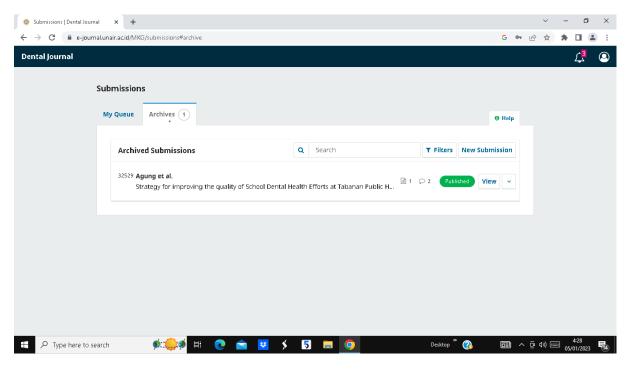
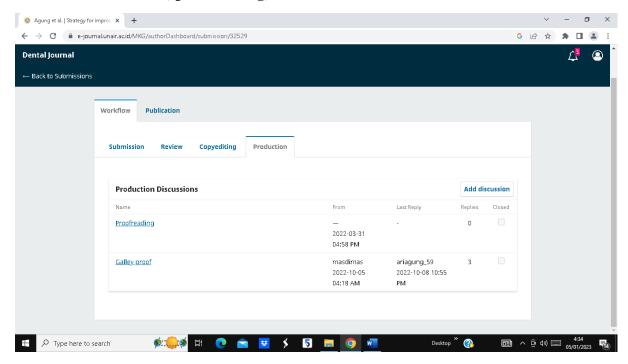
Bukti Korespondensi dengan Dental Journal (Majalah Kedokteran Gigi)

Dr. Ir. I Gusti Ayu Ari Agung, M.Kes.

Archived Submission



Production Discussion, proofreading, 31 Maret 2022 (MKG)



Response letter 2 April 2022

Dear Editor of DJMKG,

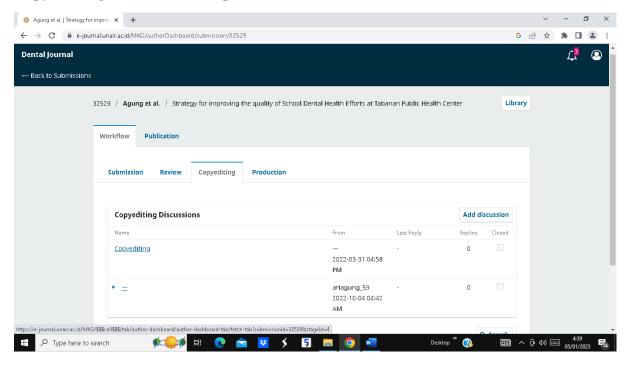
research methods?

Thank you for giving me the opportunity to submit a revised draft of my manuscript titled **Strategy for improving the quality of School Dental Health Efforts (***UKGS***) at Tabanan Publich Health Center (Puskesmas)** to Dental Journal (Majalah Kedokteran Gigi). We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on my manuscript. We are grateful to the reviewers for their insightful comments on my paper. We have been able to incorporate changes to reflect most of the suggestions provided by the reviewers. We have highlighted the changes within the manuscript.

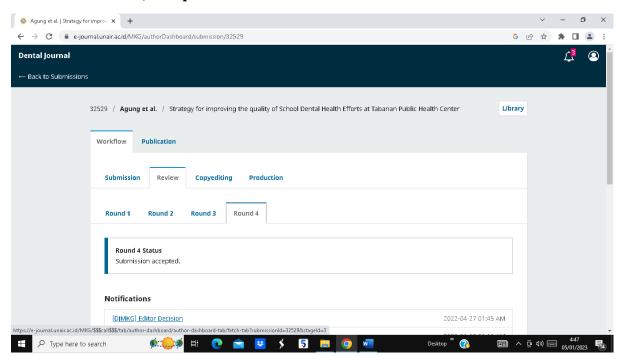
Here is a point-by-point response to the reviewers' comments and concerns.

No.	Reviewer comments	Before revision	Revision	Notes
		Revisio	n-1	
	Reviewer 1 (RV1)			
1.	Commented [d1]: "Spearhead" Should be written as "Flagship Program"	spearhead	Flagship program	Page:1 Paragraph:1
2.	Commented [d2]: "three element" Should be written as " three man stakeholders"	Puskesmas, schools and parents	Puskesmas, schools and parents	Page: 1 Paragraph: 1
3.	Commented [d3]: What do researcher mean with "encouraging and inhibiting". Is it true that "Parent, shool and Puskesmas inhibit UKGS? Commented [d4]: You have two	Encouraging and inhibiting	driving force, and restraining force	Page: 1 Paragraph: 1
4.	Commented [d4]: You have two key words which don't have consistency: "encouraging and inhibiting" and "motivating and inhibiting". Which one is suitable with Kurt Lewin's Force Field Analysis theory?	motivating and inhibiting	driving force to change, and restraining force to change	Page: 1 Paragraph: 1
5.	Commented [d5]: In Kurt Lewin's theory the name is "Force Field Analysis", it's not "Strength Field Analysis"	Strength Field Analysis	Force Field Analysis	Page: 1 Paragraph: 1
6.	Commented [d6]: In Kurt Lewin's Force field Analysis, they use terms "Driving Force to Change and Restraining Force to change". You use term "Driving Factor and inhibiting factor". Which theory actually you choose as a basic theory in your	Kurt Lewin's Strength field Analysis	Kurt Lewin's <u>Force</u> field Analysis	Page: 1 Paragraph: 1

