



Del Norte County
Dept. of Health & Human Services
Public Health Branch
Oral Health Program
Evaluation Plan
December 2019



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Introduction

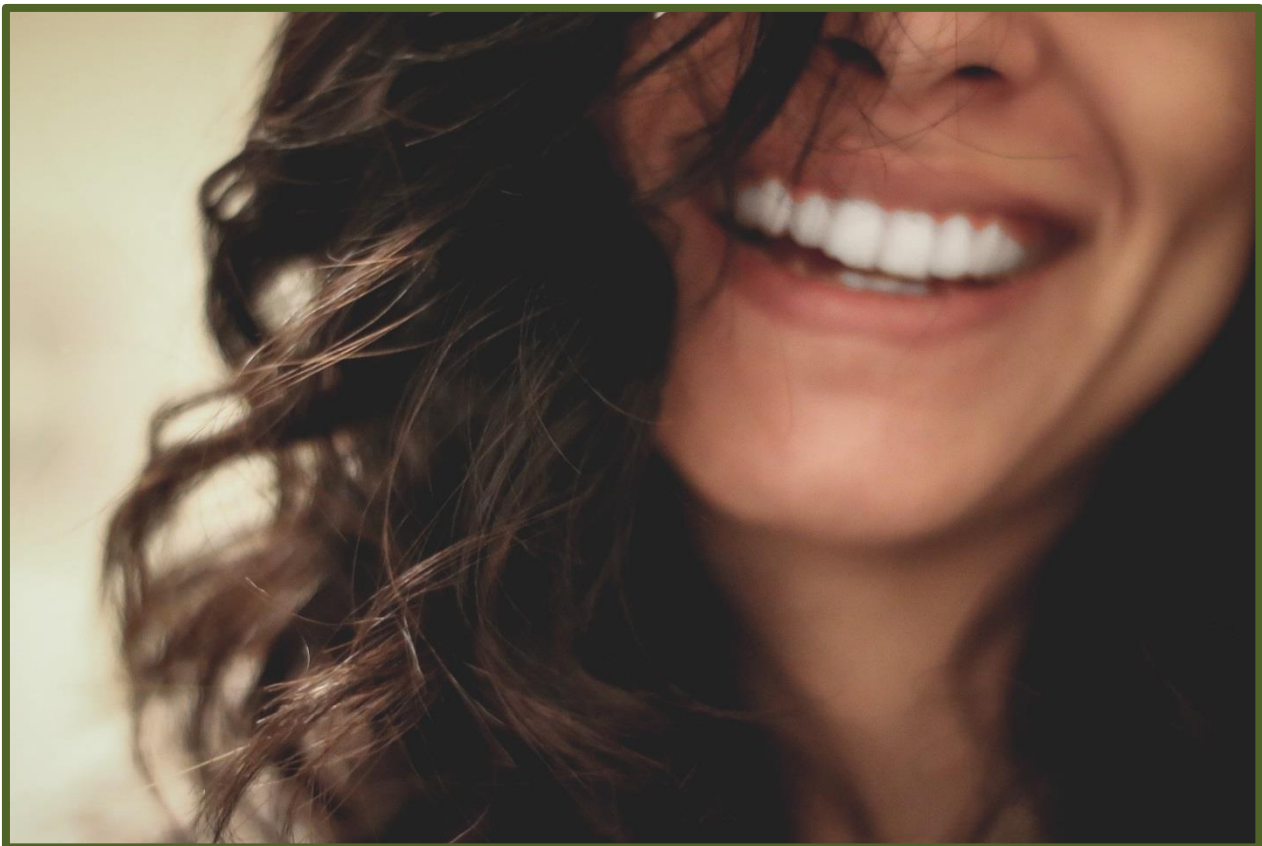
Evaluation Purpose

The primary purpose of the Evaluation Plan (EP) is to measure the Local Oral Health Program's (LOHP) effectiveness in implementing strategies to improve the oral health of the community. The EP will also serve as a tool to determine the ongoing impact of the LOHP, inform any changes to interventions, and plan for future activities.

