

Needs Assessment Overview

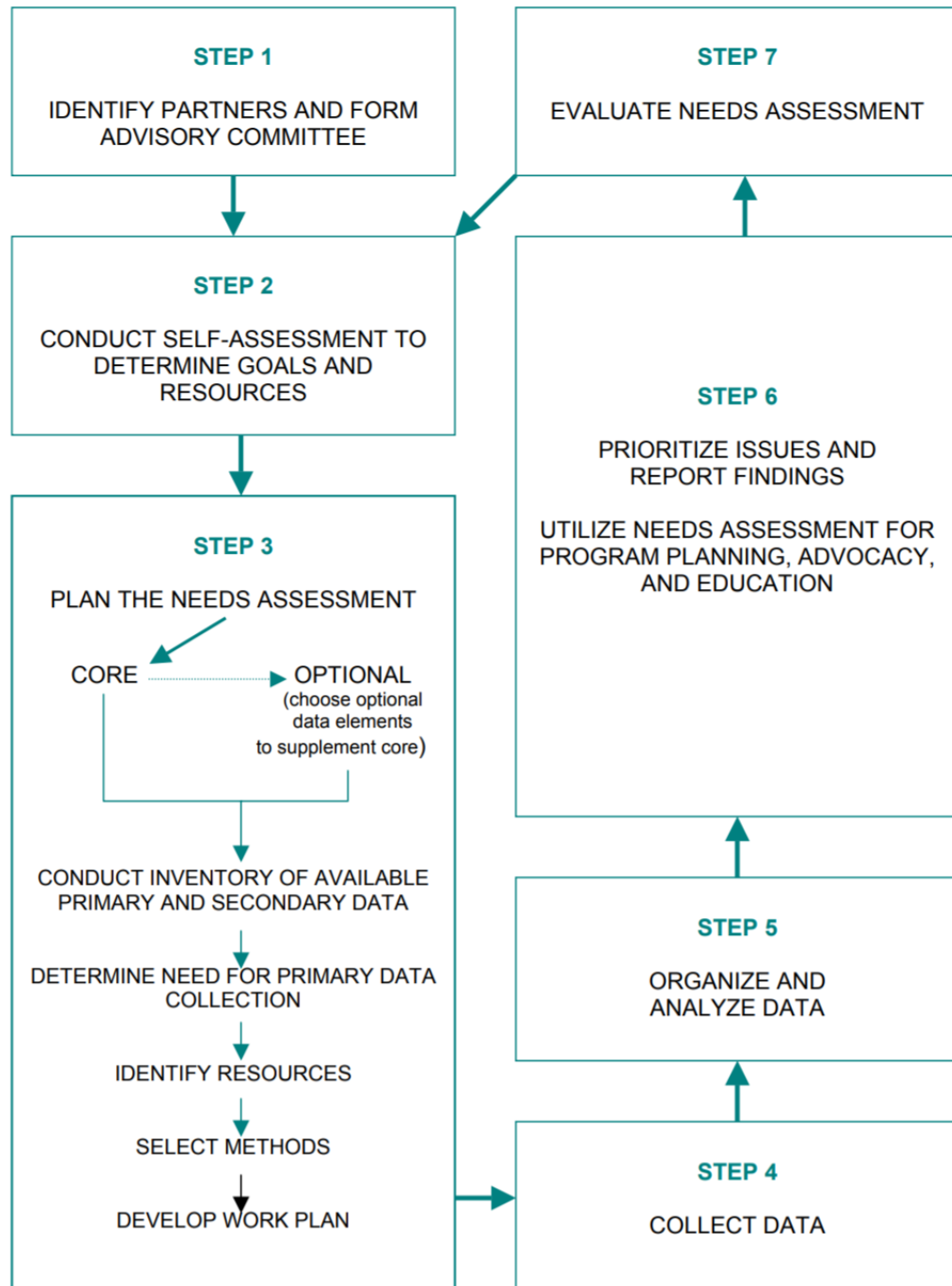
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Background

- Draws from needs assessments of two SoCal Counties
- Overview, not a deep dive with findings
- ASTDD 7-Step Model
- For each component – Overview, important considerations, lessons/ takeaways



ASTDD 7-Step Model

<https://www.astdd.org/oral-health-assessment-7-step-model/>

Presentation focuses on steps 1 to 4

Step 1 –

Identify partners and form advisory committee

- Oral Health Experts
- Education Programs
- County Programs – e.g. WIC, BIH, CHDP
- Department of Education, Head Start
- Local Coalitions, associations
- CBOs – including those working with special populations
- Community clinics, health centers, hospitals
- Other

Step 1-

Considerations and key takeaways

- What is our ask of committee members?
- What is in it for committee members?
- Transparency and sound background
- Engagement – e.g. letters of commitment

Step 2 –

Conduct self-assessment to determine goals and resources

- LOHPs have a clear goal from the Office of Oral Health
- Advisory Committee plays a key role in this
- Engagement continues – customize survey to start exploring data collection and collation opportunities.

