

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)				

Worksheet #2 – Needs Assessment Goals					
TO WHAT EXTENT DO YOU HOPE TO ACCOMPLISH EACH OF THE FOLLOWING THROUGH YOUR NEEDS ASSESSMENT? (circle the most appropriate number for each item)					
	NOT AT ALL		MODERATE		HIGH
Fulfill the requirements of the MCH Block Grant	1	2	3	4	5
Network with other programs / agencies / organizations	1	2	3	4	5
Build a constituency for oral health issues	1	2	3	4	5
Establish baseline data	1	2	3	4	5
Update existing data	1	2	3	4	5
Prioritize programs	1	2	3	4	5
Justify budget (maintenance / expansion / reallocation)	1	2	3	4	5
Increase visibility of program in agency	1	2	3	4	5
Target resources to specific populations	1	2	3	4	5
Fulfill expectations of administration / legislature	1	2	3	4	5
Monitor compliance with legal requirements	1	2	3	4	5
Publish findings in professional journal(s)	1	2	3	4	5
Educate decision makers	1	2	3	4	5
Collect data in a timely fashion	1	2	3	4	5
Collect valid (accurate) / reliable (reproducible) data	1	2	3	4	5
Generalize findings to target population	1	2	3	4	5
Evaluate existing programs	1	2	3	4	5
Other					
	1	2	3	4	5
	1	2	3	4	5

INSTRUCTIONS FOR COMPLETING WORKSHEET #3

As discussed on pages 17-19 of the manual, Worksheet 3 is designed to help you choose which methods of data collection you will use for the core and optional data items you (and your advisory committee) have chosen.

Worksheet 3 consists of five pages, this instruction page plus four pages with the **data items** and corresponding **data collection methods** (one for the core items and three for the optional items). The three pages with the data items and data collection methods are formatted for 17" X 11" paper. You can print them on smaller paper by selecting "Scale to Paper Size" from your print menu.

On the worksheet, there are 37 data items listed in the left column. Each item is followed by a rationale for collecting the data. Across the top of the worksheet, lettered A – I, are the nine data collection methods in increasing order of resources required, from left to right. The nine methods are grouped into four color-coded categories: secondary data (blue); programmatic data (yellow); community input (green); and basic screening survey (gold).

Every lightly shaded cell on Worksheet 3 is labeled with a unique number-letter combination (e.g. 6B, 11G). The number-letter combinations are called **data item / method combinations**. Each labeled cell contains the page in STEP 4 where the instructions on how to collect particular data begin.

On the first matrix, choose which methods you will use to collect data for each of the **core** items (#1-11) by marking the "box" in the appropriate lightly shaded cell. The "box" in each data collection cell is a text box and you can electronically add an X to any box you choose.

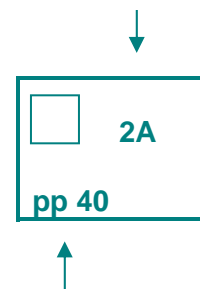
On the second, third, and fourth matrix, place a check in the column next to the optional data items (#12-37) you have

chosen, and then determine which data collection method(s) you will use for each of them. Mark the "box" in the appropriate lightly shaded cell. The "box" in each data collection cell is a text box and you can electronically add an X to any box you choose.

On the fourth matrix, add other optional data items you have chosen, and then determine which data collection method(s) you will use.

KEY

Data Item / Method Code



A detailed description of how to collect data using method A begins on page 40 (Step 4).