Evaluation Team

The evaluation plan was developed by an internal workgroup of Del Norte County Public Health (DNPH) staff and leadership:

- **Colleen Machado**, LVN, Oral Health Program Coordinator
- **Shelby Bodenstab**, RN, Senior Certified Public Health Nurse
- **Melody Cannon-Cutts**, Public Health Program Manager
- **Dr. Warren Rehwaldt**, MD, Public Health Officer



Stakeholder Engagement

Many stakeholders were engaged in a variety of different settings using formal and informal methods. While many of the stakeholders participated as advisory committee members, others were kept engaged through other committees and coalitions. The results of the LOHP evaluation will continue to keep stakeholders committed to improving the oral health of Del Norte County. It will also help stakeholders determine the effectiveness of the LOHP and offer opportunities for improving the program.

| Involved in Program Operations | Served or Affected by the Program | Primary Users of the Evaluation |
|---|---|---|
| Del Norte County LOHP Del Norte County Unified School District (DNUSD) Dental Providers Healthcare Providers Advisory Committee | Medi-Cal Dental beneficiaries Home visiting programs Home visiting clients Community members Community-based organizations ECE providers | Del Norte County LOHP Del Norte County Public Health Programs Dental Professionals Medi-Cal Dental Program CDPH Office of Oral Health |

Intended Use and Users

Evaluation results will be summarized shared with the plan’s stakeholders and the community through emails, meetings, fact sheets, educational materials, presentations, outreach events, media, newsletters, and reports. Results will also be shared with California Department of Public Health (CDPH), Office of Oral Health (OOH) for program deliverable purposes. The results of the EP will be used to inform and improve program development, support and maintain collaborations, and keep the community informed.

Evaluation Resources

The Oral Health Coordinator will lead the evaluation process, with the Advisory Committee providing guidance and input into the process, and other staff will be used to complete an appropriate evaluation of the program. Both primary and secondary data were collected during the needs assessment process and serve as baseline data. Updates of these data and others will determine the program’s effectiveness.

Evaluation Budget

A portion of the LOHP budget will be allocated for evaluation activities, including staff time. The LOHP is funded through Proposition 56, the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016.

Background & Program Description

Program Overview

Mission

The mission of the LOHP is to build a community environment that values and supports oral health as a necessary component of wellness.

Vision

Healthy smiles **SHINE** in Del Norte!

Guiding Principles

- Oral health is integral to whole person wellness.
- Community collaboration and communication are important for achieving sustainable environmental change.
- Everyone has a right to easy, early, and routine access to oral healthcare.
- Everyone has a right to reach their potential and optimal health status.
- Systems should support all sides of oral health—for patients and providers.
- Evidence-based and evidence-informed decision making and latest medical research are the basis of our strategies and approaches.
- Everyone has a right to education information about oral health in the way they will best understand it.

Goals

1. **Access:** Increase equal and sustainable access and utilization of dental services.
2. **Education & Awareness:** Increase knowledge base of best oral health practices, using appropriate methods for our community
3. **Integration:** Integrate oral health into overall health

Needs Assessment

Del Norte County has significant oral health disparities compared to the rest of the state and little resources to address these disparities. The Community Health Assessment highlighted many of the gaps and challenges residents face when attempting to maintain optimal oral health. During the needs assessment, 37% of residents surveyed identified oral health as the most important health challenge in Del Norte County.



Context

As Del Norte County is a small, rural county, the LOHP is operating in unique conditions. The county is designated as a Dental Health Professional Shortage Area (HPSA) and preventative dental services are underutilized for the Medi-Cal population. Residents regularly go out of the area for routine and specialty services and those with private insurance cross the state border for services. For almost a decade, the community's water system has contained no fluoride and residents are deeply mistrustful of fluoridated water. It is also geographically isolated from the rest of the state, with a number of frontier communities, limited public transportation opportunities, and frequent inclement weather which makes accessing services even more difficult.

Priority Population

The LOHP believes improving the health of all of Del Norte County is important and the Strategic Plan targets all residents who are at risk for oral disease. Priority populations include underserved and low-income residents, infants and children 0-5 years old, children entering kindergarten, and pregnant women.

Stage of Program Development

The LOHP completed the program planning phase in December 2019. A county-wide needs assessment was conducted in the spring and summer of 2019 and a strategic plan was developed in the fall and winter of 2019. The majority of planned activities will be implemented in 2020 and 2021.

