

Colorado's Experience In Building Analytic Capacity a.k.a: How not to reinvent the wheel!

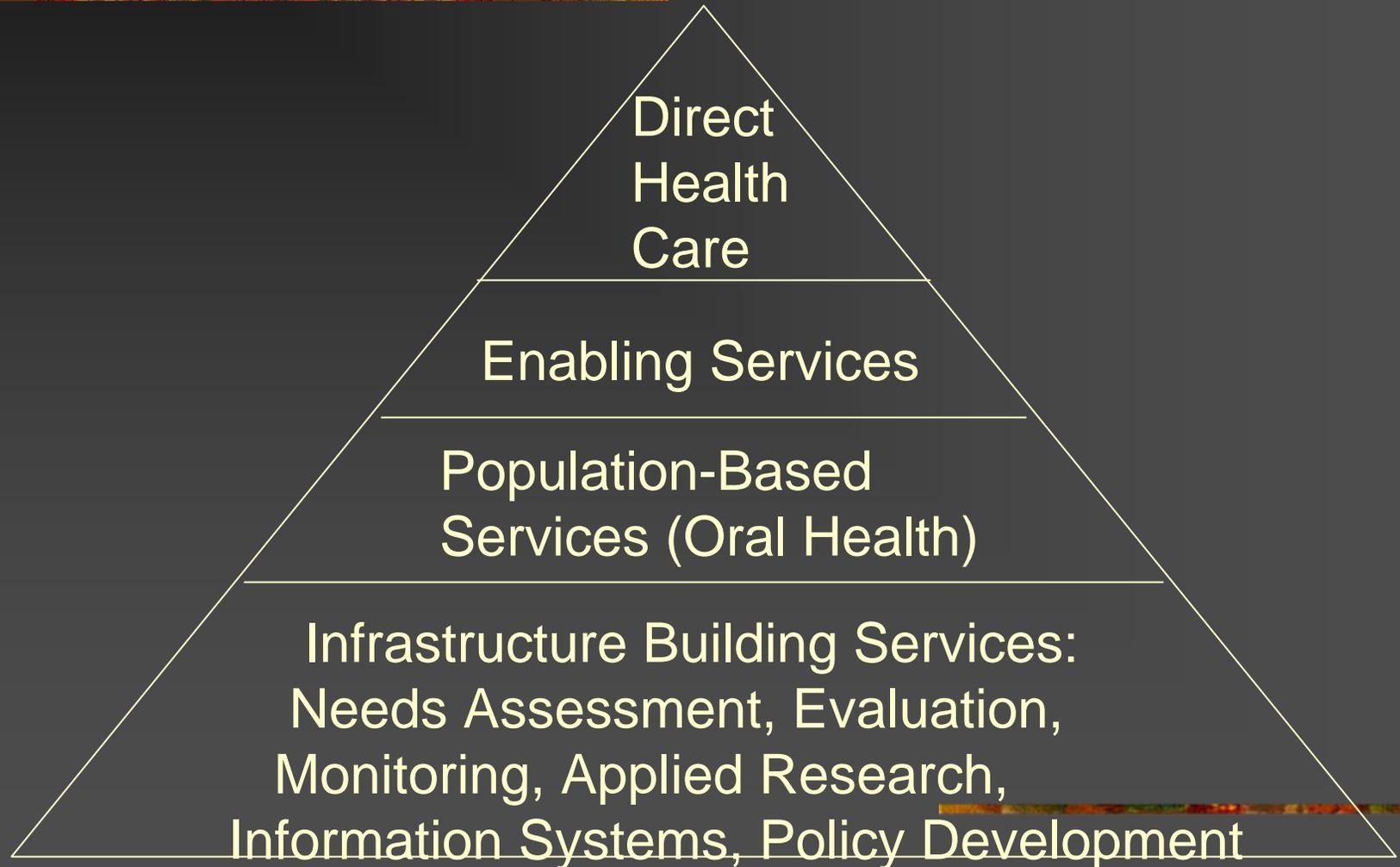
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Why It's Important

