

LOHP Workplan Objectives Workshop: Focus on Needs Assessments

California Oral Health Technical Assistance Center (COHTAC)

Convening Meeting, Redding, CA

May 7th, 2024

Presented by Pang Vang, Sepideh Banava, and Andrew Juhnke

Agenda

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

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Office of Oral Health



Updating the Community Oral Health Needs Assessment

Objective 1, Activity 1.2, Work Plan 2022-2027



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California Department of Public Health



GAVIN NEWSOM
Governor

2023-04

DATE: September 12, 2023
TO: Local Oral Health Programs
SUBJECT: Updating the Community Oral Health Needs Assessment
Objective 1, Activity 1.2, Work Plan 2022 - 2027

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.

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.

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.

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

¹ LOHPs 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.



Needs Assessment Update

Objective 1: Needs Assessment, CHIP, and Evaluation Plan

Assess and monitor social and other determinants of health, health status, health needs, and health care services available to local communities, with a special focus on underserved areas and vulnerable population groups

1.2. a	Identify staff, consultant, or work group from AC to conduct update of Needs Assessment. * <i>*Newly established LOHPS are responsible for developing a Needs Assessment</i>
1.2. b	Identify service and resource gaps needed to support underserved areas and vulnerable population groups.
1.2.c	Identify and plan the needs assessment update strategy based on available resources. Develop needs assessment instrument. Include strategies to address service and resource gaps.
1.2. d	Conduct inventory of available primary and secondary data. Determine the need for primary data. Identify resources. Select methods.
1.2. e	Conduct Needs Assessment update. * Collect data. <i>*Newly established LOHPs are responsible for developing a Needs Assessment</i>
1.2. f	Analyze data and prepare summary analysis.

Why Needs Assessment?

Assess and monitor population health status, factors that influence health, and community needs and assets

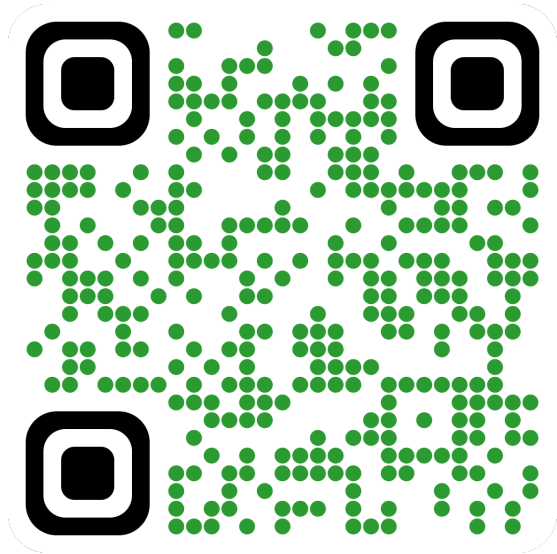
A community oral health assessment gives organizations **comprehensive information** about the community's current oral health status, needs, and issues to **develop a community health improvement plan** by justifying how and where resources should be allocated to best meet community needs