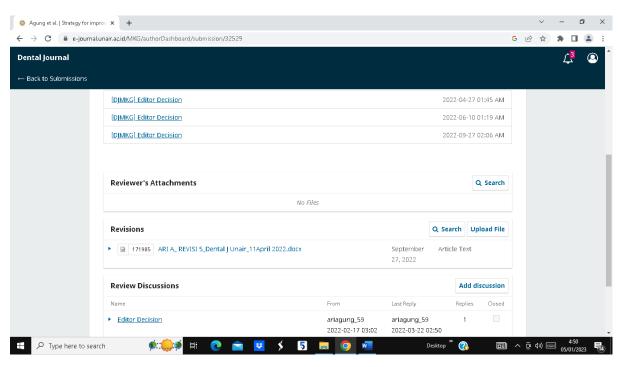
Copy Editing Discussions 10 April 2022

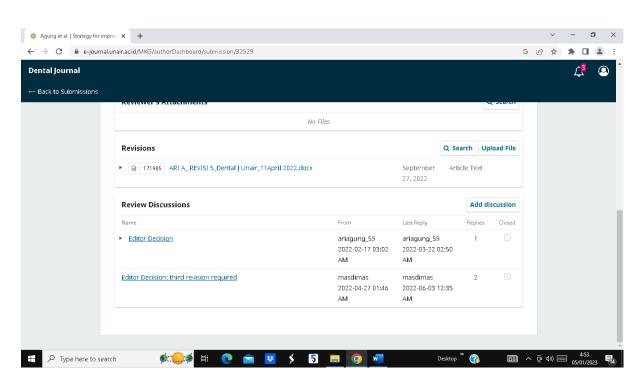


Review Discussions, 27 April 2022

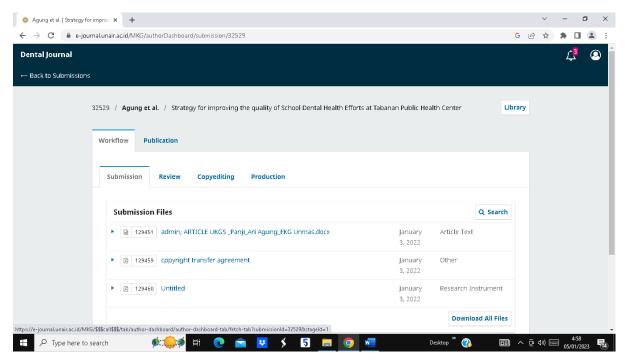


Review's Attachments

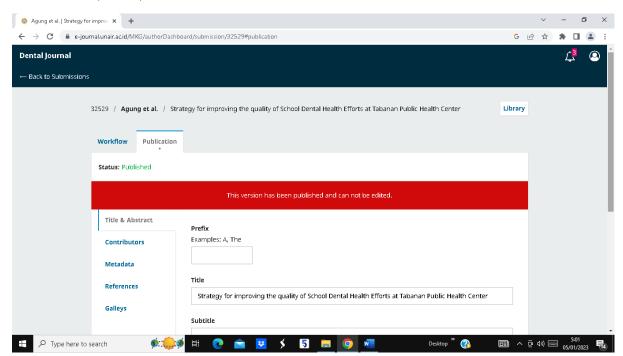




Submission Files, 3 Januari 2022 (MKG)

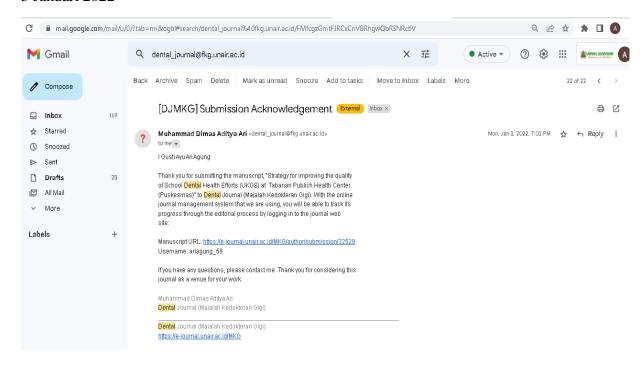


Publication (MKG)



