

LOHP Workplan Objectives Workshop: Focus on Needs Assessments

March 5th, 2024

Presented by Karen Jacoby, Steven Starr, Katie Conklin, and Andrew Juhnke



Agenda

- What to include in your Needs Assessment
- Demonstration from California Health Interview Survey (CHIS)
- Discuss Wins and Gaps with your colleagues



California Department of Public Health
OFFICE OF ORAL HEALTH

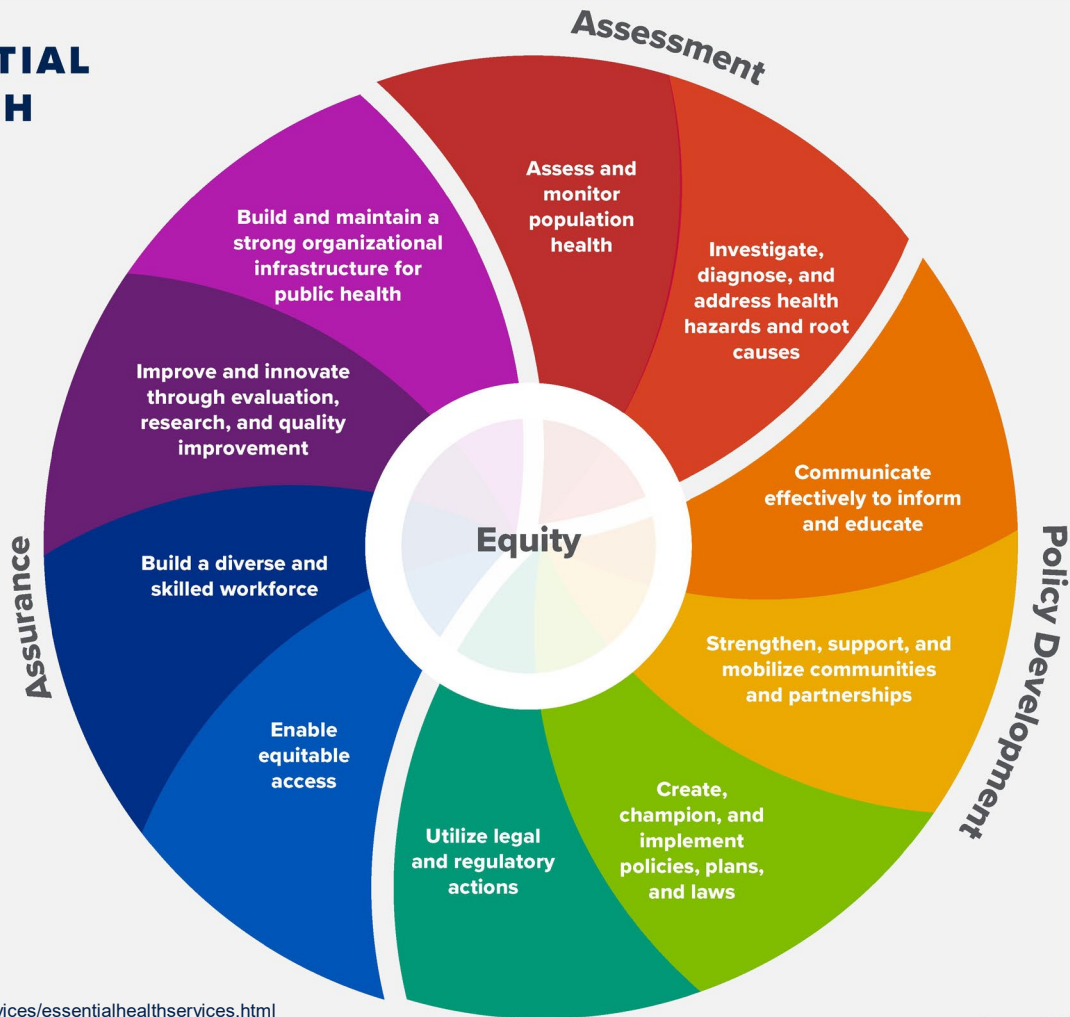
Updating the Community Oral Health Needs Assessment (Objective 1, Activity 1.2, Work Plan 2022-2027)