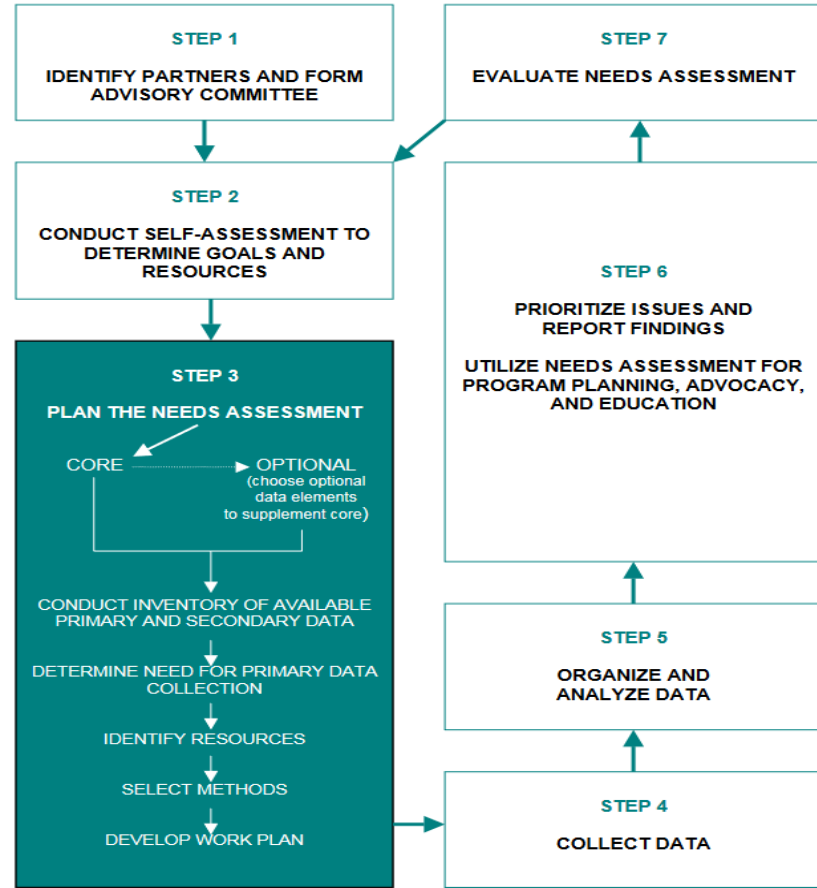


How to Do Needs Assessment?

Needs Assessment 7-Step (ASTDD) Step 3



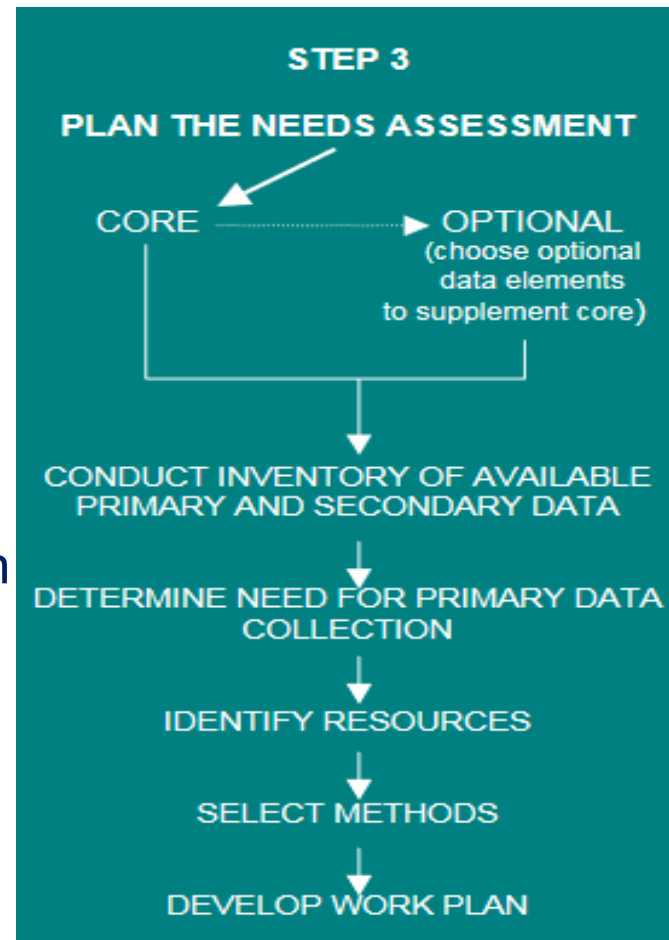
MODEL ORAL HEALTH NEEDS ASSESSMENT



Needs Assessment- Step 3

➤ Plan Needs Assessment

- a. Identify available oral health county-level data
- b. Prioritize indicators for primary data collection
- c. Identify barriers to data collection