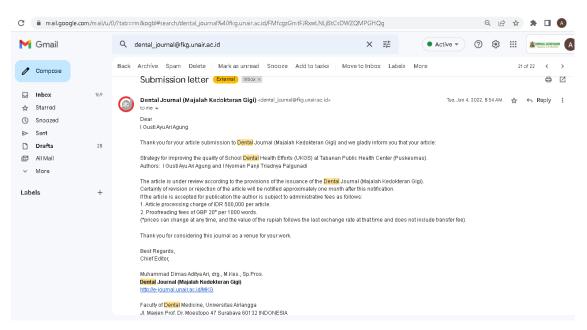
Submission Acknowledgement

3 Januari 2022



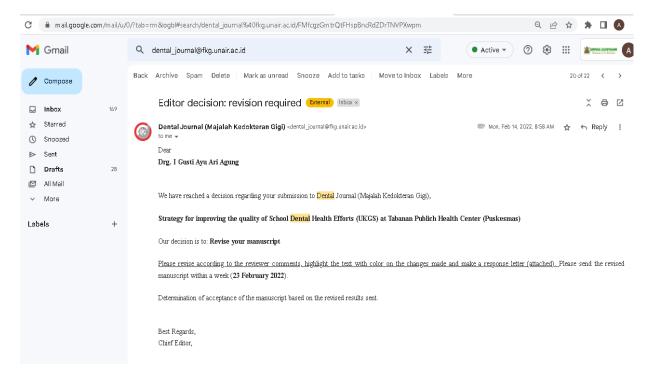
Submission Letter

4 Januari 2022



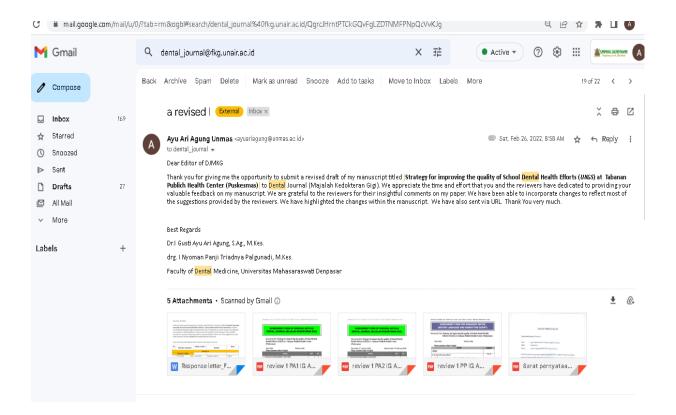
Editor decision: revision required

14 Februari 2022



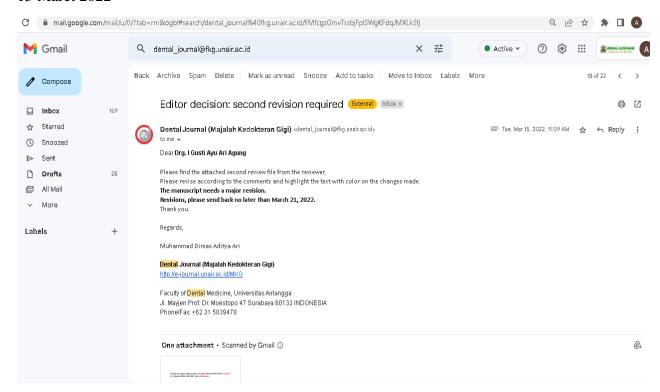
Revision

26 Februari 2022



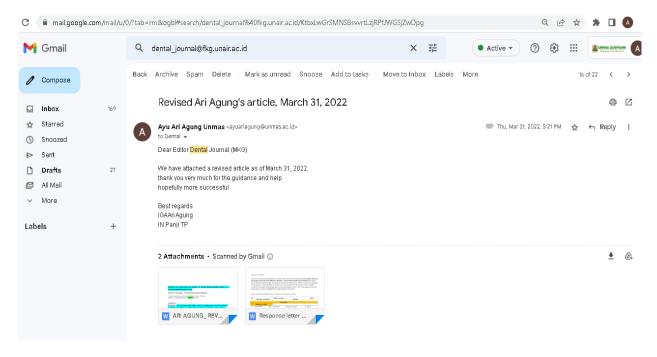
Editor decision: second revision required

