

Step 3 Building a Foundation for Action

Critical Task: To establish common ground for a shared vision and mission.

Introduction

Behind every great effort, there's a powerful vision and a clear mission. These provide the guiding principles from which your action plan will be developed. This step will help you lay the foundation for the work of your coalition.

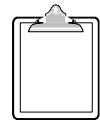
Depending on the age and history of your coalition, and community needs, you will decide the order in which you approach the topics presented in Step 3. Some coalitions conduct a needs assessment before developing a vision and mission. Others conduct an assessment as a goal in their action plan. There are also several different times when you may want to consider establishing priorities for the work of the coalition. Regardless of the order in which you approach the topics outlined in this step, these tasks lay the foundation for future action and place coalitions in a better position to accomplish their goals.

Step 3 examines the following topics:

- Conducting a needs assessment
- Identifying priorities
- Developing a vision
- Developing a mission

Conducting a needs assessment

Collecting data will assure that the work of your coalition targets a true problem or need in your community and will also begin the collaboration process that will guide your work. You may already have the data you need or you may need more information before developing your action plan. Needs assessments can be informal, formal, or a mixture of both. Formal methods include analysis of existing information, conducting surveys, focus groups, telephone or face-to-face interviews, and public hearings. Informal methods, such as raising questions about needs at meetings and collecting anecdotal information through conversations with clients or providers, yield additional information. A mixture of both is valuable.



“Assessing Oral Health Needs”¹ is an excellent comprehensive overview of the assessment process. 📄 (An order form is included in the Appendix.) This manual sums up the case for needs assessment with the following points:

- Needs assessment is not an end in itself, but the initial step in the development of a comprehensive program plan.
- When undertaking a needs assessment program it is important to use methods that identify individuals or groups of individuals at high risk for poor health. Ideally, resources will then be targeted to ‘populations’ currently at risk rather than simply to established programs or to ‘localities’ with a past history of high incidence or prevalence of disease.
- The needs assessment process can foster constituency building.
- State and local agencies must collaborate on periodic needs assessment to keep a pulse on the population they serve.

Do you have to do a needs assessment? It will come down to what the community decides. Sometimes a community knows itself fairly well and will decide not to do a lengthy needs assessment. It is recommended that a coalition at least gather and review existing data and compile a fact sheet.

Assemble this information in a clear, easy to read, attractive format, perhaps a fact sheet. Step 5 further describes a process for developing fact sheets as part of an advocacy strategy.

The following overview of a typical community health needs assessment is adapted from the oral health assessment developed by the Association of State and Territorial Dental Directors.

1. Define the community.

The coalition has to define the “community” area that will be included in the assessment. In Washington State, most data are reported by State and County. If another area (for example, a particular set of towns) makes sense to describe as a

Eight steps in Community Assessment

1. Define the community.
2. Identify goals and resources.
3. Gather existing data.
4. Outline a process for assessment.
5. Establish support for the assessment
6. Gather new, community specific data.
7. Analyze and evaluate the data.
8. Inform the community of assessment results.

¹ *Assessing Oral Health Needs: ASTDD Seven-Step Model*, Association of State and Territorial Dental Directors,” 1996.

“community,” the group will have to determine how best to compile the data. The coalition also has to decide who within the “community” is to be included in the assessment. For example, will the assessment focus on just children and youth, or will it also include their families? Will the assessment involve other adults that do not have children?

2. Identify the goals and resources for the assessment.

What do you hope to accomplish? For example:

- Build a constituency for oral health issues
- Establish baseline data
- Update existing data
- Prioritize programs
- Target resources to specific populations
- Educate decision makers

3. Gather existing data.

Perhaps a local health assessment prompted the start of your coalition. That is how one coalition in Washington State, the Children’s Dental Coalition of Thurston County was started.



Many times, if a local health assessment includes questions about dental health, the data will point to the fact that access to dental care may be significantly scarce when compared to access to health care in general. The following are some sources of data that have been useful for coalitions and can help get you started:

- The state offices of Social and Health Services, Medical Assistance, Dental Program Manager
- The local health department
- The state or county Department of Health, Oral Health Administrator, or Dental Director
- Head Start and WIC
- Local census data - % poverty, high risk groups
- Local minority groups
- State and local dental associations
- Local school districts and State Department of Education

The identification of community resources and services, as well as how and where the services are delivered, also adds important information. The services and resources inventory can often be completed by individuals on the coalition.