Needs Assessment- Step 3

Conduct
Inventory of
Available
Data

Prioritize
Indicators

Identify
Resources

Select Data
Collection
Method

Develop
Workplan

Decide Based on Your Community Needs and Resources

Needs Assessment- Step 3

**Conduct
Inventory of
Available Data**

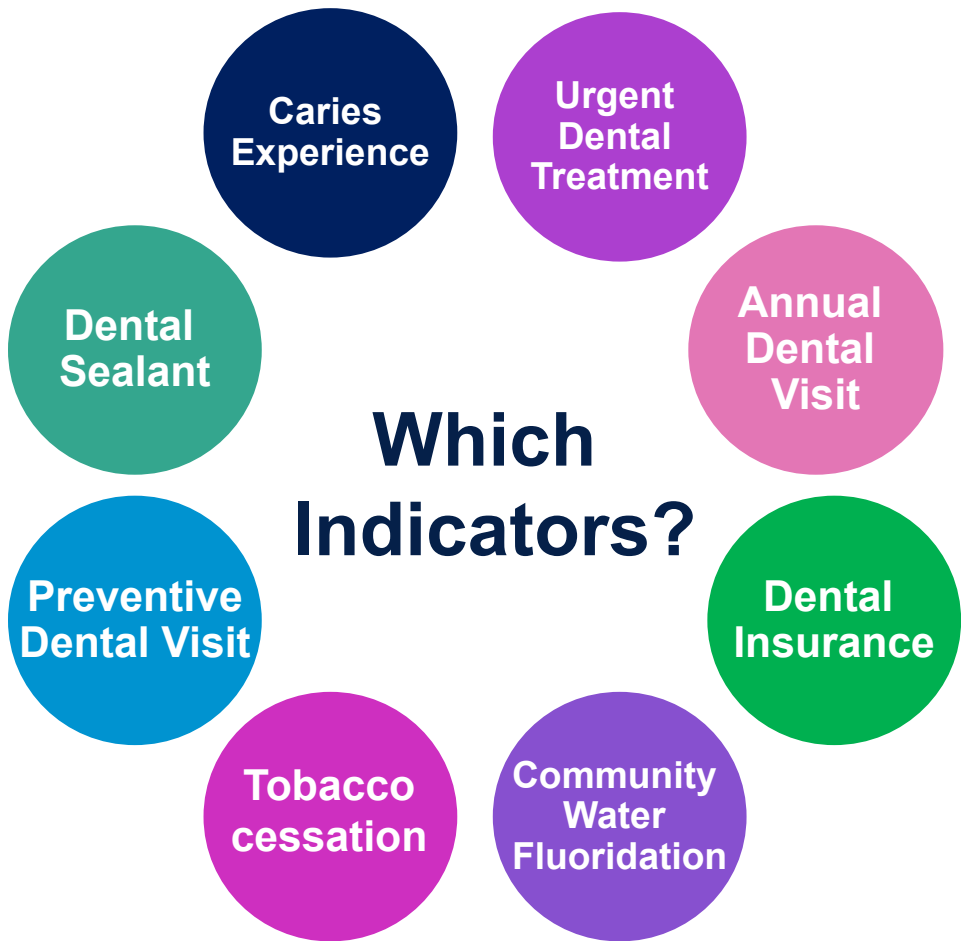
- Identify available oral health data (**Data Resources for Counties**)
- Primary and Secondary data
 - Primary data (data your LOHP collects):
 - **Surveys (questions available)**
 - **Focus groups/Key Informant Interviews**
 - Secondary data (data other people have collected)
 - **County-level data**
 - **State-level data**
 - **National-level data**

Domains and Indicators

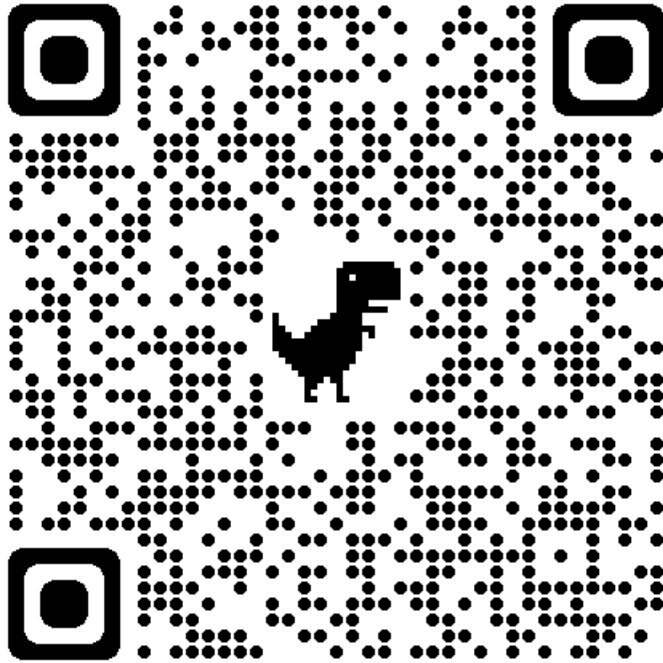
Prioritize Indicators

- Oral Health Outcomes
- Dental Visits
- Prevention
- Access
- Infrastructure

Which Indicators?



Identify Resources



Updated version coming from OOH soon

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.

Which Data Collection System or Data Sources?