- HP 2010 Objective 21-16: Increase the number of states with State-based surveillance system
 - ASTDD Building Infrastructure and Capacity Report
 - MCH Capacity Indicator: Adequate Data Infrastructure
-

MCH Pyramid – Core Functions



Lesson Learned #1

- Not a data geek, so surround with those who are
- Historical context
 - HRSA Regional Dental Consultant
 - University of Colorado School of Dentistry
- Benefit:
Established relationships



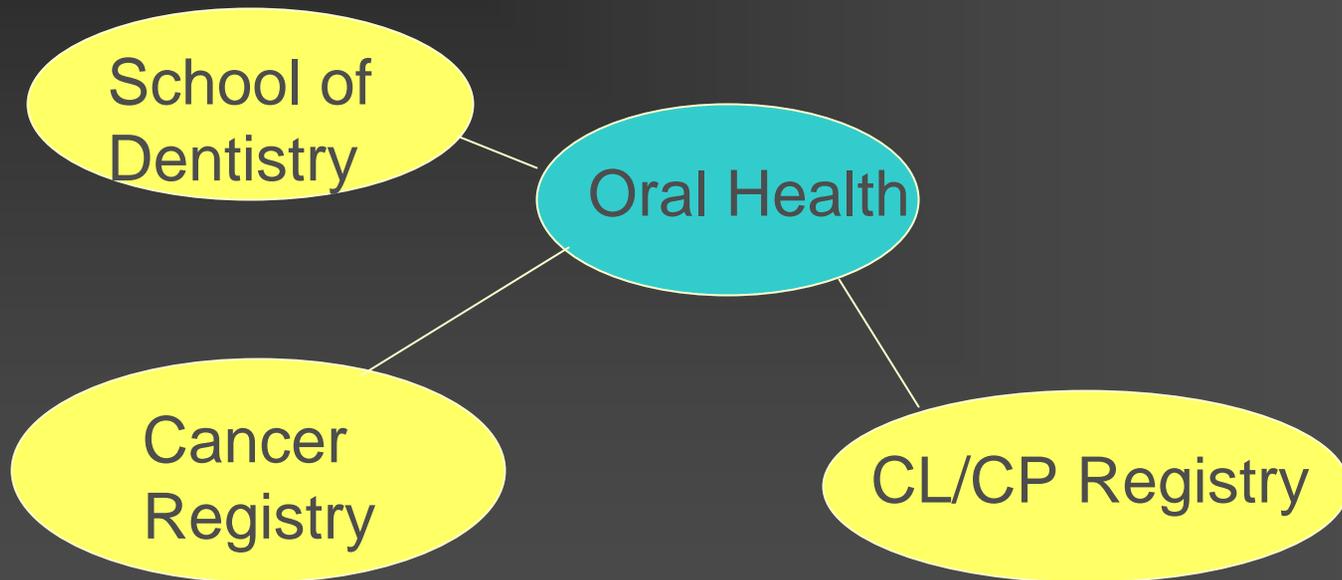
Lazzara Center for Oral
Facial Health:
Univ. of Colorado

1994 Needs Assessment



- Convenience Sample
- Data Analysis done by the School of Dentistry
- Compared to HP 2000 Objectives
- ASTDD 7-Step Model
- Utilizing other department stat analysts:
 - Cancer Registry
 - CRSHCN – CL/CP