 TOMÁS J. ARAÚZ, MD, DrPH Director and State Public Health Officer	State of California—Health and Human Services Agency California Department of Public Health	 GAVIN NEWSOM Governor
DATE:	September 12, 2023	2023-04
TO:	Local Oral Health Programs	
SUBJECT:	Updating the Community Oral Health Needs Assessment Objective 1, Activity 1.2, Work Plan 2022 - 2027	
<p>A community oral health needs assessment (NA) refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.</p> <p>As a legacy program, you should update your NA every 3 years.¹ The NA results will inform the community health improvement plan (or CHIP). Therefore, the first step will be to update your NA and use the results to update and inform your CHIP. The NA identifies resources, oral health problems, and gaps in care. The results will define priority areas, objectives, and strategies of the CHIP.</p> <p>You should consider combining your NA with your Local Health Jurisdiction (LHJ), community hospital, Maternal, Child, and Adolescent Health program (MCAH), or other community-based organization (CBO). Please notify your Program Consultant (PC) with information about your community partner if your county is considering a combined NA. When you are developing a combined NA, please include the Office of Oral Health (OOH) approved oral health questions listed below.</p>		
Questions:		
1. How would you describe the condition of this child's teeth? (Excellent, Very Good, Good, Fair, Poor)		
2. During the Past 12 Months, has this child had frequent or chronic difficulty with any of the following?		
Toothaches – Yes or No		
Bleeding Gums – Yes or No		
Decayed teeth or cavities – Yes or No		
<small>¹ LOHJs are not required to rewrite the summary report submitted in 2017-2022 cycle. Add to the report or revise the report with the new data that has been collected and analyzed.</small>		

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.





Needs Assessment Refresh

Social Determinants of Health



<https://health.gov/healthypeople/priority-areas/social-determinants-health>

Oral Conditions

Overview and Objectives

Evidence-Based Resources

Healthy People in Action

Goal: Improve oral health by increasing access to oral health care, including preventive services.



Tooth decay is the most common chronic disease in children and adults in the United States.^{1,2} Healthy People 2030 focuses on reducing tooth decay and other oral health conditions and helping people get oral health care services.³

Regular preventive dental care can catch problems early, when they're usually easier to treat.⁴ But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

Objective Status

3 Target met or exceeded

3 Improving

2 Little or no detectable change

3 Getting worse

3 Baseline only

1 Developmental


0 Research

[Learn more about objective types](#)

- Oral Conditions — General
- Adolescents
- Health Care Access and Quality
- Health Policy
- Nutrition and Healthy Eating
- Older Adults
- Preventive Care
- Public Health Infrastructure

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>

Preventive Care

- Increase the proportion of low-income youth who have a preventive dental visit — OH-09 
- Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH-10

Increase the proportion of low-income youth who have a preventive dental visit — OH-09

 RevisedObjective Overview Data 

Data Methodology and Measurement

Evidence-Based Resources

Status: Getting worse [Learn more about our data release schedule](#)Most Recent Data:
68.7 percent (2020-21)Target:
79.9 percent ¹Desired Direction:
Increase desiredBaseline:
75.8 percent of children aged 1 through 17 years who reside in households with income less than 200 percent of the federal poverty level received a preventive dental service in 2016-17 ²[See detailed data for this objective](#)

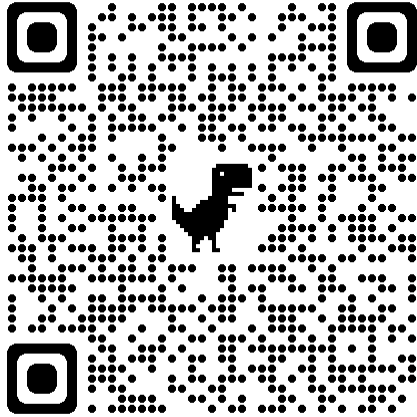
Philosophy & Process

Guiding Principles



Types of data

- A. Secondary data (is data other people have collected)
 - National data sources
 - County data sources
- B. Primary data (data your LOHP collects)
 - Surveys- questions available
 - Focus groups



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).

<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.

Updated version
coming from
OOH soon

Developing a Needs Assessment for Secondary Data Sources Worksheet


Level of data available		County								Regional		National	
Domain	Indicator	KOHA	CHIS	DHCS	MIHA	HCAI	UDS	CR	CRWB	3 rd Grade	MIHA	NSCH	BRFSS
 Dental Visits	Pregnant women				x						x		
	All ages with diabetes		x										
	Dental services by a non-dentist provider			x									
	Patients receiving dental services at FQHCs			x			x						
	Dental treatment			x									
	Emergency room visits non-traumatic dental conditions						x						
 Prevention	Preventive dental visits			x								x	
	Preventive dental services			x								x	
	Dental sealants			x			x			x			

Needs Assessment Secondary Data Sources

Developing a Needs Assessment for Secondary Data Sources Worksheet													
Level of data available		County								Regional		National	
Domain	Indicator	KOHA	CHIS	DHCS	MIHA	HCAI	UDS	CR	CRWB	3 rd Grade	MIHA	NSCH	BRFSS
 Access	Dental insurance		x										
	Dental insurance with diabetes		x										
	FQHC providing dental services					x							
	Dentists practicing in dental professional shortage areas					x							
Infrastructure	Community Water Fluoridation								x				
Notes:													

*For Guidance from ASTDD 7-Step Model Step 3: Plan the Needs Assessment: <https://www.astdd.org/docs/step-3.pdf>

Oral Health Data Sources:

- 
- Health Resources and Services Agency (HRSA) Uniform System Codes (UDS): <https://data.hrsa.gov/tools/data-reporting>
 - California Cancer Registry (CR): <https://www.cccal.org/>
 - California Water Resources Control Board (WRCB):
https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.html

Regional-level data sources

- 3rd Grade Screening Report: <https://tiny.ucsf.edu/3rdGrade>
- Maternal Infant Health Assessment (MIHA): OOH Dental Director's email sent on 9/07/2023

State-level data sources


- National Survey of Children's Health (NSCH): <https://www.childhealthdata.org/>
- Behavioral Risk Factor Surveillance System (BRFSS): <https://www.cdc.gov/brfss/index.html>

Additional Data Sources:

Demographic Data

- Census data: <https://www.census.gov/quickfacts/fact/table/US/PST045219>
- Healthy People Index (HPI): <https://www.healthyplacesindex.org/>
- County Health Rankings and Roadmaps: <https://www.countyhealthrankings.org/health-data>

School Data

- 
- California Department of Education (CDE) Free-Reduced Lunch Programs: <https://www.cde.ca.gov/ds/ad/filessp.asp>
 - California Department of Education (CDE) DataQuest Dashboard- has demographic data at school, school district, county office of education levels: <https://www.cde.ca.gov/ds/ad/dataquest.asp>
 - System for California Oral Health Reporting (SCOHR)- data source for the Kindergarten Oral Health Assessment (KOHA) data. Need to request and use a log-in to access data. As a LOHP, you can request data at the LOHP level which is the same as the County Office of Education. With the LOHP access you can extract data on the KOHA variables for each school and school district in the County Office of Education: <https://ab1433.org/home/overview>
 - California Healthy Kids Survey: <https://www.cde.ca.gov/ls/he/at/chks.asp>

Active Licenses by County Interactive Map

Active by CA County | Statewide Map | Regional Map | Regional Change Map | Summary Data by Region | Methodology | How to Guide



License Population by California County and Regions

Select a Fiscal Year
FY2022/23

Select a DCA Entity
Dental Board of Calif...

Select a License Type
(All)

Region
(All)

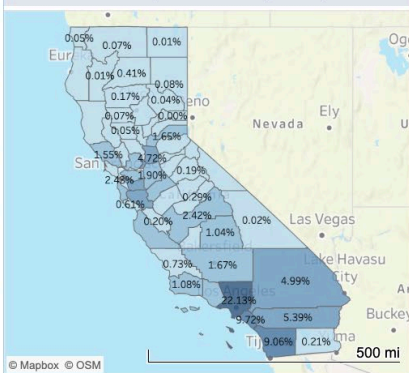
County
(All)

Please Note:

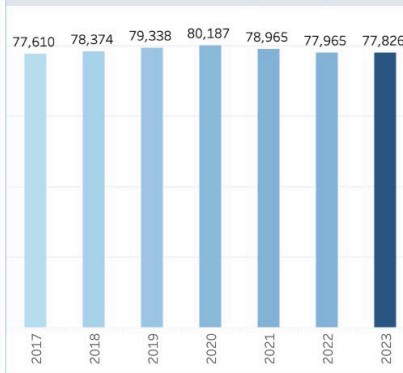
The data used to develop these visualizations were compiled by the California Department of Consumer Affairs, Data Governance Unit. This interactive tool displays aggregate active license data for licensees with a California address of record (AOR) at the end of the reported fiscal year, as a result, these totals will not match the license population data reported in the DCA Annual Report, as those totals include active licenses irrespective of the address of record; California, Out-of-State, or Out-of-Country.

Download PDF

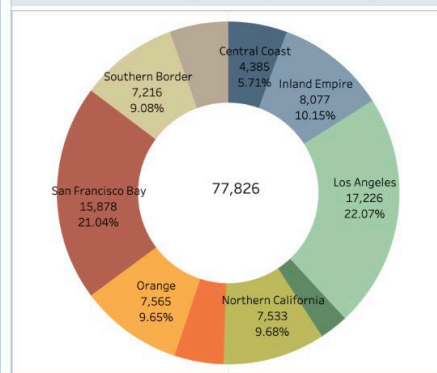
SFY 2023 | Distribution by County



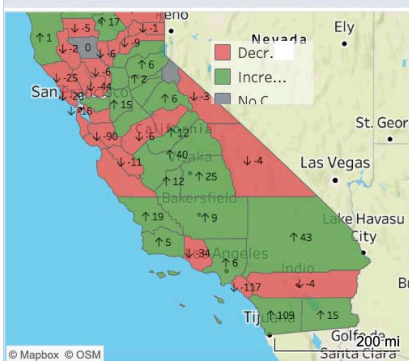
California Active License Population by Year



