questions regarding the SSID numbers.”

If the school continues to refuse to release the SSID#, then notify the appropriate Coordinator, as the school will need to be replaced in the sample if they will not release that information.

12. Q: *How many classrooms & students can Screeners expect to screen during their 1-day visit?*

A: A Screener can typically expect to screen about 3-4 classrooms in each target grade which usually equals about 100 to 120 total students a day. In smaller schools, it will be less.

13. Q: *How many students can a Screener expect to be there on the scheduled day as compared to the total number of students enrolled in the selected classes?*

A: We typically estimate an 80% response rate with passive consents. This allows 20% of the students to be absent or not really enrolled, in addition to those families who decline.

Since the goal is to screen about 50-60 students per grade, Coordinators will have to invite up to 125-150 total students to participate with passive consent to end up with the goal of 100-120 children screened at the end of the day.

For schools who require positive consents, it is hard to predict how many students will participate. When screening a school that requires positive consent, consider having the teacher hand out the consents that have been returned to the students to ensure every child screened has consent.

14. Q: *Will Screeners be required to Screen a school on a certain day of the week? And/or will Screeners be required to take off time from another job to complete a school visit?*

A: No, ideally the Screeners will schedule their visit on a day that their availability matches the school's availability. If the school has requested a particular date, and the assigned Screener cannot accommodate, please let the Coordinator know and they will reach out to other

Screeners. If the school requests the visit overlap with an existing School-Based Oral Health Program schedule or during Fall hearing & vision screenings, we will do our best to accommodate the schools request to find a Screener who is available in counties that have multiple Screeners; however, we cannot guarantee that.

15. Q: Will Screeners be required to drive to schools in inclement weather?

A: No, it will be up to the Screeners to set their schedule and make the final decision if they feel safe to travel that day to a scheduled school. In addition, always check with your local news agencies and social media to monitor for school delays and closures in winter weather conditions. Some school districts are more conservative with school delays and closures and some more proactive.

16. Q: What PPE will Screeners wear?

A: Mask, gloves, eye protection (safety glasses or face shield) and scrubs with long sleeves are all recommended.

17. Q: If the screenings are taking place on the same day as a school-based program visit, which screening should take place first?

A: The Smile Survey screening should take place first. That way the Smile Survey screening is not hindered by services (fluoride varnish, Sealants, SDF etc.) provided that day by the school-based program.

18. Q: Where is it recommended for a Screener to ask to set up to perform the screenings?

A: The goal is to be flexible; however, past Smile Survey Screeners and other School-Based Oral Health Screening Programs recommend Screeners ideally set up right outside of a classroom in the hallway. If the selected classroom is located in a portable, it is most efficient to set up in the back or corner of the portable itself. Screeners can quietly screen children even while class is ongoing. When screenings are completed for each classroom, Screeners then move their set up to be close to the next selected classroom.

Generally, once it is explained to the school staff that this set up equals less time that kiddos are out of class the schools are on board for this idea! Additionally, it is a smoother transition between students, and less time consuming in general since the Screener will be at the school less time that day and eliminates the need for a staff member or a runner to take time to walk small groups of students back and forth. Plus, this is not a school-based sealant program where mobile dental chairs are being utilized or dental aerosols are being produced so no separate area is required.

If the school will not allow the Screener to set up outside in the hallway, then consider asking the main school contact for assistance with escorting the children back and forth.

19. Q: How can a Screener announce their arrival to a teacher that they are ready to screen their classroom?

A: It is recommended when you arrive to the selected classrooms, you introduce yourself to the teacher, then ask to make a brief announcement to the class that some children will be asked to participate in a short visual screening and at the end of the school day, they will all each receive an oral health kit with a toothbrush.

The Screener could also bring their penlight and a mirror into the classroom to demonstrate with the 'Tell-Show-Do Method' what a visual screening entails to reduce any fears ahead of time. This makes things go more efficiently on the back end when working with young children.

20. Q: What if a child who has permission to be screened is out of class for educational resources such as Speech/Occupational Therapy or Reading/Math groups?

A: Dr. Phipps has recommended Screeners try and capture these children as best they can when they return to class since these children are important to include in the sample.

21. Q: How many children does a Screener take out of class at a time?

A: If a Screener is set up in the hallway outside of the classroom, one method is to take the first 2 students on the roster that can be screened out first. Then when each student is done, ask them to quietly tap the next student on your roster who can be screened to let them know it's their turn. Because the Screener always has 2 students, with one being screened, and the next one sitting in the waiting chair, this can be very time efficient. If the Screener is set up in the back of a portable, this method also works well.