“Budding” Capacity



Lesson Learned #2

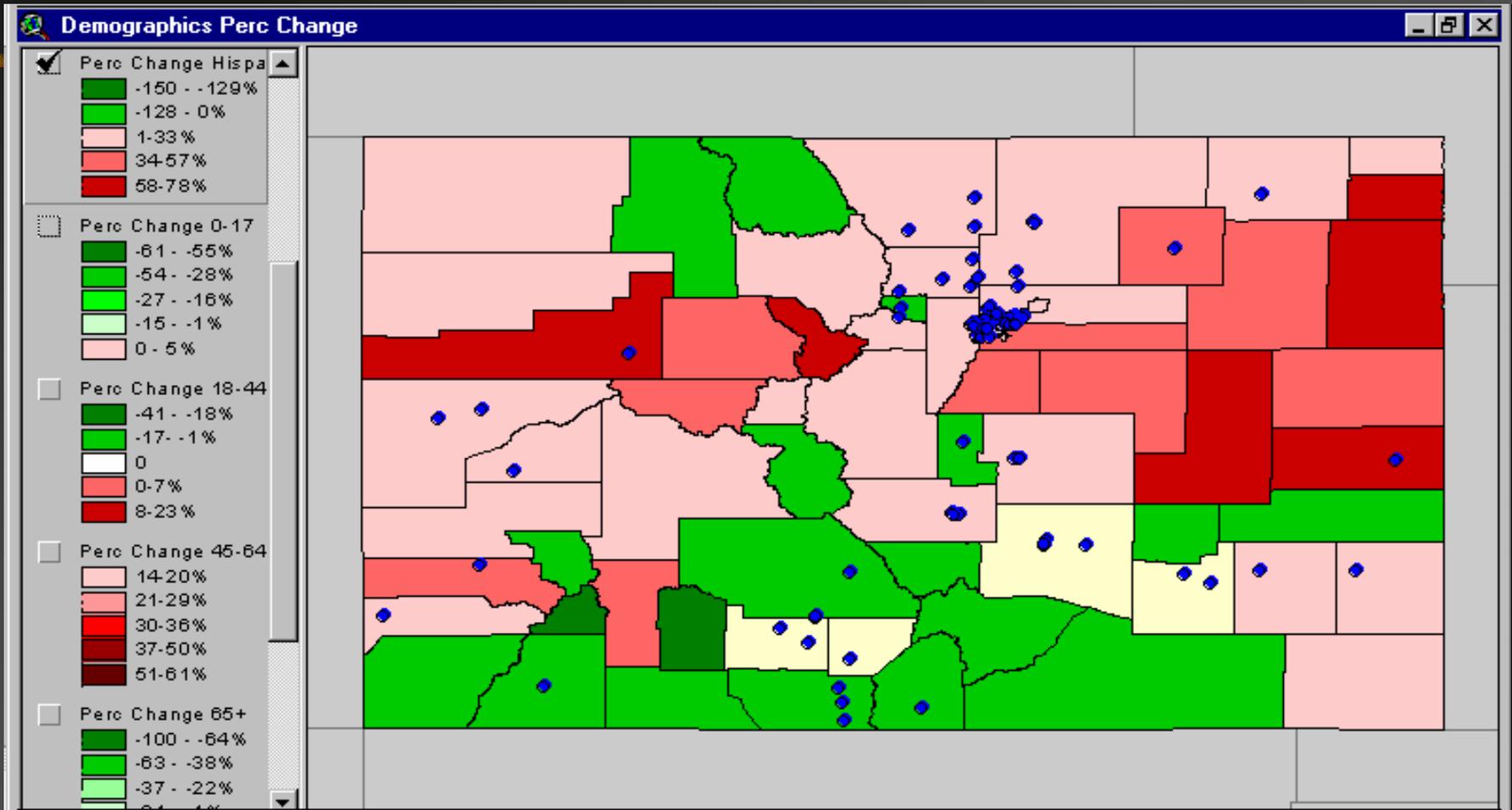
- Listen to feedback from stakeholders
 - What else do they want to know?
 - What's important to them?
- Look for opportunities to “piggy-back” on surveys
- Continue to utilize expertise within the agency
 - Statistics Section - BRFSS



“What About Oral Health?”