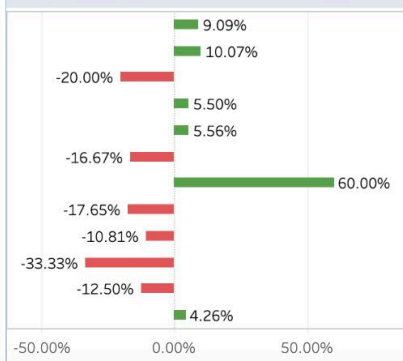
SFY 2023 License Population by California Regions



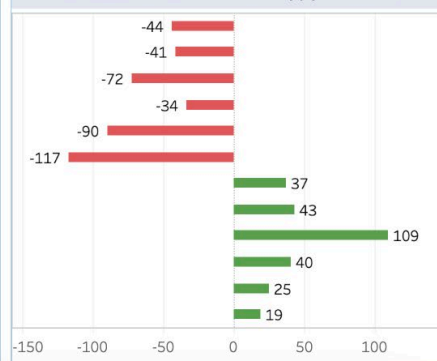
SFY 2023 | Population Change by County



SFY 2023 Top Percent change (+/-) by County



SFY 2023 Top Numeric Change (+/-) by County





“Latino children in California are significantly more likely to have a history of tooth decay and untreated tooth decay than White children”

SB 682, Rubio. Childhood chronic health conditions: racial disparities (Law, 2022)

Policy & Schools

Affirmative Antiracist and Prohealth Action

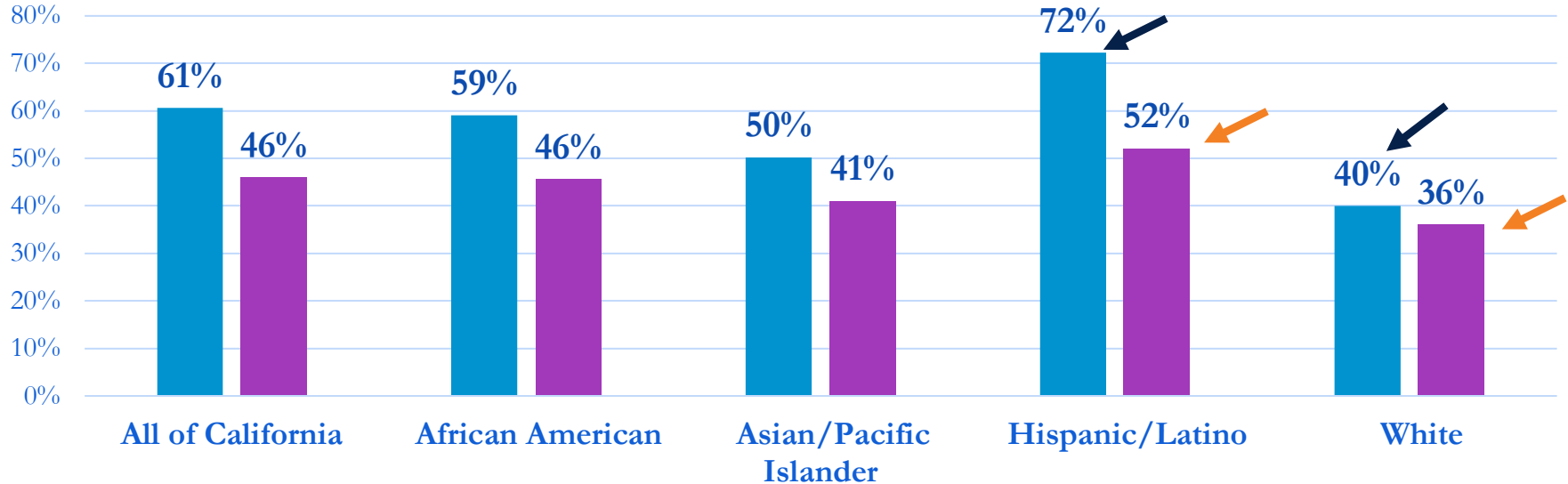
- SB 682, Rubio. Childhood chronic health conditions: racial disparities (Law, 2022)
 - Establishes targets to reduce racial disparities in health outcomes by at least 50% by December 31, 2030
 - Chronic health conditions impact up to one-third of California children and are those that last more than 12 months and are severe enough to create some limitations in usual activity.
 - *Indicator: Decrease in the number of missed school days due to dental problems for youth of color*

Goal: 50% reduction in oral health disparities by 2030

Current disparity=32%

Caries Experience among 3rd grade children

By 2030, goal=16% disparity



■ 2018-19 Baseline ■ 2030 Target

2018-2019 Baseline Results from California 3rd Grade Smile Survey





Andrew Juhnke, MPH

California Health Interview Survey (CHIS)



California Health Interview Survey (CHIS) As An Oral Health Data Source for Community Needs Assessments

Andrew Juhnke, CHIS Compliance Officer & Data Product Manager
UCLA Center for Health Policy Research