Logic Model

The logic model contains a summary of the program's resources and activities and is a visual representation of how these activities will lead to outcomes. The logic model is available in **Appendix A**.

Evaluation Focus

Stakeholder Needs

Results of the evaluation will be provided to the LOHP Advisory Committee and other stakeholders to use to assess the effectiveness of the LOHP's activities in improving the oral health of the community. The results will also be used by stakeholders to guide and plan future program activities or make changes to current activities as necessary to achieve the program's goals.

Evaluation Questions

1. Does capacity exist to develop and implement the LOHP as it was designed?
2. Has multi-agency collaboration been established to support the implementation of the Del Norte Oral Health Program Strategic Plan?
3. Has access to dental services improved for vulnerable and underserved populations?
4. Has awareness of the importance of oral health and hygiene and accessing preventative oral health care services been increased?
5. Have preventative oral health services and education been integrated into primary care and community settings?
6. Has the oral health of the community improved?

Indicators

Overall success of the LOHP will be measured based on the outcomes defined in the Del Norte County Oral Health Program Strategic Plan, including the utilization rate of preventative dental services, the number of primary and community settings using oral

health education resources, the rate of ED visits for preventable dental conditions, the rate of children entering kindergarten with caries, and the return rate on Kindergarten Oral Health Assessments (KOHA).

Other indicators will include: LOHP staffing FTE, number and types of Advisory Committee attendees, Advisory Committee survey responses, number of private dentists accepting Medi-Cal Dental, number of FQHC dental providers over time, number of campaign/messaging materials produced and number of organizations using a uniform message, number of providers trained on fluoride varnish or supplementation, and community survey responses. For a complete overview of the indicators that will be utilized, please see the Evaluation Plan Grid in **Appendix B**.

Evaluation Methods

The LOHP will use a mixed methodology evaluation method to collect data and measure program outcomes. Qualitative and quantitative data and primary and secondary data will be used to form a detailed understanding of program activity progress, success, and challenges.



Evaluation Standards

Stakeholders and the Advisory Committee will guide the evaluation process with the four evaluation standards developed by the Joint Committee on Educational Evaluation and adopted by the CDC: Utility, feasibility, propriety, and accuracy.

Data Collection

Data Collection

In order to complete a thorough evaluation of the LOHP, data collection will involve both qualitative and quantitative methods as well as primary and secondary data. Combined, these data will create an accurate and trustworthy picture of the LOHP activities and progress. Data will be collected regularly throughout LOHP activities, primarily through the Oral Health Coordinator, and used for data analysis by an internal evaluation team, the LOHP Advisory Committee, and other stakeholders.

Evaluation Plan Grid

The Evaluation Plan Grid contains a complete overview of data collection and is located in **Appendix B**.