If the school has required the Screener to set up in a common area, try working with small groups of 3-4 students to minimize student's time out of class.

22. Q: What if a child refuses to open their mouth? Or stop in the middle of participating before the Screener has had a chance to collect all the data?

A: If a child declines to participate at any point during the screening, that is fine, no child is ever forced to participate, and it is unnecessary to try hard to convince them. The Screener can dismiss the child back to class. If any data was collected for the child, it can be entered into the MS Forms but for any data points that the Screener was not able to fully capture, please use 'unknown.' Children who do not participate in the visual screening will not receive a results letter.

23. Q: How often should Screeners submit their invoices to Arcora for payment?

A: Screeners should submit invoices at least monthly but can submit invoices as often as weekly. A PDF invoice is preferred. Screeners can use templates, for example, from Word or

QuickBooks, or the template in the Smile Survey Screener Toolkit, to submit invoices. More than 1 school can be submitted at a time on the same invoice.

24. Q: Does a Screener ask every child if they are in pain?

A: No, only ask children with obvious areas that potentially could be painful. In a nonchalant tone, recommended ways to ask a child are:

- Do you have any teeth that are bothering you?
- Do you have any teeth that wake you up at night?
- Do you have any teeth that hurt when you eat?

If the child answers yes to any of the questions, then ask them to point at the area to confirm the location coincides with areas of decay vs. for example, their erupting first molar.

25. Q: How will the data for the survey be collected?

A: Data collection will be completed electronically via MS Forms. MS Forms is user friendly and can be used on any device (Apple/Android) including a personal cell phone, tablet, or laptop. It is double encrypted (once upon entering the data and second upon retrieving the data) and therefore data will never be stored on the device.

Using an electronic method to capture or scan and copy/paste the SSID number into the MS Form will be more accurate than entering the numbers by hand.

26. Q: What if a Screener knows they made a data entry error? Does a Screener need to notify anyone?

A: It is expected that data entry errors will happen, however, there is no way to return to a form once it has been submitted. In general, there is no need to notify anyone and it is best practice to avoid submitting duplicate forms on the same student. Do your best to enter the data, especially the 10-digit SSID#, correctly the first time.

However, if you do have any questions or concerns about the data contact Justin Weisser at justin.weisser@doh.wa.gov

27. Q: What if the school a Screener has committed to screen requires additional travel expenses to complete such as ferry rides or overnight stays?

A: If a Screener expects a school to require additional travel expenses, then please contact Heather Knaplund from Arcora Foundation at hknaplund@arcorafoundation.org for pre-approval. [Travel](#) and [hotel accommodations](#) expenses will be reimbursed up to the current GSA Per Diem Rates in Washington State. Please keep copies of all receipts for additional travel expenses.

28. Q: How will screening supplies be mailed to Screeners?

A: Initially, Screeners will receive an initial shipment that will include basic office supplies, back up paper data forms, a rolling cart, toothbrushes, toothpicks, and enough initial screening supplies (masks, gloves in your size, mirrors, disinfecting wipes), and result letters to see about 3 schools. A penlight and blacklight will also be included if not received at the Calibration Training.

Screeners will submit requests as needed through Arcora for additional supplies as schools are scheduled. Be sure to give at least a 3-week lead time to receive them before your scheduled dates.

29. Q: Are schools compensated for their participation? Who will mail out the incentive gifts for each participating school?

A: No schools are monetarily compensated for participating; however, they will receive incentive gifts. Arcora will package their gifts together and mail them out when the screenings have been completed. An Oral Hygiene Presentation Puppet and books have been selected.

30. Q: What optional check-in methods will be used to communicate with Screeners?

A: Communication will primarily be via email. However, there is an optional FB Group for a central area to post questions and comments, share interesting experiences including successes and challenges, and for conversation between Screeners. Webinars will be scheduled as needed and recorded for those who cannot attend.

31. Q: Can a Screener use the time they contribute to the Smile Survey as continuing education credits toward licensure?

A: Yes, Screeners who are Dental Hygienists can apply up to 5 hours per continuing education cycle for participating in a public health activity. Below is the Dental Hygiene WAC covering CDE:

[WAC 246-815-140](#): (x) A licensee who serves as a public health official or employee, contractor for a state or local health agency, community prevention education expert, or works in a field that relates to prevention activities in public health dentistry, may accumulate hours for the content preparation of providing services, education, or training to the underserved, rural, and at risk populations, not to exceed five hours per year;