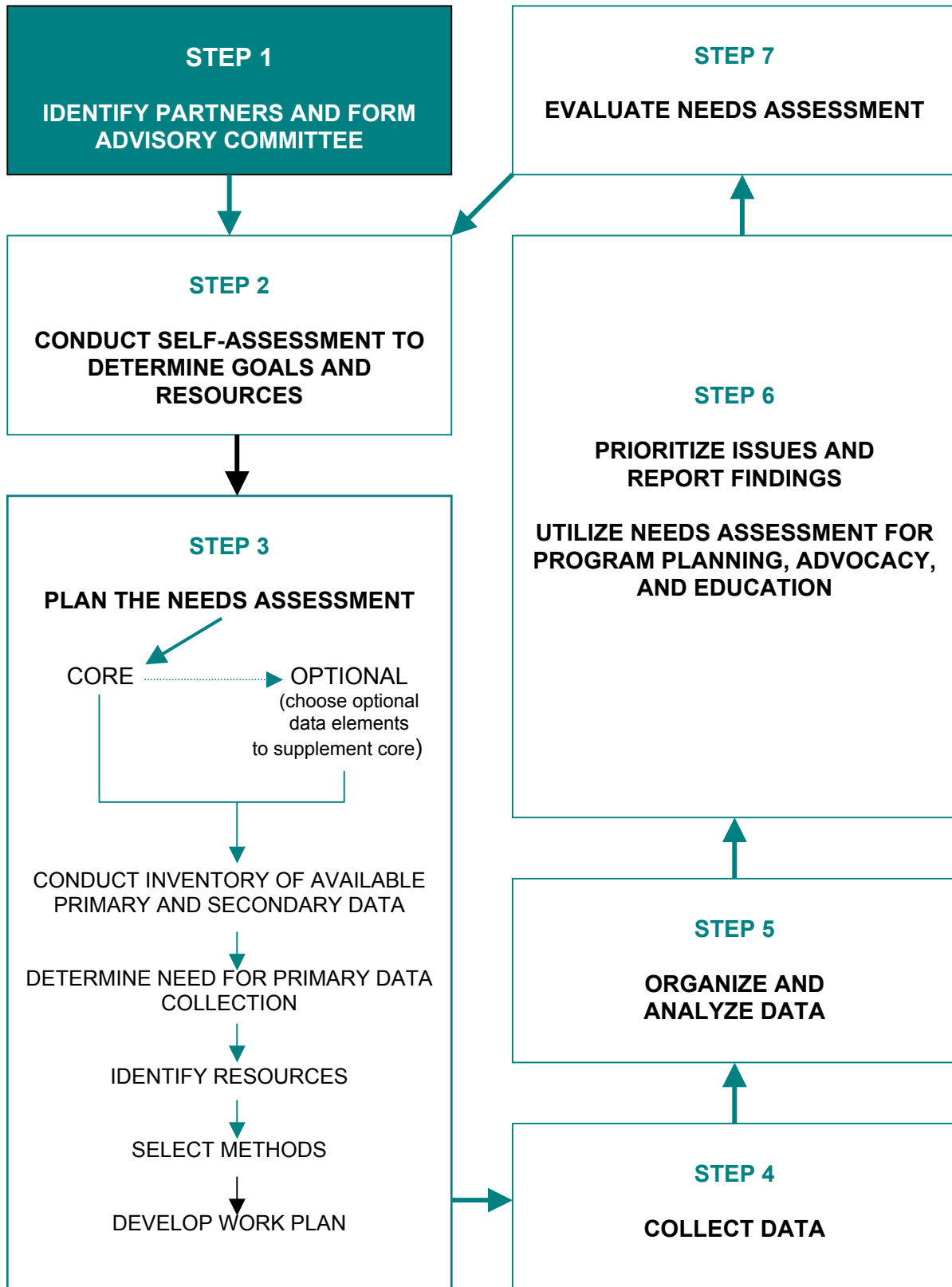


MODEL ORAL HEALTH NEEDS ASSESSMENT



STEP 1: IDENTIFY PARTNERS AND FORM AN ADVISORY COMMITTEE

Building effective and well-rounded partnerships can spell success for a program planning effort. Needs assessment is the first phase of the planning cycle, and the partners selected should represent varied perspectives. They may be representatives from other agencies and organizations, other programs in your own agency or consumers. State and local MCH directors are important partners for state and local dental program managers. Programs with minimal resources for conducting needs assessment may wish to link up with other interested parties.