Step 2 – Considerations and key takeaways

How do you think you and/or your organization can best contribute to the needs assessment and oral health planning?	
Share program data	38.46%
Share expertise on best practices and experiences	76.92%
Support Data collection by promoting partnerships	69.23%
Other	30.77%

OTHER:

- Connection to dentists serving the County
- Look at assessment findings and recommendations for our own upcoming hospital needs assessment.
- Inform other nonprofit hospitals of oral health assessment to consider integrating into assessment.

If you track any program data, would you be willing and able to share part or all of it (de-identified and aggregate):

- Head Start data on children ages 0 to 5 that have received preventive dental services, treatment, and oral health education
- Track self-reported severe cavities/missing teeth among children 1-5. State WIC approval would be needed prior to sharing data
- Application of fluoride varnish in the CHDP Provider offices

Step 3 and 4 –

Plan the needs assessment and collect data

- The model has several worksheets and guidelines
- Secondary Data
 - Surveys, census, claims etc.
 - Program data
- Primary Data
 - Quantitative – Surveys etc.
 - Qualitative – Interviews, focus groups etc.

Step 3 and 4 – Population groups (*Racial/ ethnic minorities across all groups*)

- Early Childhood (0-5 years)
- Young children (6-11 years) – K-6 Grade
- Adolescent and teenage (12-18 years) – 20 years for Medi-Cal
- Adults (19-64 years)
- Pregnant women
- Older Adults (65 years and older)
- Individuals with Intellectual and Developmental Disabilities, and Special Health Care needs.
- Homeless individuals/ families
- Individuals living with HIV/ AIDS
- Individuals with chronic health conditions like diabetes and heart disease
- Current smokers or individuals who currently use tobacco products
- Remote/ frontier communities

Step 3 and 4 – Considerations and key takeaways

- Plan and start key-informant interviews early and alongside other components
- Ask, and you shall receive!
- State-level data, and document and literature reviews go a long way
- Get innovative with program data
- Prioritize and hone-in at every stage

Step 3 and 4 – Secondary data – Surveys etc.

- Resources provided by the Office of Oral Health
 - Surveys, census, claims data:
 - Maternal Infant Health Assessment
 - Department of Health Care Services
 - National Survey of Children's Health
 - Office of Statewide Health Planning and Development
 - California Health Interview Survey
 - California Water Board -
https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.html
- and several others...
- Other reports e.g. hospital/ health plan needs assessments.

Step 3 and 4 – Secondary data - Programs

- Women, Infant and Children (WIC)
 - Self-reported oral health needs/ status
 - WIC dental days
- Head Start
 - Dental exam forms – directly from County’s HS program
 - PIR reports – Head Start Enterprise System (HSES) - help@hsesinfo.org
 - Aggregate indicator - Need for treatment
- School-based/ linked programs
- Other – e.g. CHDP

Step 3 and 4 – Primary data - Quantitative

- Basic Screening Survey (Smile Survey – KG and 3rd Grade)
 - County-level baseline and disease prevalence estimates
 - Over two academic years if needed
 - Unexpected benefit – school engagement and partnerships
- Basic Screening Survey (Adults, older adults)
 - Community-dwelling (less resource intensive)
 - Institutionalized (unique needs)

Step 3 and 4 – Primary data - Quantitative

- School-based and linked services; community-based prevention programs
 - Census
 - Supports asset mapping too
- Provider surveys
 - Difficult to use this data for capacity assessment
- Stakeholder surveys (semi-qualitative)

Step 3 and 4 – Primary data - Qualitative

- Key-informant interviews
 - Purposive + snowball sampling
 - Advisory Committee members
 - Experts, partners and stakeholders
 - Community leaders!!!
- ~ Base set of questions – need, barriers, disparities, recommendations
- ~ + Expertise/ population-specific questions
- Don't forget to ask for data!

Step 3 and 4 – Primary data – Qualitative

- Focus Groups
 - All population groups (given feasibility)
 - Not a statistical sample; context to available data and fills data gaps
 - Oversample groups with little quantitative data
- ~ Base set of questions – need, barriers, disparities, recommendations
- ~ + Expertise/ population-specific questions
- Don't forget to ask for solution and ideas!

Step 5 – Organize and analyze data

- Back to the Advisory Committee

Step 6 – Prioritize issues and report findings

- High incidence/ prevalence
- Unfavorable trend
- Upstream prevention potential
- Low current resource investment

Step 7 – Evaluate needs assessment

Questions?

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