15 Maret 2022



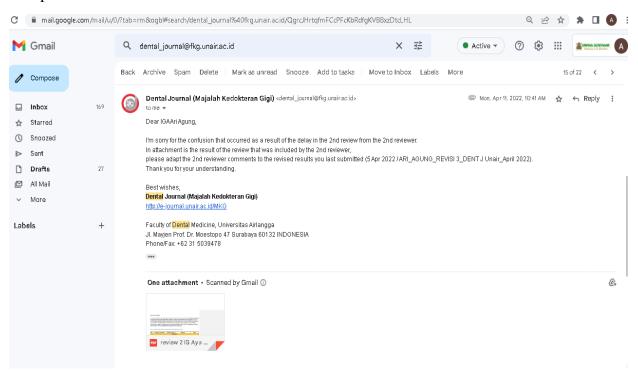
Second Revision

31 Maret 2022



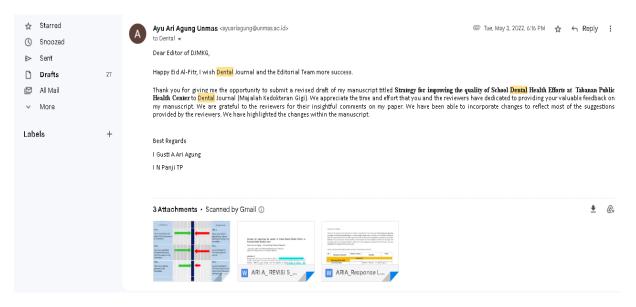
Third Revision Required

11 April 2022



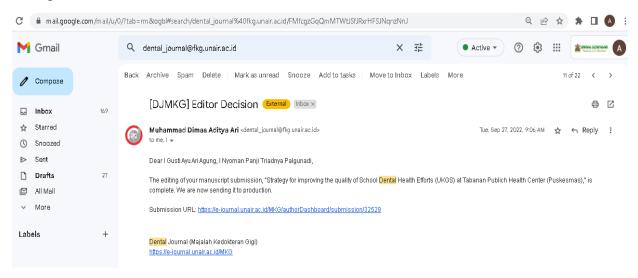
Third Revision

3 Mei 2022



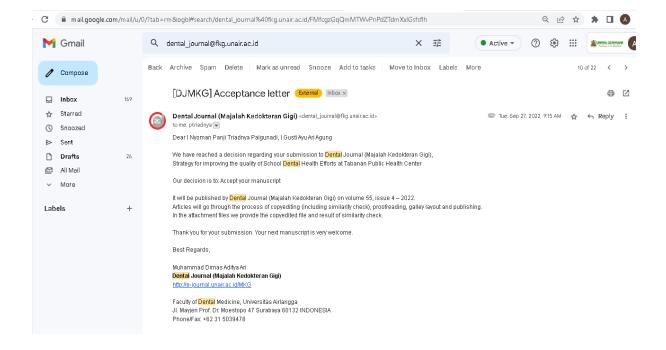
Editor Decision: Editing is complete

27 September 2022



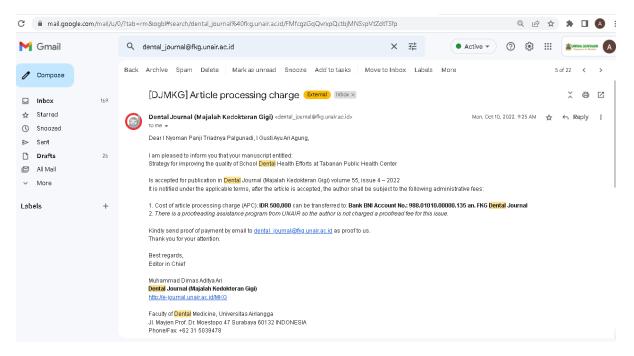
Acceptance Letter

27 September 2022



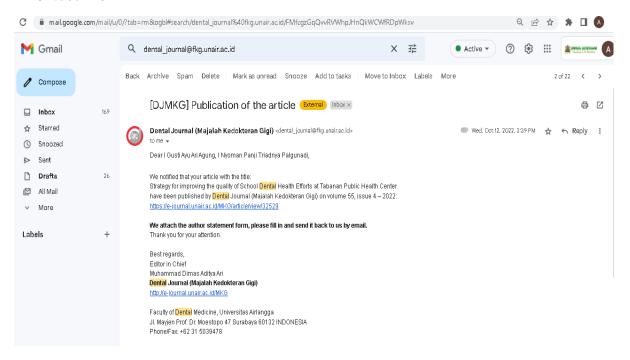
Article processing charge

10 Oktober 2022



Publication of the article

12 Oktober 2022



Dear Editor of DJMKG,

Thank you for giving me the opportunity to submit a revised draft of my manuscript titled **Strategy for improving the quality of School Dental Health Efforts at Tabanan Public Health Center** to Dental Journal (Majalah Kedokteran Gigi). We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on my manuscript. We are grateful to the reviewers for their insightful comments on my paper. We have been able to incorporate changes to reflect most of the suggestions provided by the reviewers. We have highlighted the changes within the manuscript.

Here is a point-by-point response to the reviewers' comments and concerns.

No.	Reviewer comments	Before revision	Revision	Notes
		Revision	-5	
	Managing Editor (ME)			
1.	Commented [DS1]: The authors have not addressed this question. The authors need to describe the condition in the location of the study (not only the general implementation of UKGS).		Tabanan Regency in Bali Province is one of the regencies in Indonesia that has a prevalence of dental caries experience that is higher than the national prevalence, which is 68,2%. To control dental and oral diseases by the Community Health Center (hence abbreviated as Puskesmas) through the actualization of the	Page: 2 Paragraph: 4

	Before then, the authors need to introduce UKGS. If there is no data currently available to give such a description, the authors can provide a reference from other areas, then identify the research /knowledge gap. Then, explain the significance of the study		local School Dental Health Efforts (hence abbreviated as UKGS) for both examination and treatment of dental and oral diseases is still low. Public awareness of dental and oral health is also still low, so it is necessary to develop a health improvement system through counseling and improving the quality of services. The results of the study on the implementation of UKGS at Puskesmas II North Denpasar in 2015, found only 5.3% of schools with active UKGS implementation. Dental and oral health for students in elementary schools with active UKGS are better than in elementary schools with inactive UKGS. Program UKGS in elementary schools should be given regularly so that elementary students have attitudes, knowledge, and behavior about good oral and dental health. 9	
2	Commented [DS2]: Rewrite the aim, so it is in line with the title	to propose the strategy/plan of action or to identify the driving and inhibiting factors	This study aims to formulate a strategy to improve the quality of UKGS at the Tabanan Puskesmas.	Page: 3 Paragraph: 3
3	Commented [DS3]: This is not the research gap	The Puskesmas program on UKGS was not yet optimal. This shows that the implementation of UKGS has not succeeded	it was found that most UKGS in the Tabanan district were not active. This is in accordance with the results of a study in Denpasar that more than 95% of UKGS were inactive,(9) and when the research was conducted it turned out that during the COVID-19 pandemic, the UKGS program could not be implemented. Student learning is done online, the results of the study state that this condition worsens the condition of students' sweet	Pages: 3 Paragraph: 2

			snacks during the online learning process. This will increase the occurrence of caries in students. Therefore, dental and oral health education counseling through the UKGS online program is very much needed. Elementary school students (ages 6-12 years) are	
			often referred to as a vulnerable period because the baby teeth begin to fall out one by one, and the first permanent growth begins. New teeth are immature and susceptible to decay	
4	Commented [DS4]: There is still no ethical clearance number provided	_	Ethics approval was obtained from the Ethics Review Board of the Faculty of Dentistry at Mahasaraswati Denpasar University (No.356/A.17.01/FKG-Unmas/III/2022).	Page: 4 Paragraph: 1
5	Commented [DS5]: There was no quantitaive methods here How could it be called a mixed-method study?	A mixed-method study was carried out using the FFA regarding for improving the quality of UKGS in Puskesmas Tabanan, Bali in 2020.	A qualitative method study was carried out using the FFA regarding improving the quality of UKGS in Puskesmas Tabanan, Bali, in 2020.	Page: 4 Paragraph: 3
6	Commented [DS6]: This is my additional comments The methods are still unclear (1) The results should be started with the characteristics of the respondents: How many schools were involved? How many respondents were included in each process of data collection and who are they? (2) It would be clearer if table 1 and table 2 is merged into one table. (3) The authors should have another table or a diagram to	_	(1) Tabanan regency is divided into 10 (ten) subdistricts and consists of 133 villages. According to the results of the population registration carried out by the Central Statistics Agency (BPS) at the end of 2015, the population of Tabanan Regency reached 448,033 inhabitants. The population is spread over ten sub-districts in Tabanan Regency. Most of the Tabanan Regency area is a rural/mountainous area.	Page: 3 Paragraph: 2

show both the driving and restraining forces separately (4) I personally perceive that this is a qualitative study. If it is so, the results should follow the guidelines for reporting a qualitative study, i.e. quotes