One key form of partnership is the advisory committee; it is recommended that state and local dental program managers form an advisory committee for their programs. Committee members' primary role is to make non-binding recommendations. Drawing members from diverse disciplines and perspectives increases the likelihood of innovative approaches; homogeneous groups tend to maintain the status quo rather than recommend change. The composition of your advisory committee should reflect the demographic diversity of your population. It should include clients, service providers and policy-makers.

Worksheet 1 will assist you in identifying and establishing communication with potential partners who also may serve on an advisory committee. Use the worksheet to create your own list of partners and advisory committee members. Including key partners in the planning process fosters "buy-in" once it's time to implement the plan. While your committee should be inclusive, limit its size to a manageable number of people for conducting meetings.

The advantages of an advisory committee are substantial, including:

- ⇒ ***Creating advocates for oral health***
- ⇒ ***Providing potential key informants***
- ⇒ ***Providing additional in-kind resources***

- ⇒ ***Enhancing formalized communication***
- ⇒ ***Gaining appreciation for a range of perspectives***
- ⇒ ***Educating consumers and other providers***
- ⇒ ***Fostering ownership of outcomes***

ORIENTING YOUR ADVISORY COMMITTEE

It may be necessary to orient advisory committee members or other partners you have identified to the use of the needs assessment model. Because it is neither practical nor necessary to reproduce this entire document, we suggest that the following pages and worksheets from *Assessing Oral Health Needs* be photocopied to capture the essence of the model:

- *Introduction, pages 1 – 5*
- *Background, pages 6-8*
- *Worksheets 1 through 4*
- *Table 2: Summary of Needs Assessment Methods, page 21*

Armed with this abbreviated "primer", most individuals will grasp the purpose of what you hope to achieve and understand the model you will use.



| Worksheet #1 – Forming an Advisory Committee: Potential Committee Members | | | | |
|---|----------------------------------|---------------|----------------------|----------------------|
| Potential Organizations & Agencies | Advisory Committee? (Y/N) | Person | Email Address | Telephone/Fax |
| Oral Health | | | | |
| State or Local Dental Association (American/National) | | | | |
| American Academy of Pediatric Dentistry, state chapter | | | | |
| State or Local Dental Hygienists' Association | | | | |
| Schools of Dentistry | | | | |
| Schools of Dental Hygiene | | | | |
| Other State or Local Agency Dental Personnel (e.g., mental health, corrections, tribal) | | | | |
| Education Programs | | | | |
| School of Public Health, Public Policy (or equivalent) | | | | |
| Other State/Local Programs | | | | |
| State Maternal and Child Health (Title V) | | | | |
| State Children with Special Health Care Needs (CSHCN) | | | | |
| Early and Periodic Screening, Diagnosis and Treatment (EPDST) | | | | |
| Medicaid and SCHIP Program | | | | |
| Women, Infants, and Children (WIC) Program | | | | |
| Epidemiology | | | | |

| Worksheet #1 – Continued | | | | |
|--|----------------------------------|---------------|----------------------|----------------------|
| Potential Organizations & Agencies | Advisory Committee? (Y/N) | Person | Email Address | Telephone/Fax |
| Other State/Local Programs (continued) | | | | |
| Health Promotion/ Health Education | | | | |
| Department of Education/School Administration | | | | |
| Head Start Association/Grantees | | | | |
| Special Population Organizations (e.g., homeless, developmental disabilities, rural) | | | | |
| Primary Care Association (Community/ Migrant Health Centers) | | | | |
| Local Health Officers / MCH Directors | | | | |
| Allied Health Associations / Institutions | | | | |
| State or Local Medical Association / Academy of Pediatrics | | | | |
| State Public Health Association | | | | |
| Hospitals (Children's) | | | | |
| Other | | | | |
| Advocacy Organizations | | | | |
| Federal Agency Representatives (e.g., Regional field offices) | | | | |
| | | | | |