Data Collection System	Variable/Indicator
Kindergarten Oral Health Assessment (KOHA)	Demographics, Oral Health Examination Results, Dental Treatment Needs, Behaviors, Geographic Data
Third Grade Basic Screening Survey	Dental Caries (Untreated and Treated), Urgency of Need for Dental Care, and Dental Sealants
Maternal and Infant Health Assessment (MIHA)	Maternal Health, Pregnancy and Birth Outcomes, Socioeconomic and Environmental Factors, Health Disparities and Inequities
Health Care Access and Information (HCAI)	California's Healthcare Landscape: Facilities, Workforce, Affordability
Uniform Data System (UDS) (HRSA)	Data from FQHCs, Performance Measures, Quality Improvement:
Department Of Health Care Services (DHCS)	Demographics, Financial, Health, Utilization, Providers, Claims
California Health Interview Survey (CHIS)	Demographics, Health Status and Conditions, Behaviors, Healthcare Access and Utilization, Health Disparities
California Cancer Registry (CR)	Demographics, Cancer Incidence Data
California Regional Water Board (CRWB)	Water Quality Monitoring, Environmental Protection, Public Outreach and Education

Additional Data Sources

Oral Health Data Sources:

County-level data sources

- Kindergarten Oral Health Assessment (KOHA): <https://ab1433.org/home/overview>
- California Health Interview Survey (CHIS): <https://ask.chis.ucla.edu>
- Department of Health Care Services (DHCS), California Health and Human Services Agency, Open Data Portal: <https://data.chhs.ca.gov>
 - o Department of Health Care Services (DHCS), California Health and Human Services Agency, Open Data Portal: Dental Utilization Measures and Sealant Data by County, Ethnicity, & Age, Calendar Years 2013 to 2022: <https://data.chhs.ca.gov/dataset/dental-utilization-measures-and-sealant-data-by-county-ethnicity-age-calendar-year-2013-to-2021>
- Maternal Infant Health Assessment (MIHA): OOH Dental Director's email sent on [9/07/2023](https://www.oohdental.org)
- Department of Health Care Access and Information (HCAI): <https://hcai.ca.gov/>
- Health Resources and Services Administration (HRSA) Uniform System Codes (UDS): <https://data.hrsa.gov/tools/data-reporting>
- California Cancer Registry (CR): <https://www.ccrca.org/>
- California Water Resources Control Board (CWRCB): 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](https://www.oohdental.org)

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

Additional Data Sources:

Demographic Data

- Census data: <https://www.census.gov/quickfacts/fact/table/US/PST045219>
- Healthy Places 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/filespp.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>

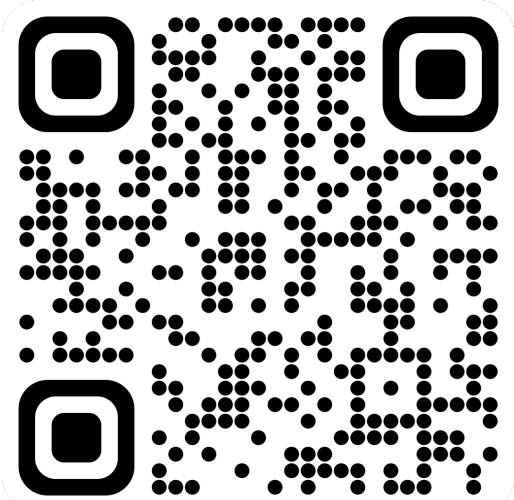
Workforce Data

- California Department of Consumer Affairs: Search an interactive Tableau map to filter by the Dental Board of California and Dental Hygiene Board of California to find the number of dentists and registered dental hygienists by county: https://www.dca.ca.gov/data/interactive_maps.shtml

Examples of Graphs and Data Targets

- [California Oral Health Plan 2018-2028 At-A-Glance](#)
- [California Oral Health Plan 2018-2028](#)
- [Status of Oral Health in California: Oral Disease Burden and Prevention 2017](#)
- [California Oral Health Surveillance Plan 2019-2023](#)
- [Healthy People 2030](#)