WORKSHEET #3 – CORE: DEVELOPING THE NEEDS ASSESSMENT PLAN			METHODS FOR DATA COLLECTION								
MATRIX 1 DATA ITEMS/TYPES OF INFORMATION			A	B	C	D	E	F	G	H	I
			Secondary Data from National Oral Health Surveys (e.g., NHANES)	Other Secondary Data (e.g., Medicaid, EPA, Board of Dentistry)	Demographic Indicators (e.g., Census, Board of Education)	Nonclinical Program Data	Clinical Program Data (e.g. patient records)	Public Comment	Informant Groups	Questionnaire/ Interview Survey	Basic Screening Survey
CORE INFORMATION	RATIONALE FOR COLLECTING INFORMATION	The lightly shaded boxes represent acceptable methods for data collection. Place an X in the text box for the method that you chose.									
1	DEMOGRAPHICS description of population (e.g., age, race, SES, school enrollment)	To provide perspective about the underlying population. Useful when targeting populations for oral health programs; serves as a denominator in developing population estimates.		<input type="checkbox"/> 1B pp 46	<input type="checkbox"/> 1C pp 55						
2	ORAL HEALTH STATUS % of children with untreated decay	To indicate the degree of access to, and utilization of, dental treatment services.	<input type="checkbox"/> 2A pp 40				<input type="checkbox"/> 2E pp 61			<input type="checkbox"/> 2H pp 73	<input type="checkbox"/> 2I pp 80
3	% of children who have dental caries experience	To describe the overall caries prevalence and indicate the degree of need for preventive programs.	<input type="checkbox"/> 3A pp 40				<input type="checkbox"/> 3E pp 61			<input type="checkbox"/> 3H pp 73	<input type="checkbox"/> 3I pp 80
4	RISK REDUCTION % of people served by community water systems with optimally fluoridated water	To indicate the need for community water fluoridation, a cornerstone for dental public health programs. Information also is useful in targeting school-based and individualized fluoride strategies.		<input type="checkbox"/> 4B pp 46							
5	% of children with sealant on 1+ permanent molar teeth	To indicate the degree of access to, and dentist utilization of, an important caries preventive method. Sealants prevent caries on the most susceptible tooth surfaces.	<input type="checkbox"/> 5A pp 40	<input type="checkbox"/> 5B pp 46		<input type="checkbox"/> 5D pp 56	<input type="checkbox"/> 5E pp 61			<input type="checkbox"/> 5H pp 73	<input type="checkbox"/> 5I pp 80
6	SYSTEMS DEVELOPMENT / ACCESS # of dental providers in a state (by county or other division)	To indicate the number of general dentists and dental specialists. In combination with population data, this will provide an initial indicator of dentally underserved areas.		<input type="checkbox"/> 6B pp 46							
7	dentist participation in Medicaid program (number participating and level of participation)	To indicate availability of dental care services through the largest public financing system of dental care for a vulnerable population, lower SES families.		<input type="checkbox"/> 7B pp 46						<input type="checkbox"/> 7H pp 73	
8	# (%) of children under age 19 years at or below 200% of FPL who receive preventive dental services	To indicate the degree of access to, and utilization of, different types of dental care services through the largest public financing system of dental care for a vulnerable population, lower SES children.		<input type="checkbox"/> 8B pp 46							
9	description of public resources for dental care (e.g., C/MHCs, local health departments, dental school clinics)	To describe the public system of preventive and primary dental care services. An understanding of all resources is an important first step in developing systems of primary oral health care services.		<input type="checkbox"/> 9B pp 46			<input type="checkbox"/> 9E pp 61			<input type="checkbox"/> 9H pp 73	
10	% of children that have visited a dentist during the previous year	To assess the effectiveness of a potential mechanism for: 1) identifying children who have not entered the primary dental care system, and 2) linking them with a source of care at an early age.		<input type="checkbox"/> 10B pp 46		<input type="checkbox"/> 10D pp 56				<input type="checkbox"/> 10H pp 73	
11	perceived oral health needs of consumers and their assessment of accessibility, acceptability and affordability of oral health care received.	To provide perspective on the extent to which services meet the population's perceived needs. This information is critical to the development of family-centered system of primary care.		<input type="checkbox"/> 11B pp 46				<input type="checkbox"/> 11F pp 66	<input type="checkbox"/> 11G pp 69	<input type="checkbox"/> 11H pp 73	