- (5) The discussion section has not clearly explained the findings. Try to compare what have been found in this study and what have been found in other similar studies. What are the similarity and what are the differences? Explain in which findings of this study could be linked to strategies mentioned in this paragraph.
- (6) Check the conclusion. Are they what the Commented [DS6]: This is my additional comments 7 authors found in this study? I can't find them in the results.
- (7) What is the strength and the limitation of the study? And how the findings can contribute to the current knowledge? what is the future direction based on the strength and the limitation of this study?

The distribution of the area is shown in Table 1. Tabanan Regency has 20 Puskesmas, covers UKGS in 310 Elementary Schools, and each Puskesmas has two dentists.

Questionnaires, field observations, suggestions, and expectations of UKGS staff (Puskesmas and school), as well as head school are expected to improve the quality of UKGS program services at Tabanan Puskesmas.

(2) revised

(3) Figure 1

- (4) revised to qualitative study
- (5) revised
- (6) revised

(7) This research was carried out during the COVID-19 pandemic, which is the main limitation of this research, so that respondents can only be taken from 15 **UKGS** Puskesmas officers. The findings of this study have important implications, that the UKGS program is very important to be immediately noticed by parents, the Health Office. the government, community research and institutions service and funders, considering that only about 5% of the UKGS program can be active, on the other hand. The condition of students' dental health is getting worse. It is recommended for the development of Innovative UKGS program, namely the development of a little dentist with a garden of Page: 5
Paragraph: 3

Page: 7
Paragraph: 1

Page: 6

Paragraph: 1

Page: 7

Paragraph: 1 Page: 8-10

Page: 10 Page:

Page: 10 Paragraph: 1

		nutritious medicinal plants which is the main focus of the physical education and health curriculum, as well as appearing on the Ministry of Health Website. The findings of this study have very important implications, both for readers, students, parents of students, UKGS	
		officers (schools and health centers), principals, heads of health centers, leaders of the Health Service, as information that the UKGS program is more than 95% unable to be active because of constraints. lack of funds, and the importance of paying attention to dental health for	
		elementary school students.	
	Reviewer 3 (RV3)	,	
	Commented [DS1]: Incomplete	Revised	Page: 1
1.	sentence!		Paragraph: 1

		and periodontal		
		disease tend to		
		increase. Efforts		
		to overcome the		
		occurrence of		
		caries and		
		periodontal		
		disease have not		
		•		
		significant results		
		when measured		
		by dental health		
		indicators.		_
3.	Commented [DS3]: What are	-	Revised	Page: 2
	the indicators used to evaluate			Paragraph: 1
	the success of the efforts?			
4.	Commented [DS4]: Reference?	The dental and oral	The dental and oral problems	Page: 2
	Commented [DS5]: What does	problems of	of the people in Bali are	Paragraph: 2
	it refer to here?	Balinese people		
	Commented [DS6]: Hard to	are higher than the	higher than the national	
	understand. Too long	national average,	average, which is 58.4%. One	
	sentence. Consider to rewrite	which is 58.4%.	average, which is 30.470. One	
		One of the reasons	of the reasons is that 95.7%	
		is that 95.7% of Balinese people	of Balinese people have	
		have never visited	never visited a dental medical	
		a dental health service. In	facility. What's more, only	
		addition, only 5.3% of Balinese people	5.3% of Balinese people	
		brush their teeth	brush their teeth at the right	
		at the right time, namely twice a	time, namely twice a day, in	
		day, in the	the morning after breakfast,	
		morning after breakfast, and at	and at night before going to	
		night before going to bed. It allows for	bed. It allows for other	
		other factors that	factors that influence the high	
		influence the high level of dental and	level of dental and oral	
		oral problems in	problems in the Province of	
		the Province of Bali, one of which	Bali, one of which is the	
		is the behavior of	behavior of brushing teeth	
		brushing teeth that is not good	that is not good and correct,	
		and correct, and	and dental and oral health	
		dental and oral health services are	services are not evenly	
		nearth services are	distributed. ⁵	