California Oral Health Technical Assistance Center Convening | March 5, 2024

AGENDA



Overview of CHIS



Using CHIS Data
Products for
Community Needs
Assessments



CHIS Oral Health
Data



AskCHIS & AskCHIS
NE Demo

1. Overview of CHIS

2. Using CHIS Data Products for Community Needs Assessments

3. CHIS Oral Health Data

4. AskCHIS & AskCHIS NE Demo

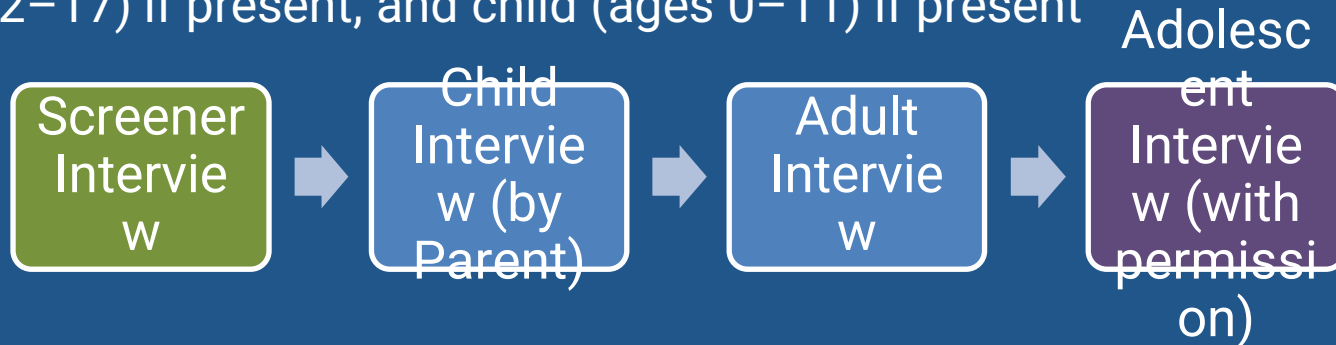
What is CHIS?



- Nation's largest state health survey
- Most comprehensive source of health information on Californians
- Covers topics about health and healthcare of Californians
- Adult, teen, and child surveys
- Representative data on diverse groups

CHIS Design

- CHIS interviews an adult (ages 18+) in the household, adolescent (ages 12–17) if present, and child (ages 0–11) if present



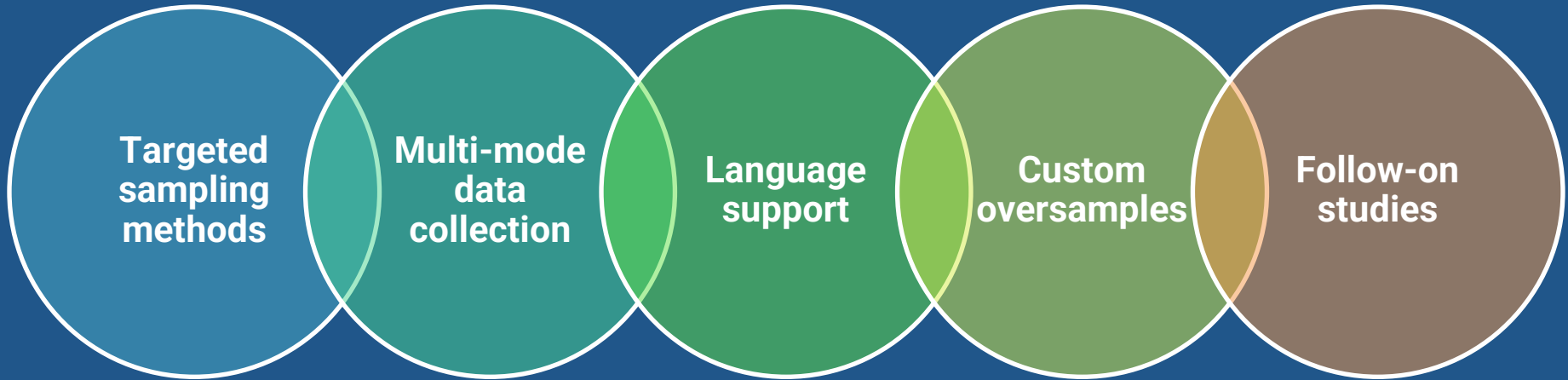
- CHIS is conducted in English, Spanish, Chinese (both Cantonese and Mandarin dialects), Korean, Vietnamese, and Tagalog
- Data Collection Method: Address-Based Sampling with Web and Telephone Response

Geographic Sample Design



- 56 total geographically defined strata
 - Can produce direct estimates
 - 3 grouped county strata containing the 17 smallest counties (by population)
 - Remaining 39 counties each form their own individual strata
 - 2 counties with sub-county strata
 - Los Angeles: 8 Service Planning Areas
 - San Diego: 6 Health Regions
- Lower levels of geography (city, zip, tract) require 2 years of data to produce modeled estimates