Workforce Status



Workforce Status by County Interactive Map

Interactive Map | Summary Data by Region | Methodology | How to Guide

Select a Fiscal Year
 FY2022/23

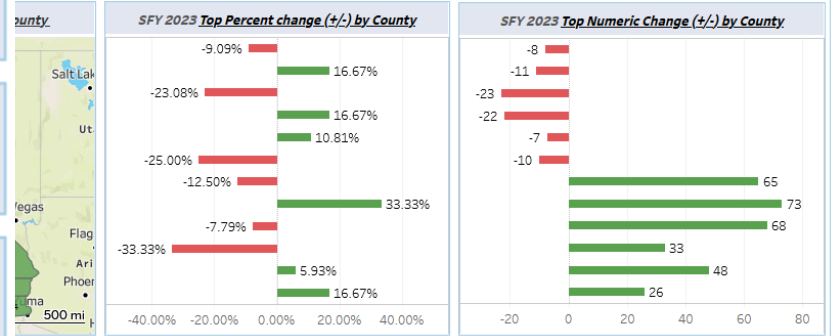
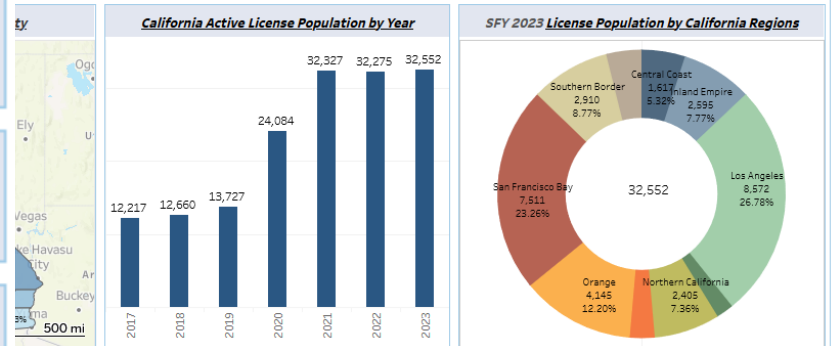
Select a DCA Entity
 Dental Board of Califor...

Select a License Type
 Dental License

Region
 (All)

County
 (All)

Population by California County and Regions



Which Method to Use for Data Collection

Select Data Collection Method

Identify Data Collection Barriers

METHOD	PURPOSE	COST	TIME INVOLVED	ADVANTAGES
A. Secondary Data From National Or Regional Oral Health Surveys	Needs or problem analysis	Very Inexpensive	Extremely Fast	Data readily available
B. Other Secondary Data	Needs or problem analysis	Inexpensive	Fast to Moderate	Data available (self-reported and other fiscal or regulatory information)
C. Demographic Indicators	Needs or problem analysis	Inexpensive	Very Fast	Data available from public documents
D. Analyzing Non-clinical Data	Resources analysis	Inexpensive to Moderate	Fast	Can also use for annual reports; trend analysis of activities
E. Analyzing Clinical Program Data	Resources analysis	Inexpensive to Moderate	Moderate	Can also use for annual reports; understand extent of services provided
F. Public Comment	Needs or problem analysis	Inexpensive	Moderate	Invitation of public input and exchange
G. Informant Groups	Needs or problem analysis	Inexpensive to Moderate	Fast to Moderate	Minimal preparation time; facilitates communication from providers and consumers
H. Questionnaire/ Interview Survey	Needs or problem analysis	Moderate	Moderate	Relatively good way to obtain information about knowledge and behavior
I. Basic Screening Survey	Needs or problem analysis	Moderate to Expensive	Moderate to Slow	Assesses individuals; good estimate of population if probability sampling is used

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	
 Oral Health Outcomes	Caries experience	x								x				
	Untreated decay	x								x		x		
	Tooth decay and cavities in <u>past</u> year											x		
	Urgent dental treatment	x								x				
	Permanent tooth extraction and permanent tooth loss												x	
	Complete tooth loss in adults												x	
	Oral and pharyngeal cancer incidence							x						
	Overall condition of teeth		x										x	
	Number of missed school days due to <u>dental problem</u> and past year			x										

Secondary Data Sources Worksheet

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	CWRCB	3 rd Grade	MIHA	NSCH	BRFSS
Dental Visits	Annual dental visit		x										
	Preventive dental visit in past year											x	
	Annual dental visit among the Medi-Cal population			x									
	Main reason did not visit dentist in past year		x										
	Delays in dental care in the past year		x										
	Couldn't afford needed dental care		x										
	Oral health problems											x	
	Preventive dental visit among the Medi-Cal population			x									



Secondary Data Sources Worksheet

Secondary Data Sources Worksheet



Level of data available		County								Regional		National	
Domain	Indicator	KOHA	<u>CHIS</u>	DHCS	MIHA	HCAI	UDS	CR	CWRCB	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 for non-traumatic dental conditions						x						
Prevention	Preventive dental visits			x								x	
	Preventive dental services			x								x	
	Dental sealants			x			x			x			

Secondary Data Sources Worksheet



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	CWRCB	3 rd Grade	MIHA	NSCH	BRFSS
Access	Dental insurance		x										
	Dental insurance with diabetes		x										
	FQHCs providing dental services					x							
	Dentists practicing in dental professional shortage areas					x							
Infrastructure	Community water fluoridation								x				