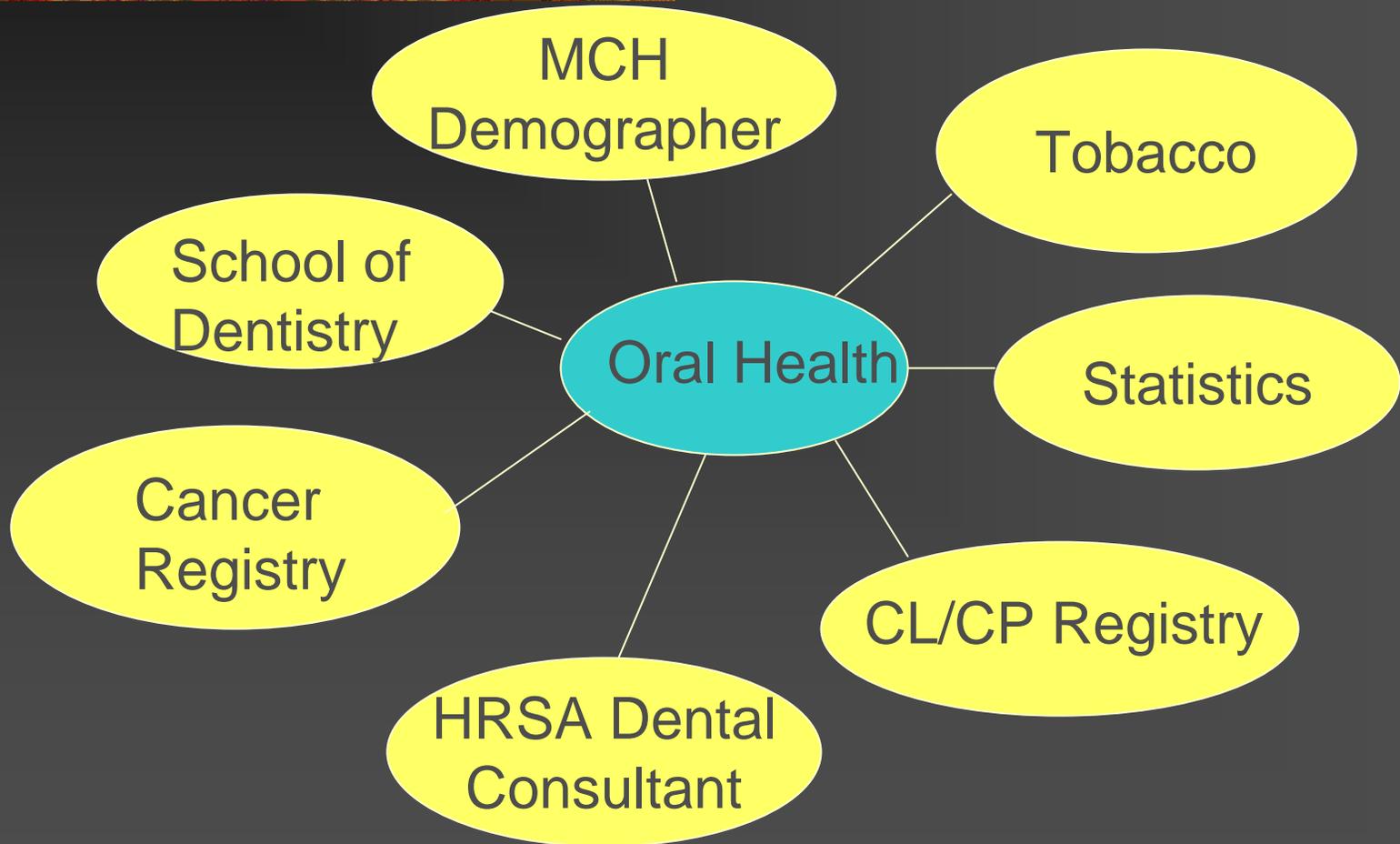
- Integration of Oral Health data into other programs
 - BRFSS “Briefs” – highlighted diabetes/dental visit data
 - Cancer Registry – Oral/Pharyngeal Cancer has it’s own chapter
 - PRAMS – MCH Demographer/CDC interns
 - Youth Tobacco Survey
 - All different statistical analysts
-

GIS Mapping



Percent Change in Hispanic County Population (1990-2000)

“Growing” Capacity



Overrun with Data

- What data was really important to analyze
- What to do with the analyzed data we had
- What were our next steps?