Methods to Reflect California's Diversity



“The state’s population is a diverse tapestry, and for two decades, CHIS has studied its individual threads — namely, data on the varied and specific health needs of different groups, particularly those who are underserved.” — *CHIS Making an Impact 2021*

2022 Data Collection Results

CHIS 2022 RACIAL/ETHNIC GROUP SAMPLES BY AGE

	ADULT (Age 18+)	ADOLESCENT (Ages 12-17)	CHILD (Ages 0-11)
Total Sample Size	21,463	985	3,395
RACE*			
White	13,739	574	1,902
Asian	3,281	142	567
Native Hawaiian/Pacific Islander	66	3	13
African American	1,147	40	169
American Indian/Alaska Native	516	28	76
Other single race	1,580	94	258
Two or More Races	1,134	104	410
LATINO ETHNICITY			
Latino	5,719	443	1,567
Non-Latino	15,744	542	1,828

CHIS 2022 includes interviews conducted between February and November 2022

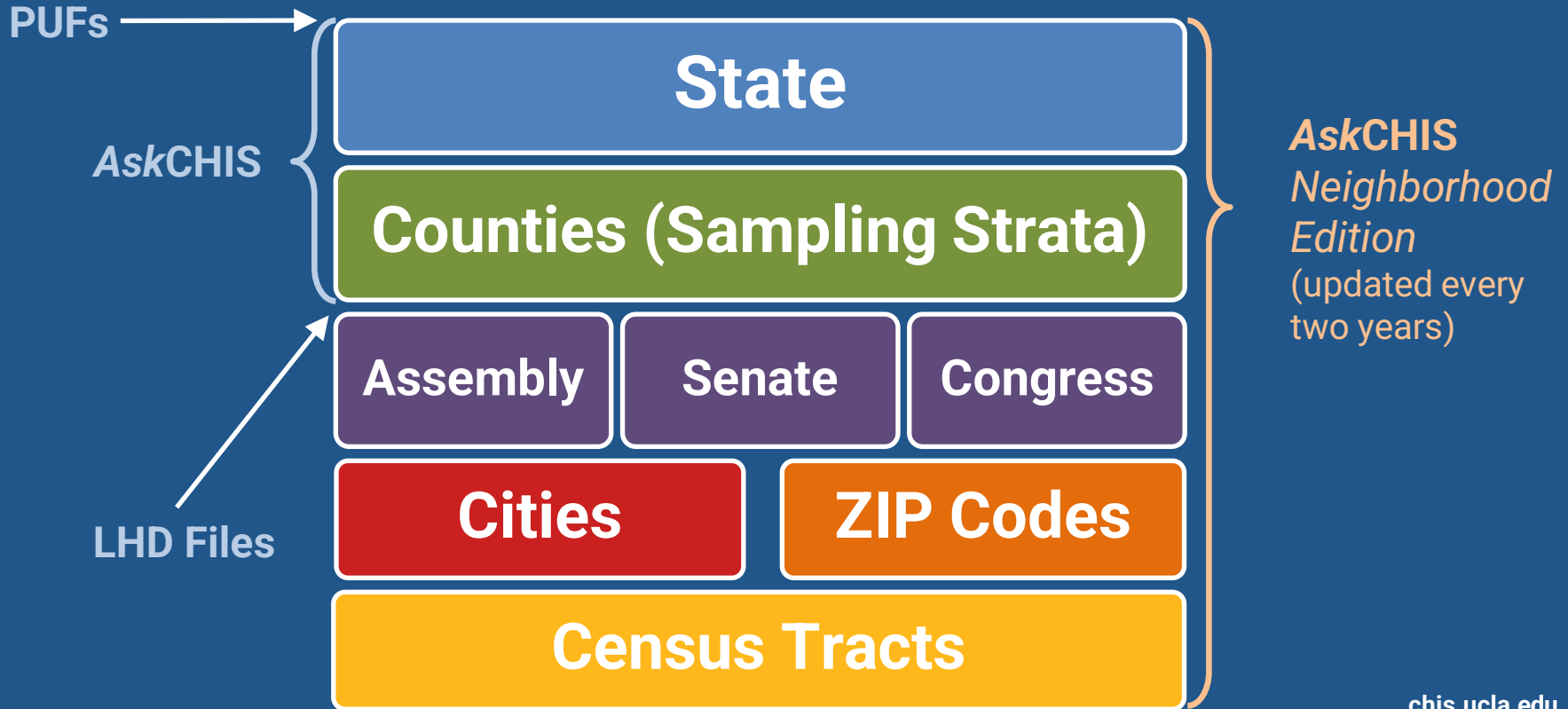
1. Overview of CHIS
2. **Using CHIS Data Products for Community Needs Assessments**
3. CHIS Oral Health Data
4. *AskCHIS & AskCHIS NE* Demo