				T
		not evenly		
_	C	distributed.	D • 1	D 2
5.	Commented [DS7]: Hard to		Revised	Page: 2
	understand. Consider to			Paragraph: 2
	rewrite Commented			
	[DS8]: Incoherent paragraph Commented [DS9]: What	The Health Law of		D 2
6	• •		-	Page: 3
	capacity? Commented [DS10]: What for?	the Republic of Indonesia states		Paragraph: 5
	And how does this link to the	that health		
	previous sentence?	management		
	Commented [DS11]: What kind	organized by the		
	of efforts?	government and		
	or enorts:	the community is		
		directed at		
		developing and		
		increasing		
		capacity. The		
		district/city		
		government must		
		provide at least 1		
		(one) Puskesmas in		
		each sub-district.		
		The establishment		
		of more than 1		
		(one) Puskesmas is		
		based on service		
		needs, population		
		size, and		
		accessibility		
		considerations so		
		that the efforts can		
		be implemented		
		efficiently and		
		effectively. 3		
7	Commented [DS12]: Need to		*Tabanan Regency in Bali	Page: 2
	reorganize those paragraphs 1.		Province is one of the	Paragraph: 1-3
	Introduce the problems of		regencies in Indonesia that	
	dental caries in school children		has a prevalence of dental	
	in Indonesia, particularly in		caries experience that is	
	Bali. 2. Introduce UKGS as a		higher than the national	
	part of activity programs in		prevalence of 68.2%.	
	Puskesmas aiming to deliver dental and oral health services		*Based on interviews with	
	for school children. 3. What		school principals, it was	
	kind of activities are included		found that most UKGS in the	
	in UKGS? 4. Describe how		Tabanan district were not	
	UKGS is carried out in the		active. This is in accordance	
	working areas of Puskesmas		with the results of a study in	
	Tabanan? What are the results		Denpasar that more than 95%	
	in terms of dental and oral		of UKGS were inactive	
	terms of defital and ofar	<u> </u>	<u> </u>	<u> </u>

health of school children there? Has there been any evaluation regarding the effectiveness of UKGS there? What are the results if available? By doing this, the research/knowledge gap can be identified. The authors need to describe the condition in the location of the study (not only the general implementation of UKGS). If there is no data currently available to give such a	* UKGS is a technical strategy for implementing dental and oral health for elementary school students. The scope of its activities is to carry out dental health checks, routine dental care, and dental and oral health counseling for school children.	
Then, explain the significance of the study. Commented [DS13]: Rewrite this aim, so it is in line with the title Commented [DS14]: This manuscript needs a professional editing and proofreading service. 8 Commented [DS15]: This is the analytical framework used in this study Commented [DS16]: Ethical clearance number? Commented [DS17]: There was no questionnaire survey here. How could it be called a mixed-method study? A mixed-methods study consists of both the quantitative and the qualitative methods, in which there should be an interface or a link between both methods. Then, the results should have not only the quantitative and qualitative findings separately, but also the synthesis of the results. I am not sure if this study is a mixed methods study. I personally perceive that this is a qualitative study. If it is so, the results should follow the guidelines for reporting a qualitative study, i.e. quo	Ethics approval was obtained from the Ethics Review Board of the Faculty of Dentistry at Mahasaraswati Denpasar University (No.356/A.17.01/FKG-Unmas/III/2022). A qualitative method study was carried out using the FFA regarding improving the quality of UKGS in Puskesmas Tabanan, Bali, in 2020.	Page: 4 Paragraph: 1-3

		T T		T
9	Commented [DS18]: The			Page: 2
	results should be started with			Paragraph: 1
	the characteristics of the			
	respondents. How many			
	schools were involved? How			
	many respondents were			
	included in each process of			
	data collection and who are			
	they? Commented [DS19]:			
	There is no explanation about			
	carrying out a questionnaire			
	survey and field observation in			
	methods. Commented [DS20]:			
	Table 1 is not about the			
	procedure, Commented			
	[DS21]: It would be clearer if			
	table 1 and table 2 is merged			
	into one table. Commented			
	[DS22]: Inconsistent term. In			
	methods, the authors said			
	restraining forces			
	Commented [DS23]: Which are		Figure 1	Page: 7
	the driving forces? And which		· ·	Paragraph: 3
	are the constraining factors?			
	The authors should have			
	another table or a diagram to			
	show both the driving and			
	restraining forces			
	Commented [DS24]: Make it in		Figure 1	Page: 7
	a table or a diagram		O	Paragraph: 3
	Commented [DS25]: Make an			
	interpretation of the findings			
	not just repeat what has been			
	written in the table above.			
	Commented [DS26]: The		Revised	Page: 7-10
	discussion section has not			Paragraph:
	clearly explained the findings			ι αιαξιαριί.
	Commented [DS27]: Little			Page: 9
	dentists are not mentioned			Paragraph: 3
	as one of the activities or			i alagiapii. 3
	strategies in the results.		- · ·	5 6
	Commented [DS28]: Whose		Revised	Page: 9
	study? It doesn't appear in the			Paragraph: 3
	results Commented [DS29]:			
	Try to compare what have			
	been found in this study and			
	what have been found in other			
	similar studies. What are the			
	similarity and what are the			
	differences? Explain in which			
	findings of this study could be			

	linked to strategies mentioned in this paragraph.		
	Commented [DS30]: Are they what the authors found in this study? I can't find them in the results.	Revised	Page: 9,10 Paragraph: 4, 1
	Managing Editor (ME). B -Review 2		
1.	Commented [Office1]: Add the statement regarding ethical clearance with the number	Ethics approval was obtained from the Ethics Review Board of the Faculty of Dentistry at Mahasaraswati Denpasar University (No.356/A.17.01/FKG-Unmas/III/2022).	Page: 4 Paragraph: 1
2.	Commented [Office2]: How determine and select the sample How to calculate or determine the sample size?	The method of determining and selecting samples is by purposive sampling	Page: 3 Paragraph: 4
3.	Commented [Office3]: Please more detail and specific on inclusion and exclusion criterias	Revised	Page: 3 Paragraph: 4
4.	Commented [Office4]: Expand the abbreviation	Revised	Page: 9 Paragraph: 2
5.	Commented [Office5]: Please follow the guideline for the reference section	Revised	Page: 10-12 Paragraph: 1

[Dear Editors and reviewers, thank you very much for your help and attention, I wish you more success and happiness. Good luck for you]

In addition to the above comments, all spelling and grammatical errors pointed out by the reviewers have been corrected. We look forward to hearing from you in due time regarding our submission and to respond to any further questions and comments you may have.