WORKSHEET #3 – OPTIONAL: DEVELOPING THE NEEDS ASSESSMENT PLAN			METHODS FOR DATA COLLECTION								
MATRIX 2 DATA ITEMS/TYPES OF INFORMATION			A	B	C	D	E	F	G	H	I
			Secondary Data from National Oral Health Surveys (e.g., NHANES)	Other Secondary Data (e.g., Medicaid, EPA, Board of Dentistry)	Demographic Indicators (e.g., Census, Board of Education)	Nonclinical Program Data	Clinical Program Data (e.g. patient records)	Public Comment	Informant Groups	Questionnaire/ Interview Survey	Basic Screening Survey
	OPTIONAL INFORMATION Review the items and check the box to the right of each item that you want to include.	<input checked="" type="checkbox"/>	RATIONALE FOR COLLECTING OPTIONAL INFORMATION The lightly shaded boxes represent acceptable methods for data collection. Place an X in the text box for the method that you chose.								
12	DEMOGRAPHICS # (%) of children below ____% of poverty who are uninsured (or underinsured) for oral health services			<input type="checkbox"/> 12B pp 46						<input type="checkbox"/> 12H pp 73	
13	# (%) of preschool children in: 1) Head Start program, and 2) other day care programs			<input type="checkbox"/> 13B pp 46							
14	ORAL HEALTH STATUS % of children needing dental treatment according to urgency of need		<input type="checkbox"/> 14A pp 40					<input type="checkbox"/> 14E pp 61			<input type="checkbox"/> 14I pp 80
15	% of children with oral injuries		<input type="checkbox"/> 15A pp 40					<input type="checkbox"/> 15E pp 61		<input type="checkbox"/> 15H pp 73	<input type="checkbox"/> 15I pp 80
16	% of children with dental fluorosis		<input type="checkbox"/> 16A pp 40					<input type="checkbox"/> 16E pp 61			<input type="checkbox"/> 16I pp 80
17	% of adults (women of childbearing age) with gingivitis and/or destructive periodontal disease		<input type="checkbox"/> 17A pp 40					<input type="checkbox"/> 17E pp 61			<input type="checkbox"/> 17I pp 80
18	% of adults who have had a tooth extracted because of dental caries or periodontal disease		<input type="checkbox"/> 18A pp 40					<input type="checkbox"/> 18E pp 61		<input type="checkbox"/> 18H pp 73	<input type="checkbox"/> 18I pp 80
19	% of older adults who have had all their natural teeth extracted		<input type="checkbox"/> 19A pp 40					<input type="checkbox"/> 19E pp 61		<input type="checkbox"/> 19H pp 73	<input type="checkbox"/> 19I pp 80
20	% of oral and pharyngeal cancers detected at the earliest stage			<input type="checkbox"/> 20B pp 46				<input type="checkbox"/> 20E pp 61		<input type="checkbox"/> 20H pp 73	
21	RISK REDUCTION % of adults who report having an oral cancer exam in the last 12 months									<input type="checkbox"/> 21H pp 73	
22	% of children & adults who use the oral health care system each year									<input type="checkbox"/> 22H pp 73	

WORKSHEET #3 – OPTIONAL: DEVELOPING THE NEEDS ASSESSMENT PLAN			METHODS FOR DATA COLLECTION								
MATRIX 3 DATA ITEMS/TYPES OF INFORMATION			A	B	C	D	E	F	G	H	I
			Secondary Data from National Oral Health Surveys (e.g., NHANES)	Other Secondary Data (e.g., Medicaid, EPA, Board of Dentistry)	Demographic Indicators (e.g., Census, Board of Education)	Nonclinical Program Data	Clinical Program Data (e.g. patient records)	Public Comment	Informant Groups	Questionnaire/ Interview Survey	Basic Screening Survey
	OPTIONAL INFORMATION Review the items and check the box to the right of each item that you want to include.	<input checked="" type="checkbox"/>	RATIONALE FOR COLLECTING OPTIONAL INFORMATION The lightly shaded boxes represent acceptable methods for data collection. Place an X in the text box for the method that you chose.								
23	RISK REDUCTION (CONT) % of adolescents / young adults using smokeless tobacco			<input type="checkbox"/> 23B pp 46						<input type="checkbox"/> 23H pp 73	
24	% compliance with community water fluoridation standards			<input type="checkbox"/> 24B pp 46			<input type="checkbox"/> 24D pp 56				
25	% of parents / caregivers who use infant feeding practices that prevent ECC									<input type="checkbox"/> 25H pp 73	
26	% of people not on fluoridated water who use topical or systemic fluoride			<input type="checkbox"/> 26B pp 46						<input type="checkbox"/> 26H pp 73	
27	SYSTEMS DEVELOPMENT / ACCESS dental health professional shortage areas (HPSA)			<input type="checkbox"/> 27B pp 46							
28	% of Head Start children completing dental care			<input type="checkbox"/> 28B pp 46						<input type="checkbox"/> 28H pp 73	
29	% of women (childbearing age) utilizing oral health care system			<input type="checkbox"/> 29B pp 46						<input type="checkbox"/> 29H pp 73	
30	existence of a system for recording and referring infants with cleft lip/ palate			<input type="checkbox"/> 30B pp 46					<input type="checkbox"/> 30G pp 69	<input type="checkbox"/> 30H pp 73	
31	# of public dental disease prevention programs (e.g., fluoride mouthrinse, educational, sealants) and # of individuals served			<input type="checkbox"/> 31B pp 46			<input type="checkbox"/> 31D pp 56	<input type="checkbox"/> 31E pp 61		<input type="checkbox"/> 31H pp 73	
32	perceptions of key informants (e.g., government officials, community leaders)							<input type="checkbox"/> 32F pp 66	<input type="checkbox"/> 32G pp 69	<input type="checkbox"/> 32H pp 73	
33	perceptions of oral health care providers (e.g., dentists, dental hygienists)							<input type="checkbox"/> 33F pp 66	<input type="checkbox"/> 33G pp 69	<input type="checkbox"/> 33H pp 73	