Surveillance System

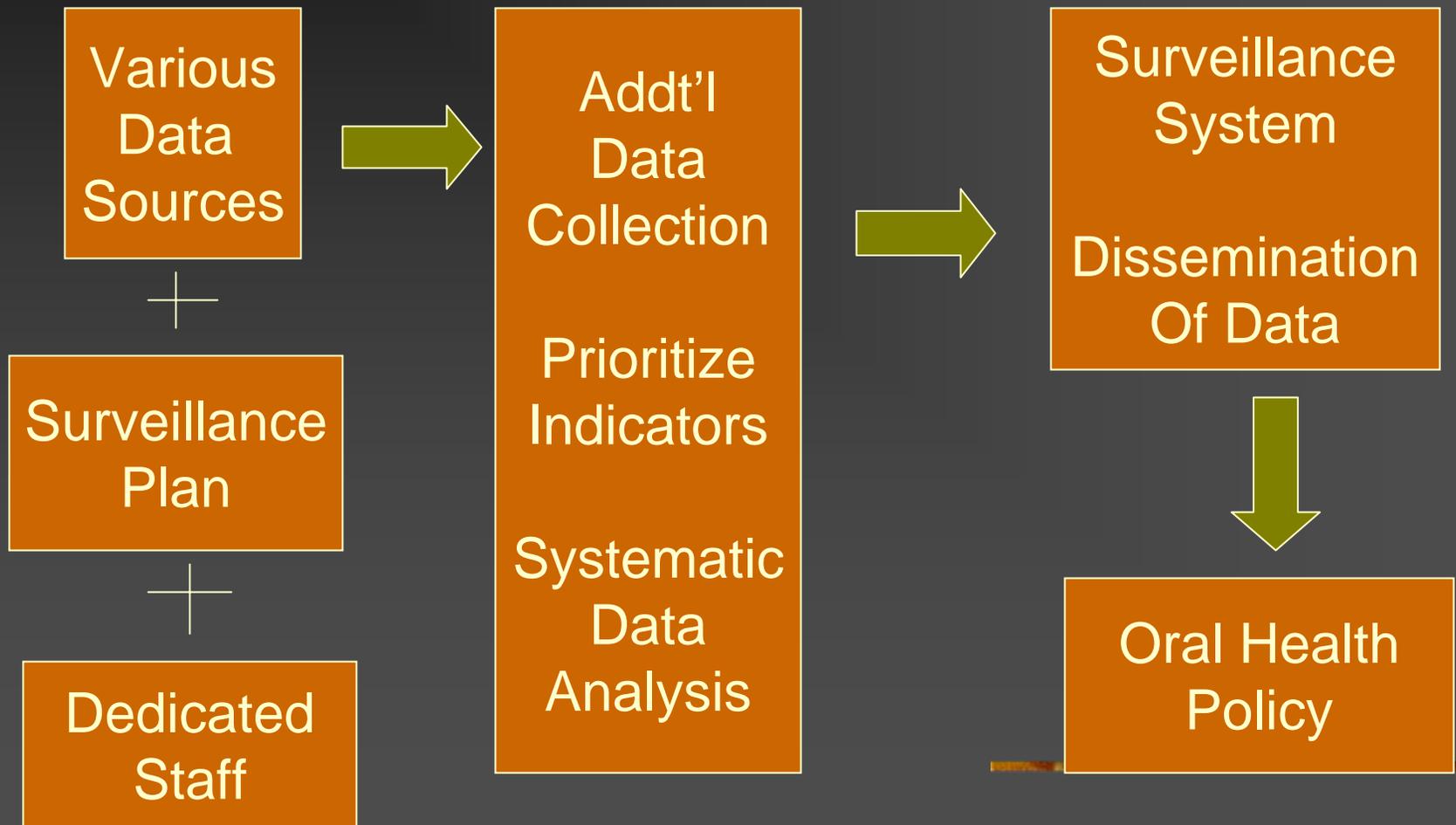
| Colorado Oral Health Surveillance System | | | | | | | | | |
|--|----------------------------|------------|----------|--------|--------|--------|------|--------|------|
| | | Nat'l Data | State/Co | Source | 2001 | 2002 | 2003 | 2004 | 2005 |
| Decay Experience - 3rd graders | | 52% | S/C | BSS | | 61.60% | | 57.20% | |
| | Kindergarten | | | | | | | 45.70% | |
| | Head Start | | | | | | | 42.40% | |
| Untreated Decay - 3rd graders | | 29% | S/C | BSS | | 26.30% | | 26.10% | |
| | Kindergarten | | | | | | | 26.90% | |
| | Head Start | | | | | | | 32.10% | |
| Sealant Prevalance - 3rd graders | | 23% | S/C | BSS | | 29.30% | | 35.20% | |
| Early Childhood Caries (ECC) | | | | | | | | 17.60% | |
| Urgency of Need - 3rd graders | | | S/C | BSS | | 6.80% | | 5.60% | |
| | Kindergarten | | | | | | | 6.30% | |
| | Head Start | | | | | | | 12.60% | |
| Head Start/Early Head Start screen | | | S | ACF | 73.70% | | | 79.00% | |
| 0-3 Programs | | | | | | | | | |
| | % Screening @ well baby | | | | 3.26% | | | | |
| | % Dental Exam | | | | 1.48% | | | | |
| Preschool | % Dental Home | | | | 63.68% | | | | |
| | % Dental Exam | | | | 72.85% | | | | |
| | % Received Preventive care | | | | 51.69% | | | | |
| | % Dx with Tx | | | | 29.02% | | | | |
| | % Rcv. Tx. | | | | 64.49% | | | | |