Sincerely,



Original article

Strategy for improving the quality of School Dental Health Efforts at Tabanan Public Health Center ABSTRACT

Background: The School Dental Health Efforts or unit kesehatan gigi sekolah (UKGS) is a public health effort to maintain and improve the dental and oral health of elementary school students. UKGS is a strategy and the flagship program of dental health services in schools. The implementation of UKGS involves three elements, namely the pusat kesehatan masyarakat (health centre) the pusat kesehatan masyarakat (health centre), schools, and parents. The three elements in UKGS are the driving force and restraining force that greatly affect the quality of UKGS services. Purpose: The aim is to analyze strategies that can improve the quality of UKGS at Tabanan Puskesmas. Methods: This research used evaluative research and was analyzed by Kurt Lewin's Force Field Analysis. Results: The results showed that the driving force was the availability of skilled and knowledgeable health workers and UKGS personnel who were willing to carry out the UKGS program. In addition, there were also restraining forces in the form of infrequent visits by officers to schools, lack of equipment and material facilities, and lack of budget for the UKGS activities. Conclusion: Strategies that can improve the quality of UKGS at Tabanan Puskesmas can be done by utilizing the facilities at the Puskesmas for The School Dental Health Efforts activities in schools, transmitting knowledge and skills from Puskesmas officers to The School Dental Health Efforts staff in schools and increasing the budget by means of self-help. It is recommended for the development of the Innovative UKGS program, namely the development of little dentists with a nutritional, medicinal plant garden, which is the main focus for the school curriculum and the Ministry of Health website.

Keywords: school dental health efforts; curriculum; medicinal plant garden, dental health education, dentistry

INTRODUCTION

implemented efficiently and effectively. 6

The Global Burden of Disease Study 2019 estimated that oral diseases affect close to 3.5 billion people worldwide, with caries of permanent teeth being the most common condition1. Globally, it is estimated that 2 billion people suffer from caries of permanent teeth and 520 million children suffer from caries of primary teeth... In most low-income and middle-income countries, the prevalence of oral disease continues to increase as urbanization grows and living conditions change. This is mainly due to inadequate exposure to fluoride (in water supplies and oral hygiene products such as toothpaste), the availability and affordability of high-sugar foods, and poor access to oral health care services in the community.2

The World Health Assembly approved a Resolution on oral health in 2021 at the 74th World Health Assembly. The Resolution recommends a shift from the traditional curative approach towards a preventive approach that includes promotion of oral health within the family, schools, and workplaces, and includes timely, comprehensive, and inclusive care within the primary healthcare system.3

Dental and oral diseases in Indonesia are at the top of the list of the top 10 diseases most common disease Indonesian people complain. The perception and the behavior of the Indonesian people towards dental and oral health are still poor. It can be seen from the large number of dental caries and oral disease in Indonesia, which tends to increase, 4 therefore dental health problems in Indonesia still need attention. The prevalence of caries and periodontal disease is still relatively high. The caries index and periodontal disease tend to decrease in developed countries as a result of targeted preventive dental health programs. On the other hand, in developing countries such as Indonesia, the index of caries and periodontal disease tend to increase. Efforts to overcome the occurrence of caries and periodontal disease have not yet shown significant results when measured by dental health indicators.4

The dental and oral problems of the people in Bali are higher than the national average, which is 58.4%. One of the reasons is that 95.7% of Balinese people have never visited a dental medical facility. In addition, only 5.3% of Balinese people brush their teeth at the right time, namely twice a day, in the morning after breakfast, and at night before going to bed. It allows for other factors that influence the high level of dental and oral problems in the Province of Bali, one of which is the behavior of brushing teeth that is not good and correct, and dental and oral health services are not evenly distributed. S

Childhood aged 6-12 years are often referred to as vulnerable times because milk teeth start to fall out one by one, and the

first permanent growth begins (age 6-8 years). The new teeth are immature and vulnerable to damage. Tabanan Regency in Bali Province is one of the regencies in Indonesia that has a prevalence of dental caries experience that is higher than the national prevalence, which is 68,2%. To control dental and oral diseases by the Community Health Center / (hence abbreviated as *pusat kesehatan masyarakat* (Puskesmas) through the actualization of the local School Dental Health Efforts or *unit kesehatan gigi sekolah* (hence abbreviated as *UKGS*) for both examination and treatment of dental and oral diseases is still Formatted: Font: Italic Formatted: Font: Italic Iow. Public awareness of dental and oral health is also still low, so it is necessary to develop a health improvement system through counseling and improving the quality of services. The Health Law of the Republic of Indonesia states that health management organized by the government and the community is directed at developing and increasing capacity. The district/city government is obliged to provide at least 1 (one) Puskesmas in each sub-district. The establishment of more than 1 (one) Puskesmas is based on the consideration of service needs, population size, and accessibility so that the efforts can be

The Puskesmas program on *UKGS* was not yet optimal. This shows that the implementation of *UKGS* has not succeeded.7 The efforts to improve dental and oral health services, especially in elementary schools, face several obstacles which certainly require solutions. Obstacles faced include the limited number of dental health workers in elementary schools. The Health Law of the Republic of Indonesia no. 36 of 2009 concerning health, improvement in health status can be realized by increasing integrated health facilities and public health services, integrated and sustainable carried out by health workers according to their area of expertise. Therefore, it is necessary to strengthen integration both across programs and across sectors, and its development is the duty and responsibility of health workers, teachers, and parents. The Puskesmas, as the *UKGS* development team at the sub-district level, has an important role, especially in dental and oral health services such as screening for dental and oral health problems, regular dental health checks, and counseling. The role of teachers in schools is also crucial, that is, to monitor the students' behavior daily.8