Needs Assessment Action Plan Worksheet

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						



Priority Population

Objective 1: Needs Assessment, CHIP, and Evaluation Plan

Assess and monitor social and other determinants of health, health status, health needs, and health care services available to local communities, with a special focus on underserved areas and vulnerable population groups

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Social Determinants of Health

Education access and quality

Healthcare access and quality

Economic stability

Neighborhood and built environment

Social and community context



Social Determinants of Health
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 Healthy People 2030

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

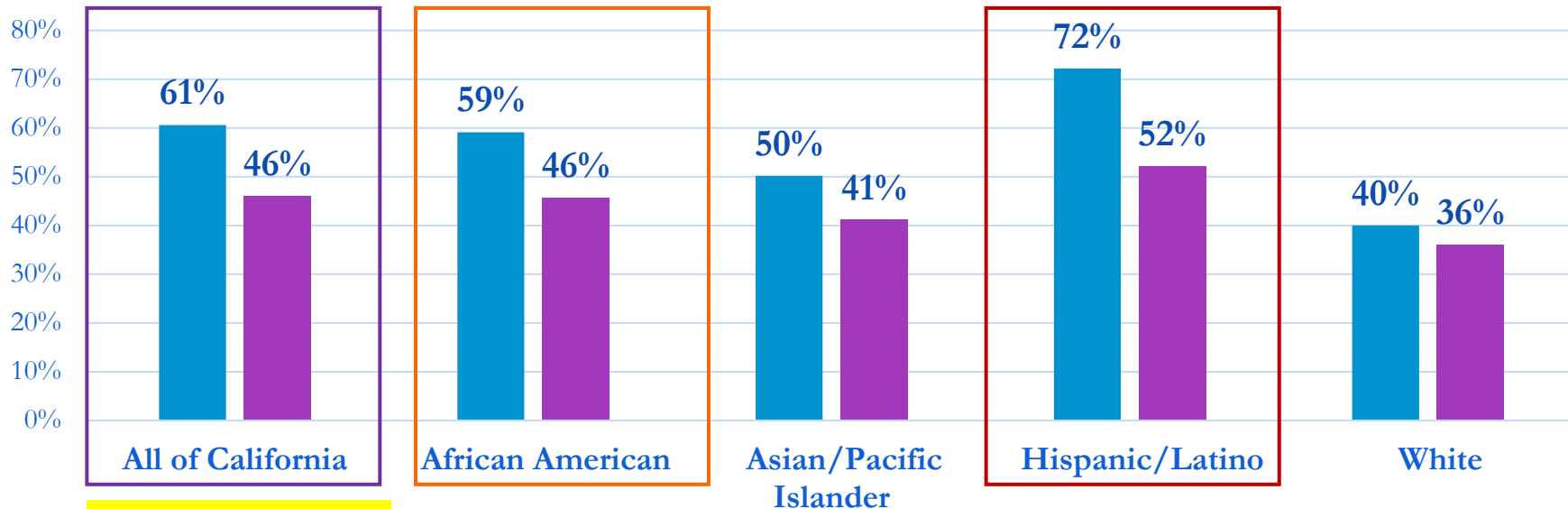
Existing Policy

Affirmative Antiracist and Prohealth Action

- SB 682, Rubio. Childhood chronic health conditions: racial disparities (Law, 2022)
 - To develop and implement a plan to reduce racial disparities in health outcomes for children 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.
 - *Criteria: 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