CHIS Dissemination & Data Products



- Public Data Products
 - **AskCHIS**
 - **AskCHIS Neighborhood Edition (NE)**
 - Public Use Files (PUFs)
 - Health Profiles
- Confidential Data Products
 - Data Estimate Requests (DERs)
 - **Local Health Department (LHD) Files**
 - Data Access Center (DAC) Projects

Data Across Geographies



Notes On CHIS Data

- CHIS 2022 was released in October
- CHIS 2023 will be released around October 2024
- The questions asked in the CHIS can change from year to year, so each year of data may not always be the exact same in terms of variable availability
- Not all CHIS questions are asked of every respondent; some questions have modified universes based on answers to previous questions

Notes On CHIS Data (cont'd)

- Resources to help determine variable availability and details about variables:
 - **Master Variable List:** <https://healthpolicy.ucla.edu/our-work/data-access-center/dac-application-process>
 - **Source Data Dictionaries:** <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/access-chis-data/resources#dictionary>
 - **Questionnaires:** <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/chis-design-and-methods/survey-topics-and-questionnaires>
- Not all variables are included in every data product

1. Overview of CHIS
2. Using CHIS Data Products for Community Needs Assessments
3. **CHIS Oral Health Data**
4. *AskCHIS & AskCHIS NE* Demo

CHIS 2022 Oral Health Questions

- Adult:
 - How long since last visit to a dentist
 - Last visit was for routine checkup or specific problem
 - Have any insurance that pays for all or part of dental care
 - Condition of teeth
 - Received telehealth care for dental health problem in past year

- Teen:
 - How long since last visit to dentist
 - Missed school (and how many days) because of dental problem in past year
 - Condition of teeth

CHIS 2022 Oral Health Questions

- Child:
 - Has any teeth
 - How long since last visit to dentist
 - Number of times (and where) received dental service in past year
 - Where received information about oral health/preventive treatments
 - Main reason have never visited a dentist
 - Particular place usually go for dental care
 - Needed dental care but could not afford it in past year
 - Have any insurance that pays for all or part of dental care

CHIS 2022 Oral Health Questions

- Child (cont'd):
 - Pay for any/all cost of dental insurance plan
 - Anyone else (and who) pays for any/all cost of dental insurance plan
 - Time when had no dental insurance at all in past year
 - Main reason did not have dental insurance in past year
 - Use any free community/public dental programs for care
 - Needed dental care but didn't get it in past year
 - Main reason didn't get needed dental care in past year
 - Visited ER / urgent care because of dental problem in past year
 - Missed school (and how many days) because of dental problem in past year

1. Overview of CHIS
2. Using CHIS Data Products for Community Needs Assessments
3. CHIS Oral Health Data
4. **AskCHIS & AskCHIS NE Demo**

AskCHIS Oral Health Data

The screenshot shows the AskCHIS search interface. At the top, there are five filter tabs: Geographic Area (State), Topic (required), Compare Topics (optional), Limit Population (optional), and Years (required). A 'Get Data' button is on the right. Below the filters is a 'Select a Topic' dropdown menu. The 'Oral Health' category is selected, showing a list of indicators:

- Time since last dental visit
listed under: Oral Health / Oral Health
Multiple years up to: 2022
Age groups: Child
- Time since last dental visit
listed under: Oral Health / Oral Health
Multiple years up to: 2022
Age groups: Adult
- Condition of teeth - Adults
listed under: Oral Health / Oral Health
Multiple years up to: 2022
Age groups: Adult

- Most recent year: 2022 (2023 will be released around October 2024)
- 18 indicators with 2022 data in the Oral Health topic area
- Indicators for adult, teen, and child data