The *UKGS* is a technical strategy in implementing dental and oral health for elementary school students. The scope of its activities is to carry out dental health checks, routine dental care, dental and oral health education for school children. The aim is that after graduating from elementary school, students have good dental and oral health and also have an awareness of the importance of maintaining dental and oral health. 3 It is necessary to have a strategy to improve services and human resources quality through the *UKGS* program. Therefore, the purpose of writing this article isthis study is to determine investigate the driving and inhibiting factors in developing efforts to improve the quality of *UKGS* services.

MATERIALS AND METHODS

This research used evaluative research and was analyzed by *Kurt Lewin's Force Field Analysis*,9 which assesses and easures results with standard indicators. The technique used is **Commented [Office1]**: Add the statement regarding ethical clearance with the number a Force Field Analysis (FFA) approach by analyzing inputs including the condition of health centers and elementary schools, the availability of *UKGS* program tools and materials, *UKGS* program implementation guidelines, UKGS program planning, and UKGS program budget. In addition, the process analysis includes planning discussions, counseling to teachers, parents, and students, screening, plenary treatment, mass toothbrushing, recording and reporting, monitoring, evaluation, and feedback. 10 The results of the input and process analysis are expected to provide input that can produce efforts to improve the quality of *UKGS* services. The data obtained were analyzed using FFA to determine the key restraining force (RF) and driving force (DF) of the study results.

A mixed-method study was carried out using the FFA regarding improving the quality of *UKGS* in Puskesmas Tabanan, Bali, in 2020. This study included six steps for improving the quality of *UKGS*: first, discover DF and RF from references; second, select key DF and RF through focus group discussion; third, DF and RF assessment by the first group (*UKGS* officers); fourth, determine key DF and RF from head school perspective; fifth, key DF and RF assessment of the findings of the experts from references; and sixth, formulate strategies that can maximize DF and suppress RF.

The population in this study were 40 *UKGS* officers at Tabanan Health Center. The research sample consisted of 15 *UKGS* officers who had signed a writtenn informed concern. The sample was taken by *Cluster Random Sampling*, where each *UKGS* officer with one elementary school. Inclusion criterias are *UKGS* Puskesmas Tabanan officers who are willing to be investigated, by signing the Informed Concent. The exclusion criteria were *UKGS* Puskesmas Tabanan officers who were not willing to be investigated. The drop out criteria is the research sample for some reason cannot continue the research.

Commented [Office2]: How determine and select the sample How to calculate or determine the sample size?

$\textbf{Commented [Office3]:} \ \ \textbf{Please more detail and specific on inclusion and exclusion criterias } \\ \textbf{RESULTS}$

Tabanan Regency is divided into 10 (ten) sub-districts and consists of 133 villages. According to the results of the population registration carried out by the Central Statistics Agency (BPS) at the end of 2015, the population of Tabanan Regency reached 448,033 inhabitants. The population is spread over ten sub-districts in Tabanan Regency. Most of the Tabanan Regency area is a rural/mountainous area. The distribution of the area is shown in Table 1. Tabanan Regency has 20 Puskesmas, and each Puskesmas has two dentists.

Dear Editor of DJMKG,

Thank you for giving me the opportunity to submit a revised draft of my manuscript titled [Strategy for improving the quality of School Dental Health Efforts (UKGS) at Tabanan Publich Health Center (Puskesmas)] to Dental Journal (Majalah Kedokteran Gigi). We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on my manuscript. We are grateful to the reviewers for their insightful comments on my paper. We have been able to incorporate changes to reflect most of the suggestions provided by the reviewers. We have highlighted the changes within the manuscript.

Here is a point- by-point response to the reviewers' comments and concerns. No. Revision-1 Reviewer 1 (RV1)	Reviewer comments	Before revision	Revision	Notes
1.	Commented [d1]: "Spearhead" Should be written as "Flagship Program"	spearhead	Flagship program	Page:1 Paragraph:1
2.	Commented [d2]: "three element" Should be written as " three man stakeholders"	Puskesmas, schools and parents	Puskesmas, schools and parents	Page: 1 Paragraph: 1
3.	Commented [d3]: What do researcher mean with "encouraging and inhibiting". Is it true that "Parent, shool and Puskesmas inhibit UKGS?	Encouraging and inhibiting	driving force, and restraining force	Page: 1 Paragraph: 1

Commented [d4]: You have two

4.	Commented [d4]: You have two key words which don't have consistency: "encouraging and inhibiting" and "motivating and inhibiting". Which one is suitable with Kurt Lewin's Force Field Analysis theory?	motivating and inhibiting	driving force to change, and restraining force to change	Page: 1 Paragraph: 1
5.	Commented [d5]: In Kurt Lewin's theory the name is "Force Field Analysis", it's not "Strength Field Analysis"	Strength Field Analysis	Force Field Analysis	Page: 1 Paragraph: 1
6.	Commented [d6]: In Kurt Lewin's Force field Analysis, they use terms "Driving Force to Change and Restraining Force to change". You use term "Driving Factor and inhibiting factor". Which theory actually you choose as a basic theory in your research methods?	Kurt Lewin's Strength field Analysis	Kurt Lewin's Force field Analysis	Page: 1 Paragraph: 1