Caries Experience among 3rd grade children



**By 2030:
~25% Reduction**

■ 2018-19 Baseline ■ 2030 Target

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

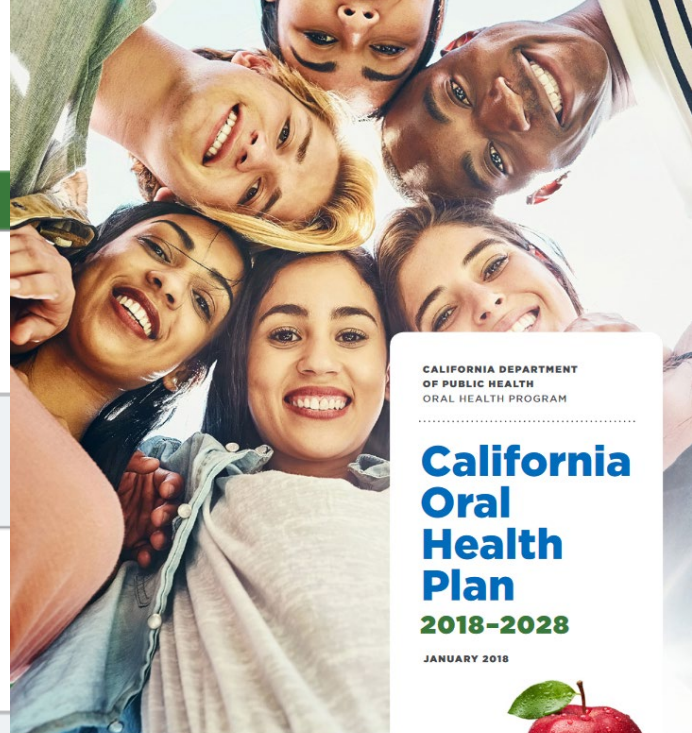




State- and National-Level Data

State-Level Data

INDICATORS	TIMEFRAME	BASELINE	TARGET ¹	STRATEGIES	DATA SOURCE
Children with dental sealant on a molar (6-9 years)	2015-2025	27.6% (2004-05)	33.1%	1.3, 2.1, 2.2, 2.3	Survey of Kindergarten and 3rd grade children
Pregnant women with dental visit during pregnancy	2015-2019	42.1% (2012)	48.4% ⁴	2.4	MIHA
Children under 6 years enrolled in Medi-Cal receiving dental services provided by a non-dentist provider	2015-2020	2.80%	12.8% ³	2.3, 2.4, 2.8, 3.6,	CMS Form 416
People with diabetes who have at least an annual dental visit	2015-2020	60.0%	66.0%	2.5	BRFSS
Oral and pharyngeal cancer detected at the earliest stage	2015-2020	23.2% (2011)	25.5%	2.6	Cancer Registry



CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH
ORAL HEALTH PROGRAM

California Oral Health Plan 2018-2028

JANUARY 2018

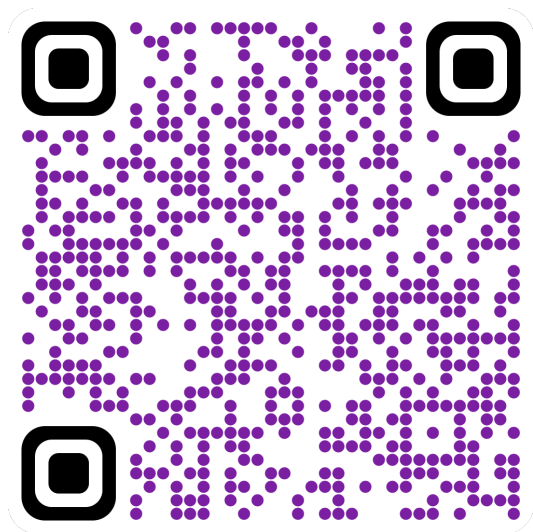


State-Level Data: California Oral Health Objectives

- Caries experience & Untreated caries
- Community Water Fluoridation
- Preventive dental visit in children on Medi-Cal
- Children with dental sealant on a molar (6-9 years)
- Tooth loss (National)
- Pregnant women with dental visits during pregnancy (Regional)
- People with diabetes who have at least an annual dental visit
- Tobacco cessation counseling in dental offices
- Oral and pharyngeal cancer detected at the earliest stage
- Emergency Department visits (Non-Traumatic Dental Conditions)
- Number of FQHCs providing dental services
- Number of dentists practicing in dental professional shortage areas

Healthy People 2030

National-Level Strategic Plan



Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.

Healthy People 2030- Oral Health Objectives

Oral Conditions — General

Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH-07

Baseline only

Reduce the proportion of adults with active or untreated tooth decay — OH-03

Improving

Increase use of the oral health care system — OH-08

LHI
Target met or exceeded

Adolescents

Reduce the proportion of children and adolescents with active and untreated tooth decay — OH-02

Improving

Reduce the proportion of children and adolescents with lifetime tooth decay — OH-01

Little or no detectable change

Health Care Access and Quality

Reduce the proportion of people who can't get the dental care they need when they need it — AHS-05

Target met or exceeded

Increase the proportion of people with dental insurance — AHS-02

Improving

Health Policy

Increase the proportion of people whose water systems have the recommended amount of fluoride — OH-11

Baseline only

Nutrition and Healthy Eating

Reduce consumption of added sugars by people aged 2 years and over — NWS-10

LHI
Little or no detectable change

Older Adults

Reduce the proportion of older adults with untreated root surface decay — OH-04

Target met or exceeded

Reduce the proportion of adults aged 45 years and over who have lost all their teeth — OH-05