Now the question becomes, **do we need additional data and how will it be used?** If you can answer these why questions and decide that additional data is important, you will want to outline a process for assessment or data collection.

4. Outline a process for further assessment (data collection).

After compiling available data, the coalition should develop a plan for the process of additional data collection.

Budget: This may include an assessment coordinator, copying and printing expenses, postage, supplies, meeting costs, meeting facilitators, and data analysis.

Timeline: Create a reasonable timeline for data collection, entry, and analysis, as well as community forums.

Who/what population: Decide who you need to contact for more information.

5. Establish support for the assessment process.

Depending on the climate of the community and the reasons for the assessment, you may need to identify the key stakeholders and hold conversations and meetings to inform them and gather support. Without this important step, it may be difficult to complete the assessment and even harder to implement action steps later.

6. Gather new, community-specific data.

Quantitative data can be collected through such strategies as oral health screening of targeted population groups. This can help add clinical information to your assessment. Qualitative data can be collected through focus groups, community forums, and interviews. Data from these strategies provide additional qualitative ideas and input from key community members and therefore, can be used to obtain fuller understanding of access and utilization of dental and other services. “Focus Groups: A Tool for Understanding Community Perceptions and Experiences”² is a helpful booklet that outlines how to conduct successful focus groups. In Washington State, training on conducting focus groups has been available through the County Extension office.

7. Analyze and evaluate the data.

It is often helpful for an outside evaluator to do the data analysis for assessment surveys. Survey data, other compiled data, and information from the data collection strategies, should be reviewed by the coalition in order to make informed decisions.

8. Inform the community of the assessment results.

² “Focus Groups: A Tool for Understanding Community Perceptions and Experiences”, A Western Regional Extension Publication, March 1995, WREPO128.

The community needs to know how their input to the process has resulted in a plan that supports their views and perspectives.

Identifying priorities

A useful technique for setting priorities among health problems is shown in the following worksheets. Four criteria are used:

1. *Community Concern* includes knowledge, attitudes, beliefs and the degree or urgency.
2. *Prevalence* refers to the frequency with which the problem occurs.(see data)
3. *Seriousness* is its destructive effects on individuals and society.
4. *Susceptibility to Management* takes into account the availability of methods for management as well as the cost and difficulty of applying them. In considering this, special preference is given to management within the community, partly for economic reasons, but mainly because the community will be involved.

In the absence of numerical data these criteria can be weighted intuitively, using a scale of + to + + + +. A score for each health problem is reached by multiplying the individual weightings. This simple method for setting priorities is used by groups of health workers in diverse settings around the world. Note that community concern is placed first. The fact that the community concern has been shared and considered in the process will help to get the problem solved. Using Worksheet # 8, your group can identify the problems they are concerned about and use this method to come to a consensus on their priority issues. Worksheet # 9 is an example of a completed worksheet.



Worksheet # 8 Criteria for Building Priorities (page 38)



Worksheet # 9 Criteria for Building Priorities (Sample) (page 39)

Criteria for Building Priorities³

Oral Health Problem (examples)	Community Concern	Prevalence	Seriousness	Susceptibility to Management	Total

Multiply each number of +s to reach total. See the sample on next page.

Criteria for Building Priorities⁴ (Sample)

Oral Health Problem (examples)	Community Concern	Prevalence	Seriousness	Susceptibility to Management	Total
Early Caries Prevention in 3-5 year olds	++	+++	++++	+	24
Decay in 6-8 year olds	+	+++	+++++	++	30
Decay in 14-16 year olds	+	+	+	+	1
Lack of Fluoridation	+++	+++	++++	+	36

Multiply each number of +s to reach total. Example: Early Caries Prevention: 2 x 3 x 4 x 1 = 24.

³ Oral Health Assessment Guidelines, Washington State Department of Health, 1995.

⁴ Oral Health Assessment Guidelines, Washington State Department of Health, 1995.

Developing a Vision

(Adapted from the “Community Tool Box”)⁵

What is a vision statement?