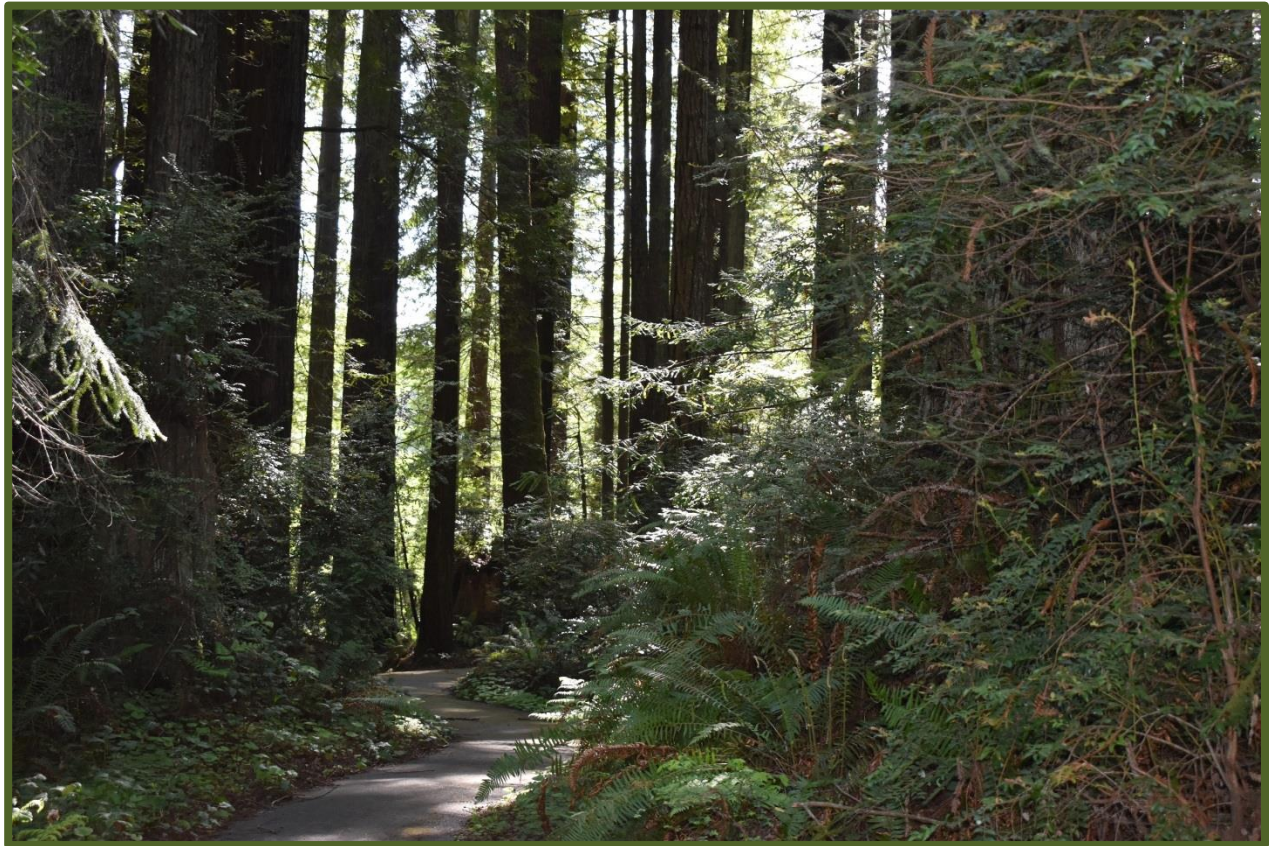
Justifying Conclusions

Analysis

Mixed method techniques will be used with qualitative and quantitative comparative analysis to determine and report LOHP progress. During the analysis, baseline data will be compared with collected data and the Advisory Committee will look at common themes that arise within qualitative data.

Interpretation

The Oral Health Coordinator and the internal evaluation team will be responsible for interpreting and justifying conclusions. The Advisory Committee will review, confirm, and help disseminate data results.