Surveillance Plan & System

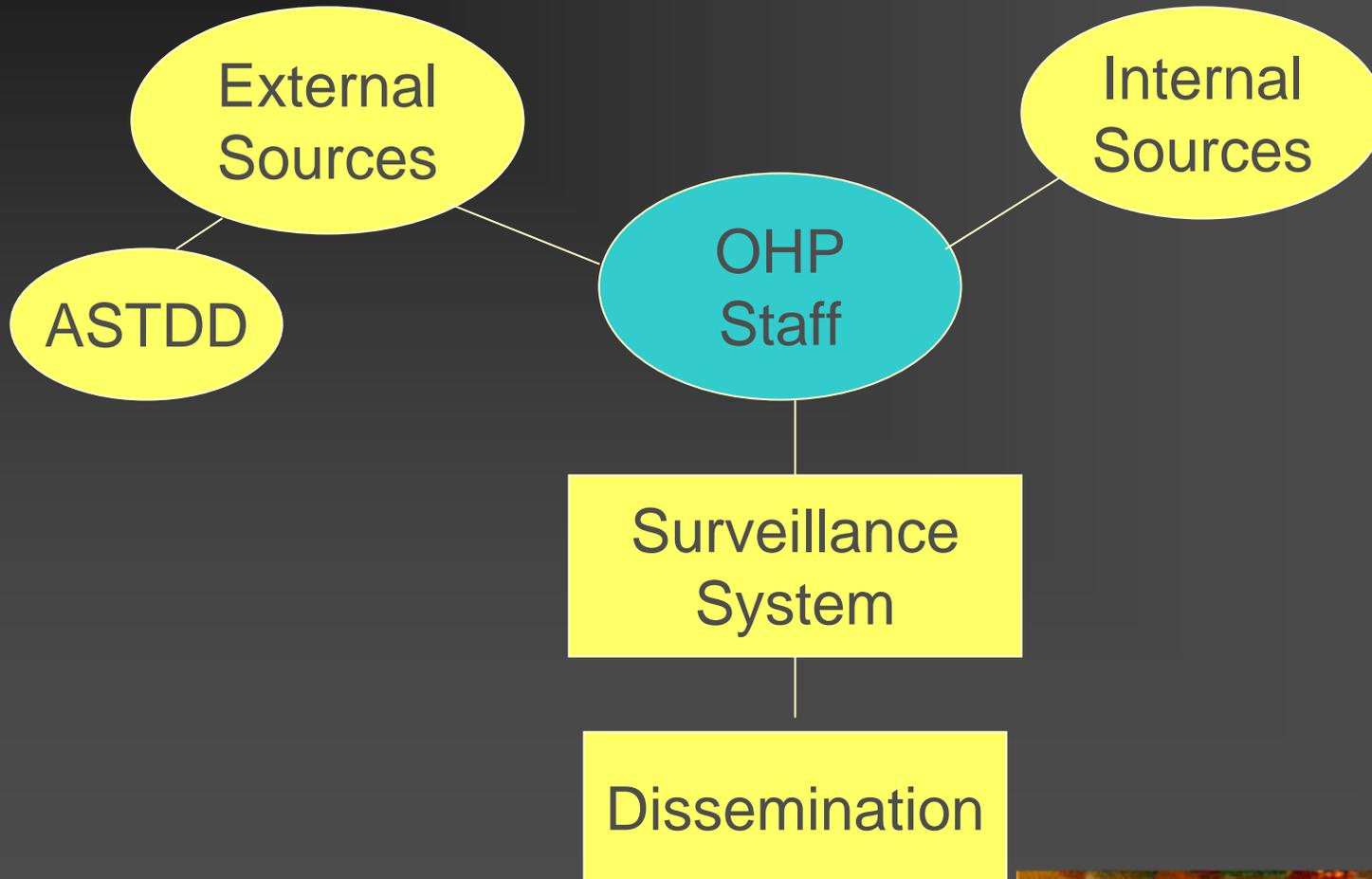


- Prioritized Indicators
 - Low-hanging fruit
 - NOHSS
 - CDC funded
- Gap Analysis
- Economic Burden
- Oral Health Epidemiologist – MCH shared position

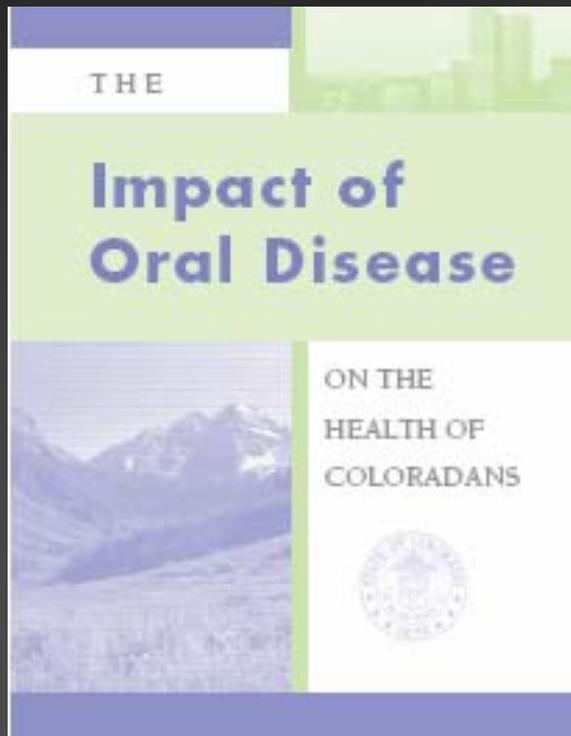
Surveillance Logic Model



Analytic Capacity



Lesson Learned #3



- Find the Story for Policy Impact
- Utilize non-dental stakeholders
- Data analysis can tell a compelling story or a dull one
- “Burden” document end result

Results

- State Oral Health Plan
- Statewide Oral Health Coalition
- Published Paper
- Environmental Scan



Policy Change



- Increased Foundation initiatives
 - Frontier Center
 - School-based sealant program expansion
 - Policy Briefs (in development)
- “Building Capacity” worked
- Lessons learned strengthened visibility
- While not “there” yet, we’re on a roll!