

Community Oral Health Needs Assessment Tool



Introduction and Purpose

This tool provides practical tips and guidance for an oral health provider¹ and/or stakeholder undertaking a community oral health needs assessment. It includes information and instruction on the stages of a needs assessment, letting the oral health provider/stakeholder efficiently complete the process as part of their work.

What is a community oral health needs assessment?

A community health needs assessment is a way of using readily available information to plan health care and public health programs in the future. It also helps existing programs better understand the environment that they are working in and identify potential partners to help meet oral health needs in a community. The data gathered is also useful for grant writing and possible fundraising resources. The Health and Resources Services Administration (HRSA) also expects Federally Qualified Health Centers to conduct a Needs Assessment every three years (**Chapter 3: Needs Assessment | Bureau of Primary Health Care (hrsa.gov)**).

A Community oral health needs assessment is a process that:

- Describes the populations residing in the service area.
- Helps identify barriers to oral health, major risk factors and causes of poor health.
- Helps identify actions needed to address the variables in the previous bullet.

The needs assessment will allow oral health provider(s)/stakeholder(s):

- Educate the clinic about the reimbursement environment.
- Determine potential risks to the dental practice, i.e., other providers already serving the target population, or changes in the reimbursement environment, i.e., reduction or elimination of benefits.
- Reveal opportunities for the dental practice, i.e., potential referral sources, community partnerships, and alternative oral health service models.
- Work collaboratively with the community, other professionals, and agencies to appropriately prioritize identified health issues, and address those concerns.
- Plan and deliver the most effective care to those in greatest need.
- Apply the principles of equity and social justice in practice.
- Ensure that scarce resources are allocated where they can give maximum health benefits.

1. The term “provider” is used as a generic term throughout this resource to cover all dental health professionals.

How to Navigate the Guide and Begin the Process

This guide provides a basic knowledge of the community oral health needs assessment process and supports provider(s)/stakeholder(s) to begin this task within his/her work setting.

Section One:

A description of the type of information an oral health provider/stakeholder needs to consider when creating a profile of the community. Reasons are given for the inclusion of each piece of information.

Section Two:

A list of resources to find the information described in section one.

Section Three:

A checklist to perform an analysis of how to use the information, prioritize efforts, and create an action plan.

Before You Begin:

1. Read through the guide to become familiar with the complete health needs assessment process.
2. Consider other key people and professionals to involve in the work. Ideally, these people will form a working group to develop the community health needs assessment together.
3. Decide on the scope and purpose of the community oral health needs assessment. Will this be a way of planning work for the expansion of oral health programs, a new start, and/or updating an existing needs assessment to include oral health? Will it identify health service needs on a wider scale and make recommendations to other providers of services? These decisions will influence the approach.
4. Consider other key external stakeholders who can assist with the community health needs assessment. These may be local community leaders, whose approval may allow greater access to communities, or local administrative staff who may have useful information. Consider surveys of internal and external health professionals and/or focus groups. Access to someone with an understanding of epidemiology or statistics would also be helpful but is not vital.
5. Estimate the time and resources realistically needed to complete the assessment and account for this throughout the planning and implementation phases.

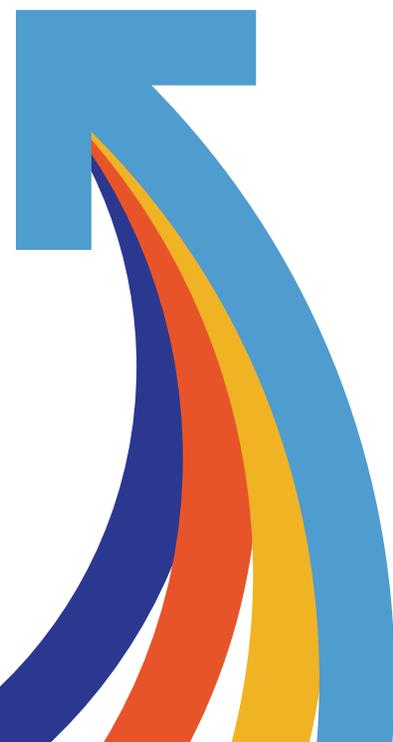
Information to Gather:

- The population demographics in the service area (City/Town, County, and State level), including socioeconomic data.
- Oral healthcare needs
- Oral healthcare barriers
- Access points to oral healthcare
- Applicable Medicaid rules and regulations
- State Practice Act for dental providers
- Possible partnerships
- Health professional shortage area (HPSAs) or a dental health professional shortage area (HPSAs) status.
- Health professionals and patients feedback and perspectives

Section One: Creating the Community Profile

This section describes the type of information that you may find useful when answering these questions. What you choose to include in your profile is up to you and will depend on local circumstances and the availability of information. Do not be tempted to collect too much information; this is time-consuming and can make it difficult to use the profile. Think about what you want to find out about your local population. What information will help you define and describe the community and its health needs? It may be helpful to ask the following questions:

1. What are the key characteristics of the population?
2. Total population broken down by age, sex, race, and ethnicity.
3. What are the primary languages spoken?
4. What is the median household income?
5. Is poverty a major problem in the target population? and thus, is affordability a problem?
6. Health insurance status and who is enrolled and or eligible for Medicaid.
7. Does the target population have access to Medicaid insurance and other public insurance?
8. What is the health status of the people?
9. What local factors are affecting patient health and what impact do the factors have (good and bad)?
10. What do local people see as their health needs?
11. Identify barriers for patients receiving oral healthcare. For example:
 - Is there a shortage of Dentists?
 - Are existing providers accepting new patients?
 - Do dentists accept Medicaid and offer a sliding discount fee scale to uninsured patients?
 - Is there public transportation to dental clinics?
 - Does the geography of the area contain obstacles that make it difficult to reach dental clinics, i.e. mountains, weather, road work, etc.?
12. What are the health inequities and disparities of the population? For example:
 - Who is disadvantaged in this community?
 - Why are they disadvantaged?
 - Who has unmet needs in this community?
 - Who does not access care in this community?
13. Within the area, are there sufficient access points to oral health care?
14. Are there enough dental clinics to handle the capacity of the target population?
15. Does the community offer oral healthcare programs to those in need?
16. How is outreach to children in the community for Oral Health care being done?
17. Are existing providers accepting new patients?
18. What services are currently being provided?
 - Preventive as well as restorative treatments?
 - Sealant programs?
 - Mobile/portable dental programs?
19. What illnesses do I see most of?
20. What problems occupy most of my time?
21. Do people I meet see themselves as sick?
22. What do people tell me about their worries and health?
23. What oral health interventions am I using and how well do they work?
24. Do I see those whose needs are greatest?
25. What changes have I seen take place in the community and in the services, I provide?



Characteristics of the population

Several elements will help describe the community you work in:

Geography: Which area/population does this profile cover? This can be limited to a city/town, county, or distinct sections and boundaries of a geographic area. It is assumed that the community identified will coincide with the oral health providers' area of responsibility. Alternatively, there may not be a fixed location, and the service area is described as a specific population, such as migrants or unhoused people, rather than the location. Defining the boundaries is necessary to identify who is included within the community being served and to aid information collection. **Population Totals:** Total number of people within the service area. When considering capacity and how many people are in the area, what are the existing services and gaps, understanding the demand for care and potential patient panel size will help decipher the size of clinic needed, resources, staffing and different service delivery models to meet the population.

Age distribution: It is important to examine the age distribution of a community because certain age groups have greater health needs and are considered priority populations, such as children and the elderly. It is important to recognize the oral health needs across the life span and how delivery of these services will vary accordingly.

Gender distribution: The ratio of males to females in a community will affect the range of services required. Gender is also important when looking at specific health issues, such as family planning, maternity services, or diseases that are gender specific or more prevalent in one gender than the other. Understanding sex and gender is critical to understanding health and to diagnosing and treating disease and illness. For example, women and men have heart attacks at similar rates, but women are more likely to die as a result.²

Ethnicity and religion: It is important to be aware of the differing ethnic and cultural groups within the community to ensure care is culturally appropriate. Oral health providers should take action to ensure equality of access to health care and health programs that are culturally and linguistically appropriate. Minority ethnic and religious groups can be marginalized within a community. Different groups face different problems and require services that are sensitive to their cultural and linguistic background. This can be seen in diseases that are specific to one group. For example, about 33% of Mexican American children and 28% of non-Hispanic Black children (aged 2 to 5) have had cavities in their primary teeth, compared with 18% of non-Hispanic White children.³

Language: Knowing the predominant languages in the community informs us whether translation services are needed and is a factor to consider when hiring staff and providers.

Education: Access to quality education early in life, high school graduation, and college education can all allow people to shift their socioeconomic status, reducing the likelihood of negative health outcomes in return. Because of this, understanding how education affects the health of communities is vital for providers.

2. American Heart Association. (2020, November 30). Women found to be at higher risk for heart failure and heart attack death than men. <https://newsroom.heart.org/news/women-found-to-be-at-higher-risk-for-heart-failure-and-heart-attack-death-than-men>

3. Centers for Disease Control and Prevention. Oral Health Surveillance Report: trends in dental caries and sealants, tooth retention, and edentulism, United States, 1999–2004 to 2011–2016. US Dept of Health and Human Services; 2019. Accessed January 18, 2024

Characteristics of the population (Cont'd)

Occupation: Occupation can significantly influence self-perception and job satisfaction plays a crucial role in overall well-being. Often, individuals are defined by their employment status, leading to feelings of exclusion for the unemployed. It may be important to include occupation distribution in a wellness assessment as studies have shown that lack of paid employment can negatively impact one's health. Data includes unemployment rates, wages and major occupations. Some regions are known for specific industries such as agriculture, manufacturing and tourism.

Housing: Housing status affects all aspects of health – shelter from the weather, an environment to sustain a family, and a place to feel safe. The type, quality, and suitability of housing will have an important effect on health. Look for factors such as overcrowding, dampness, and poor heating, which are significant factors affecting health. Also consider how far homes are from work, pharmacies, schools, and shops while conducting the assessment.

Transportation: Transport systems are important to record, as they can influence people's access to healthcare services, social support networks, and employment.

