

# Needs Assessment Overview

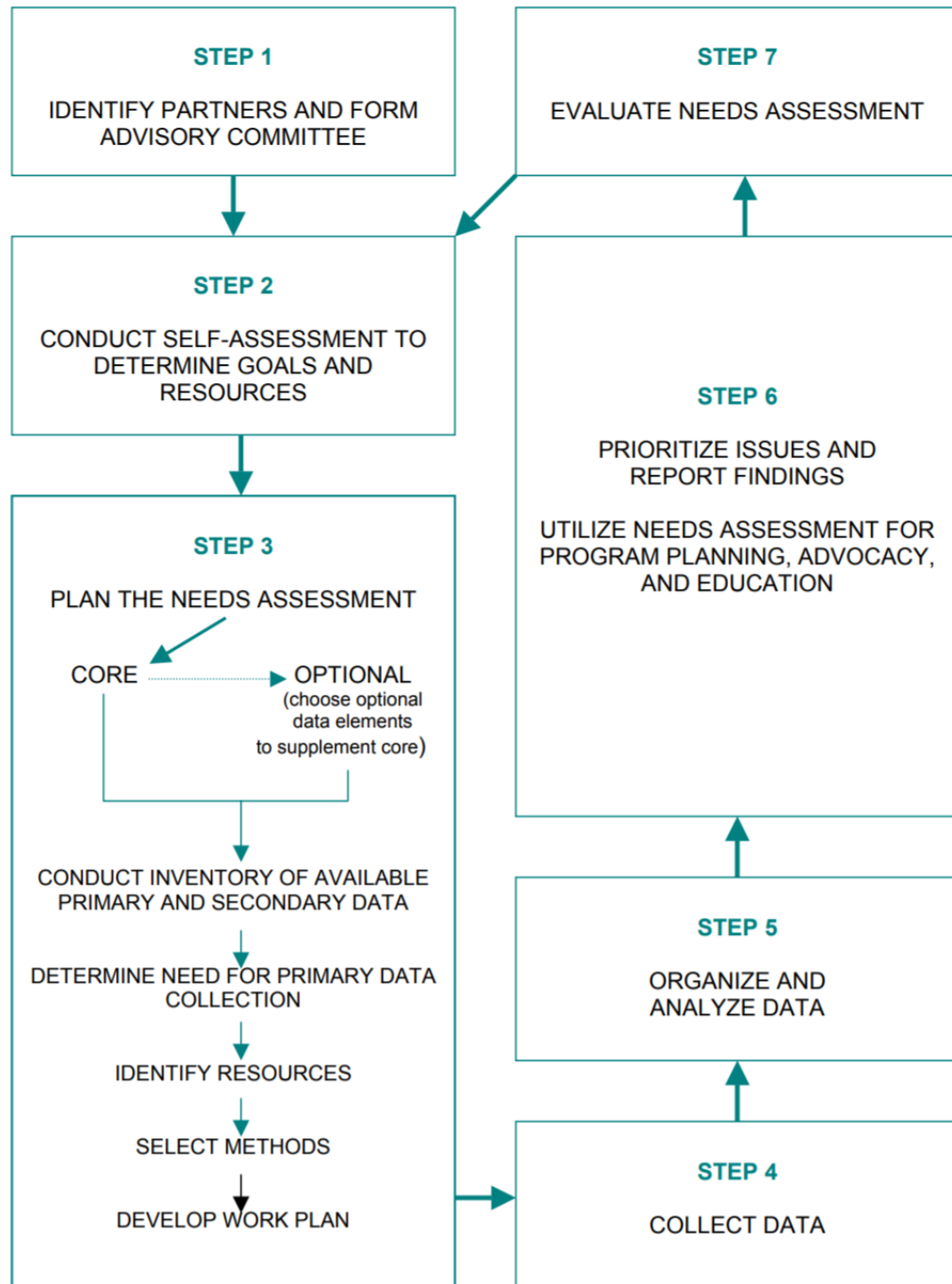
**Sahiti Bhaskara, MPH, BDS**

Director of Public Policy Research

Center for Oral Health

# 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](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](mailto: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 3<sup>rd</sup> 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?

Sahiti Bhaskara, MPH, BDS

[Sbhaskara@tc4oh.org](mailto:Sbhaskara@tc4oh.org)

909-469-8302