Getting worse

Reduce the proportion of adults aged 45 years and over with moderate and severe periodontitis — OH-06

Baseline only

Preventive Care

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

Getting worse

Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH-10

Getting worse

Public Health Infrastructure

Increase the number of states and DC that have an oral and craniofacial health surveillance system — OH-D01

Developmental

Healthy People 2030- Oral Health Objectives

Preventive Care

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

— Getting worse

Increase the proportion of children and adolescents who have dental sealants on 1 or more molars — OH-10

— Getting worse

Healthy People 2030- Oral Health Objective #9 (OH-9)

Increase the proportion of low-income youth who have a preventive dental visit — OH-9

Status: Getting worse ☹️

[Learn more about our data release schedule](#)



Most Recent Data:
68.7 percent (2020-21)



Target:
79.9 percent ¹

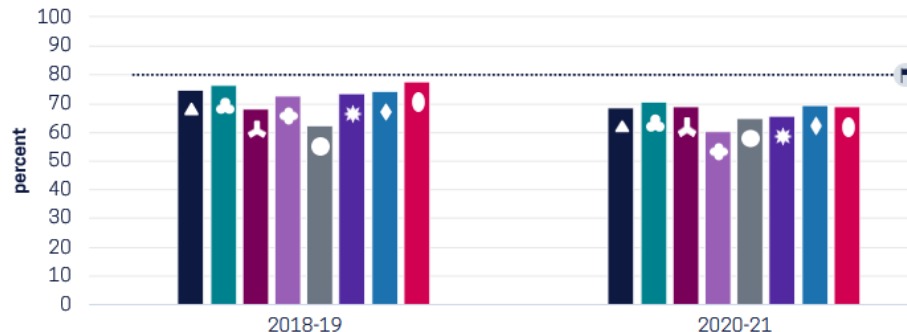
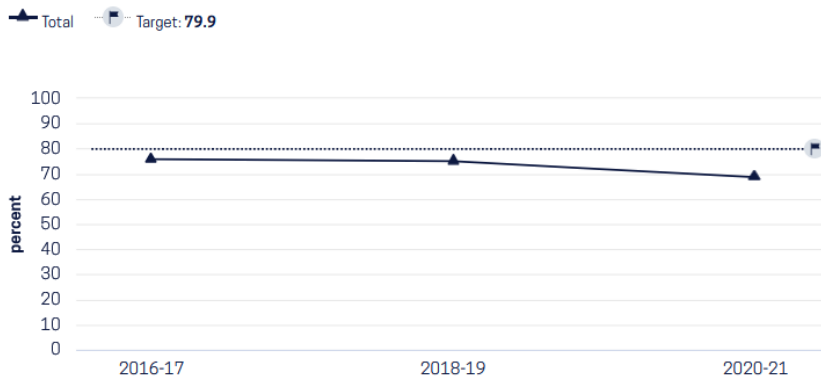


Desired Direction:
Increase desired

Low-income children and adolescents receiving preventive dental services in the past year, 2016-17 to 2020-21 ²

Increase desired

- Total
- Hispanic or Latino
- American Indian or Alaska Native only, not Hispanic or Latino
- Asian only, not Hispanic or Latino
- Native Hawaiian or Other Pacific Islander only, not Hispanic or Latino
- Black or African American only, not Hispanic or Latino
- White only, not Hispanic or Latino
- 2 or more races, not Hispanic or Latino
- Target: 79.9





Final Oral Health Needs Assessment Summary Report

Oral Health Needs Assessment Summary Report

A Finalized Oral Health Needs Assessment Summary Report will:

1. Identify the essential resources that are already available within the community
2. Identify the essential resources missing
3. Determine how best to use, develop, or obtain those resources





Table Activities

Table Activities

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: their name and LOHP
4. List indicators you would like to assess in your community
5. What **Wins** you had with your LOHP
6. What **Challenges** you have for your upcoming Needs Assessment

Note
Taker



- Notetaker will add strategies to Mentimeter
- Choose a spokesperson: Share strategies with the larger group



Mentimeter



Developing a Needs Assessment Action Plan for Prioritizing Secondary Oral Health Data Sources

List indicators of interest to assess in your community

Priority	Indicator	Priority Population	Data Source	Person assigned	Timeline	
					Start	Complete
Oral Health Outcomes						
Dental Visits						
Prevention						
Access						
Infrastructure						



What **wins** you had with your LOHP that you can highlight



What **challenges** you have with your upcoming Needs Assessment



Report & Discussion



Thank you!