Household Income: The amount of income people earn has an important influence on their health, affecting their ability to choose a healthy lifestyle and afford health services. Levels of income also have an impact on the local economy within a community.

Population Trends and Health Inequalities: Patterns of disease and illness are closely linked to economic conditions, leading to disproportionately high rates of poor health among those experiencing poverty. Local data can be compared to state and national data for reference.

Section Two: Where to Find the Information

Below is a list of sources with their websites and a description of data example reports when applicable to help guide you in the information gathering process. Research local, state and national data and identify what information is relevant to your organizations purpose and mission. Talk to health care professionals and others working in your organization and in the community. Surveys are also a great tool to gather information and gain a better understanding of the needs, but require time and resources to develop, implement and analyze results.

Resources and Recommendations to Find Information:

Source	Website Link	Types of Data	Documents and Example Data Reports
US Census Bureau	Census.gov	<ul style="list-style-type: none"> Demographic, economic, and population data. Social Characteristics and Health Insurance stats by town, city, county, and state. 	
American Dental Hygienists Association	www.adha.org	<ul style="list-style-type: none"> State Practice Act Overview Allowable Duties for Hygienists by State 	ADHA Practice Act Overview
Dental Assisting Board - DAB	www.danb.org	<ul style="list-style-type: none"> State practice act for dental assistants. Allowable duties and certifications for dental assistants by state 	Massachusetts Allowable and Prohibited Duties for Dental Assistants
Center for Disease Control and Prevention - CDC	www.cdc.gov Oral Health Data Division of Oral Health CDC	Data for select indicators from the National Oral Health Surveillance System (NOHSS). Data sources include: <ul style="list-style-type: none"> Water Fluoridation Reporting System (WFRS), Behavioral Risk Factor Surveillance System (BRFSS), State Oral Health Surveys, Indian Health Service (IHS) Oral Health Surveys ASTDD's Annual Synopsis of State Oral Health Program 	

Resources and Recommendations to Find Information (cont'd):

Source	Website Link	Types of Data	Documents and Example Data Reports
American Dental Association - ADA	www.ada.org Interactive licensure map American Dental Association (ada.org)	<ul style="list-style-type: none"> State practice act's for providers to define the rules and regulations. Contact and information for each State Dental Board. Dental Licensure, licensure by credentials, CE and renewal requirements, and specialty licensure for each state and territory. 	
Health Resources and Services Administration - HRSA	Find Shortage Areas (hrsa.gov)	<ul style="list-style-type: none"> Health professional shortage areas. Community health centers data and dental clinics that accept Medicaid, Medicare, and the Uninsured, health stats of the populations served, utilization, and workforce. Data related to HRSA programs provide equitable health care to people who are geographically isolated and economically or medically vulnerable. 	Data by Geography
Centers for Medicaid and Medicare Services	www.cms.hhs.gov/home/medicaid.asp	<ul style="list-style-type: none"> Medicaid reimbursement rates, covered services, age limitations, and regulations. 	
The Henry J. Kaiser Family Foundation	www.kff.org/medicaid/index.cfm	<ul style="list-style-type: none"> The number of Medicaid eligibles and/or users in the area. The number of Medicaid-eligible residents who had a dental visit in the previous year. 	
US Dept. of Education	http://nces.ed.gov/ccd	<ul style="list-style-type: none"> The number of students eligible for free or reduced lunch. The number and location of public schools. Head Start and Early Head Start agencies in the area. Determine if there are oral health services provided in these schools and agencies. Types of oral health services provided in schools. 	

Conducting Surveys

A central part of health needs assessment is gathering information on local people's views of their health needs and resources. Involving local people will ensure that any service developed will be based on need and be more likely to be acceptable to the population.

There will always be a great deal of expertise and knowledge to draw on among the local population, on what assets exist, the factors that influence their health, what is most important, local health beliefs, and solutions to problems. People must be able to describe health problems and solutions in their own terms.

Review community feedback gathered through focus groups and key informant interviews, and by surveying local health professionals.

EXAMPLE:

Health Professionals can include existing organization staff, affiliated medical providers, community partner organizations, and area health and human service organizations. Patients and members in the community.



Section Three: Analysis of how to use the information, decide on priorities, and create action plans.

Now that you have done your research and gathered relevant information, it is time to make decisions. Use the data to determine the oral health needs of the community and create an action plan to address those needs.

- The practice can develop a strategic business plan for sustainability:
- Who is the target population?
 - Age, gender, race and ethnicity
 - What are the health needs?
- What services are going to be commonly provided based on the target population's needs?
- What is the demand for oral health services in the area? How many dental operatories and clinics are necessary to meet the demand?
- What will the hours of operation be?
- What types of providers and support staff are needed to meet the needs of this population?
- What will the payer mix look like and how do I plan for financial sustainability based on the payer mix
 - % of Medicaid, Medicare, Private insurance and Uninsured
 - Will grant funding and community support be necessary to subsidize care for those in great need and uninsured?
- What is the best service delivery model(s)?
 - Telehealth
 - Mobile or portable
 - Brick and mortar
 - Location?