A *vision* statement describes your dream of the way things ought to be. It helps us work together to create a positive change in local communities. It is what really motivates you to take action.

Vision statements:

- Capture the dream;
- Are concise; often two words;
- Are positive; they communicate a better future;
- Are general; that is, they shouldn't indicate such specifics as how an organization will reach its goals;
- Are flexible; they fit changes in the community, needs, organization membership, and times

Use these criteria and remember to incorporate the issues you discovered from your needs assessment to develop a vision statement. A transparency master is included for your use as your coalition develops its vision.




Transparency Master # 1 (page 68)

Transparency # 1

Vision:

Your dreams, the way
things ought to be.

Examples:
“Healthy Babies”
“Healthy Mouths for All Our
Kids”
“Positive Partnerships”



⁵ *Community Tool Box*, “Proclaiming Your Dream: Developing Vision and Mission Statements”, Chapter 6, Section 2, University of Kansas.

Developing a Mission

(Adapted from the “Community Tool Box”)⁶

What is a mission statement?

Once your group comes up with what inspires you, your dream, your creativity, it is time to move to the mission statement. A mission statement is a succinct statement, which sets forth the coalition’s purpose and philosophy. Although brief, the mission statement should specify the fundamental reason(s) for the organizations’ existence and identify the organization’s unique characteristics.

Thoughts to keep in mind when working on a mission statement are:

- Develop a mission early in the development process.
- The mission statement provides overall direction and *guides* the development of principles, goals, and its strategic objectives.
- Use clear and understandable language – no jargon.

A *mission* statement describes your organization’s statement of purpose: that is, what it its going to do and why. The mission describes your special task, and it tells what specific motivation binds together all those people who want to make a difference (organization members, people affected by the issue, and community leader).”

A mission statement should:

- Describe what will be accomplished and why
- Be concise, preferably one sentence in length
- Be outcome-oriented, stating a broad goal or goals that will be achieved
- Be inclusive of the kinds of strategies and community sectors that will be used to reach each goal;
- Be general and flexible enough to adapt to changing times, communities, needs and membership

No two groups go through the process of writing a mission statement in the same way. The Children’s Oral Health Coalition of Yakima County in Washington State took six months to write a mission statement. Yet, the time was well invested. The group’s clarity about their mission has kept them focused, yet flexible enough to continue to be a driving force in the community. Their most recent accomplishment was a more than a 70% yes vote on their fluoridation initiative. Other coalitions function well with a cursory mission statement as they

⁶ *Community Tool Box*, “Proclaiming Your Dream: Developing Vision and Mission Statements”, Chapter 6, Section 2, University of Kansas.

begin to move forward. Again, it is the process of defining the mission for the coalition that is important. Keep the process simple:

- Review the priorities you identified from your assessment process
- Brainstorm to create one or two samples,
- Edit, discuss and edit some more,
- Celebrate when you are done.

Transparency Master # 2 may help guide your group in working on a mission statement.

 **Transparency Master # 2** (page 69)

Transparency # 2

Mission:

What is to be done and why

Examples:

- Assuring access to affordable, quality dental services for all children in the county.
- Promoting dental education and caries prevention by increasing community awareness of dental needs in the county.

Examples of Mission Statements

“To improve the oral health of Mason County children by improving dental access, promoting dental education and caries prevention and increasing community awareness of dental needs in Mason County.”

“The Yakima County Children’s Oral Health Coalition works to improve oral health for all children in Yakima County.”

Criteria for Building Priorities⁷

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⁷ "Oral Health Assessment Guidelines", Washington State Department of Health, 1995.

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Lack of Fluoridation	+++	+++	++++	+	36
Lack of dentists	+	++	++	+	4
Lack of access to Medicaid accepting dentists	++	++++	++++	+	32
Lack of county based data	+++	++++	++	++	48

Multiply each number of +s to reach total. Example: Early Caries Prevention: 2 x 3 x 4 x 1 = 24.

⁸ "Oral Health Assessment Guidelines", Washington State Department of Health, 1995.

Vision:

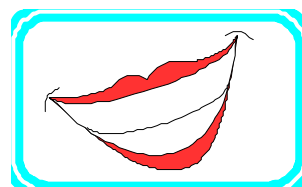
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Examples:

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