Report & Dissemination

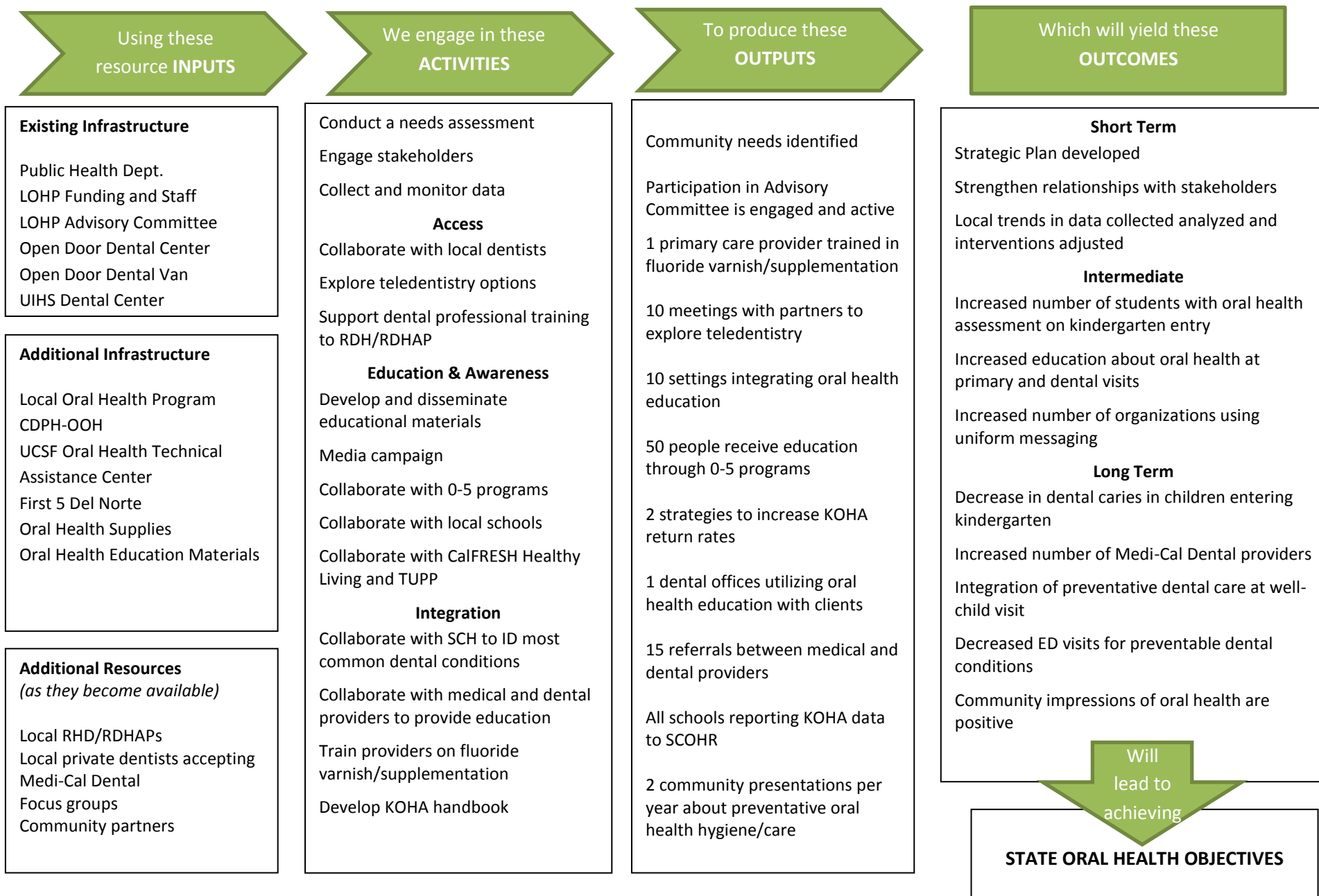
Dissemination

The EP will be shared with the Advisory Committee and other stakeholders in a timely manner for review. The results will be disseminated in a variety of ways, including emails, meetings, fact sheets, educational materials, presentations, newsletters, and reports. The results will also be shared with the community at large in presentations, at community events, at community meetings, social media and media, the LOHP webpage, and other appropriate ways.

Use

The findings from the EP will be used to validate program progress, ensure accountability, support changes to program activities, share new findings, and develop recommendations for future program plans. The lessons learned from the EP results will help to guide strategies to ensure that the LOHP is moving towards creating a community environment that supports the oral health of individuals in Del Norte County.

Appendix A: Logic Model



Appendix B: Evaluation Plan Grid

| Evaluation Question #1: Does capacity exist to develop and implement the OHP as it was designed? <i>Grantee Objective 1, 2, 3, 4, 5</i> | | | | | |
|---|--|---|---|--|---------------------------------------|
| Indicator | Data Source(s) & Frequency | Evaluation Method | Staff Responsible for Collection | Analysis Method | Staff Responsible for Analysis |
| Number of LOHP staff (FTE) | DNPH LOHP budget, quarterly | Mixed methods, including quantitative reports and records and qualitative data from surveys | Oral Health Coordinator | <u>Quantitative:</u> -Number of staff with FTE in OHP over time -Number of trainings attended per year <u>Qualitative:</u> -LOHP staff report of training effectiveness over time -Advisory committee satisfaction with necessary documents | Evaluation Team |
| Number of LOHP staff (FTE) needed | Training flyers, sign in sheets, quarterly | | | | |
| Number and effectiveness of trainings available and number of trainings attended per staff member | LOHP staff survey, annually | | | | |
| | Meeting minutes, quarterly | | | | |
| Capacity to produce a needs assessment | Advisory Committee satisfaction survey, annually | | | | |
| Capacity to inventory resources to address oral health needs | Needs assessment document, once | | | | |
| Capacity to produce an oral health improvement plan | Oral health resource map document, once | | | | |
| Capacity to develop an evaluation plan to monitor progress | Strategic plan document, once | | | | |
| | Evaluation plan document, once | | | | |

Evaluation Question #2: Has multi-agency collaboration been established to support the implementation of the Del Norte County Oral Health Program Strategic Plan?