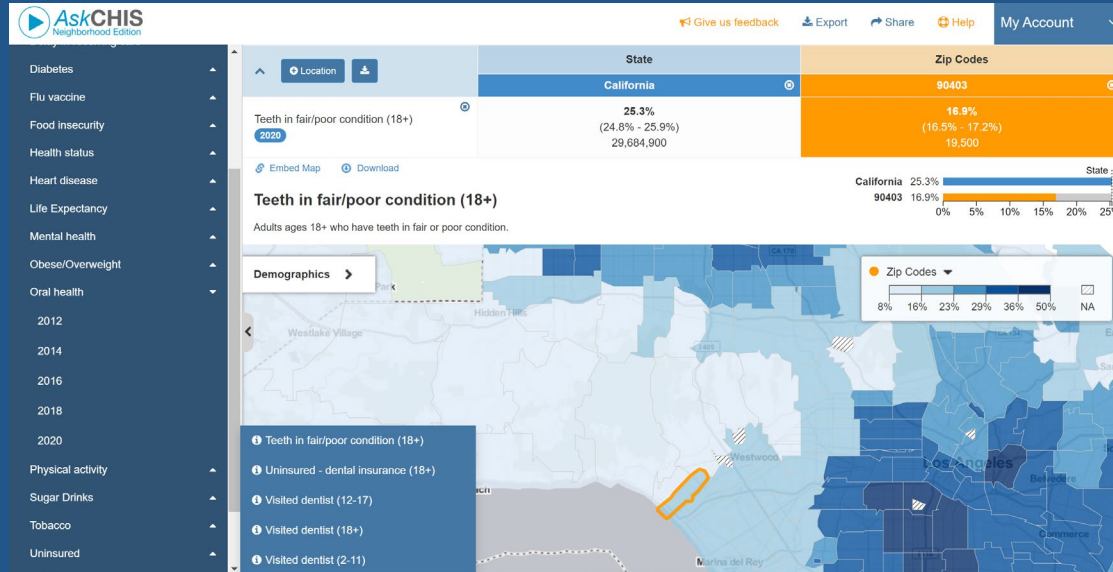
AskCHIS Query Options

The screenshot shows the AskCHIS query builder interface. At the top left is the AskCHIS logo. On the top right are links for 'Give us feedback', 'Clean/Start New Query', 'My Library', and 'Sign Out'. The main area is a horizontal flow of five steps, each in a chevron-shaped box: 'Geographic Area', 'Topic', 'Compare Topics', 'Limit Population', and 'Years'. Below each step is a text input field. The 'Geographic Area' field contains 'State'. The 'Topic' field contains 'Time since last dental visit'. The 'Compare Topics' field contains 'optional'. The 'Limit Population' field contains 'optional'. The 'Years' field contains 'Pooling: 2021, 2022'. To the right of the 'Years' field is an orange 'Get Data' button with a refresh icon.

Geographic Area	Topic	Compare Topics	Limit Population	Years	Get Data
State	Time since last dental visit	optional	optional	Pooling: 2021, 2022	Get Data

- By state, region, county, LA SPAs, SD Health Regions
- Compare Topics
- Limit Population
- Pool or Compare years

AskCHIS Neighborhood Edition Oral Health Data



- Most recent: 2019-2020 (2021-2022 will be released summer 2024)
- 5 indicators with 2019-2020 data in the Oral Health topic area
- Indicators for adult, teen, and child data

AskCHIS On-Demand Learning Center

Fast, free tutorials on how to use AskCHIS and

AskCHIS Neighborhood Edition®

<https://healthpolicy.ucla.edu/our-work/training>

Brief: Digestible, 10-minute segments!

Simple: Designed for those who have no experience or those who want to brush up on their skills.

Available 24/7: You can get the help you need when and how you need it!

AskCHIS Neighborhood Edition Trainings:



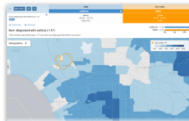
Introduction to AskCHIS NE

AskCHIS Neighborhood Edition allows you to access hyper-local California health data, including ZIP code, legislative district, city and more!



How to build a basic Community Profile

Learn how to select a health topic and up to five hyper-local geographical locations.



How to adjust and visualize your data

Learn how to adjust results, visualize your data, and more!

The tutorials cover:

- How to do a basic query
- Displaying data visually
- How to export your data in a variety of formats
- Confidence intervals, pooling, statistical stability, and much more!

Thank You!

Questions?



Contact: dacchpr@ucla.edu

<https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis/access-chis-data>

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

<https://askchisne.ucla.edu/>



CHIS Questions?

Reflection & Planning

On your own, take 5 minutes for action planning



Reflect

Which CHIS data variables stand out to you?



Actionable Ideas

What features covered today can help with your LOHP?



Table Activities



Around your table:

1. Person who traveled the farthest to attend today will share first
2. Person on the right will be the group's notetaker, move around the table clockwise
3. Each person will share: name, LOHP, what **Wins** you had with your LOHP and what **Challenges** you have for your upcoming Needs Assessment
4. Notetaker will add strategies to Mentimeter
5. Then as a group: choose a spokesperson to share strategies with the larger group

Spend the next 10 minutes in discussion, then we will report out to the group





What challenges do you have with your upcoming Needs Assessment?

Spend the next 10 minutes in discussion, then we will report out to the group



Needs Assessment Action Plan

Needs Assessment Secondary Data Sources

Developing a Needs Assessment Action Plan for Prioritizing Secondary Oral Health Data Sources						
Priority	Indicator	Priority Population	Data Source	Person assigned	Timeline	
					Start	Complete
Oral Health Outcomes						
Dental Visits						
Prevention						
Access						
Infrastructure						

Resources and Examples



California Department of Public Health
**Status of Oral Health in California:
Oral Disease Burden and Prevention 2017**

© 2017

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
ORAL HEALTH PROGRAM
**California Oral Health Plan
2018-2028**
JANUARY 2018

California Oral Health Surveillance Plan 2019-2023
September 2019

California Department of Public Health
OFFICE OF ORAL HEALTH

California Partnership for Oral Health Plan

Oral health equity and well-being for all Californians.

Published 2022



Thank you!