Objective 1, 2, 3, 4, 5, 7

| Indicator | Data Source(s) & Frequency | Evaluation Method | Staff Responsible for Collection | Analysis Method | Staff Responsible for Analysis |
|--|---|---|----------------------------------|--|--------------------------------|
| Number of Advisory Committee Members | Advisory Committee membership list, quarterly | Mixed method data collection through program records, attendance records, partner organization reports, KIIs, and surveys | Oral Health Coordinator | <u>Quantitative:</u> -Advisory Committee attendance over time <u>Qualitative:</u> -Advisory Committee surveys -Key Informant Interviews (KIIs) | Evaluation Team |
| Number and types of attendees at Advisory Committee meetings | Advisory Committee meeting attendance, quarterly | | | | |
| Number of Advisory Committee satisfaction surveys | LOHP Advisory Committee satisfaction surveys, annually | | | | |
| Number of partnerships developed or strengthened | Meeting sign-in sheets, key informant interviews (KIIs), annually | | | | |

| Evaluation Question #3: Has access to dental services improved for vulnerable and underserved populations? | | | | | |
|---|---|--|---|--|---------------------------------------|
| <i>Objective 6, 7</i> | | | | | |
| Indicator | Data Source(s) & Frequency | Evaluation Method | Staff Responsible for Collection | Analysis Method | Staff Responsible for Analysis |
| # of private dentists accepting Medi-Cal dental | FQHC, dentist, and RDH/RDH-AP data from partner organizations, annually | Mixed methods, including quantitative data from partners and qualitative data from the community | Oral Health Coordinator | <u>Quantitative:</u> # of FQHC dental providers over time # of Medi-Cal DDS over time <u>Qualitative:</u> Community experience of decreased wait times, better quality experiences | Advisory Committee |
| # of FQHC dental providers | | | | | |
| # of RH/RDH-APs | | | | | |
| # of children screened | Medi-Cal Dental, private dentists, FQHCs, annually | Quantitative data collected through partner reports, surveys | | | |
| # of children receiving fluoride | | | | | |
| # of children receiving sealants | | | | | |
| Strategies developed and implemented to improve KOHA return rates | LOHP and DNUSD data, quarterly | Qualitative description of strategies | | | |
| Description of LOHP policies developed or updated | LOHP policy drafts and finals, quarterly | Qualitative description of policies | | | |
| Number of referrals between medical and dental providers | Dentists, primary care providers annually | Quantitative data collected through dental and medical providers | | | |
| Number of children and adults that receive regular dental care out of the area | Community survey, PHC, out of area dentists, annually | Quantitative data collected via surveys and partner reports | | | |

Evaluation Question #4: Has awareness of the importance of oral health and hygiene and accessing preventative oral health care services been increased?

Objective 6, 7

| Indicator | Data Source(s) & Frequency | Evaluation Method | Staff Responsible for Collection | Analysis Method | Staff Responsible for Analysis |
|---|---|---|----------------------------------|---|--------------------------------|
| Number of campaign/messaging materials produced | Campaign/messaging impressions and reports from program and partner organizations, annually | Mixed methods, including quantitative and qualitative data collected through program and partner organization surveys and community surveys, etc. | Oral Health Coordinator | <u>Quantitative:</u> -Number of campaign materials over time -Number of organizations using uniform oral health messaging <u>Qualitative:</u> -Community impressions of oral health and hygiene -Increased community awareness over time -Location of messaging | Advisory Committee |
| Method of dissemination of materials | | | | | |
| Number of outreach events or community presentations | Agendas, sign-in sheets, flyers for events, post-presentation surveys quarterly | | | | |
| Location of oral health messaging | Partner organization surveys, annually | | | | |
| Number of organizations using uniform oral health messaging | | | | | |
| Number of partner organizations disseminating materials | Community surveys, annually | | | | |

Evaluation Question #5: Have preventative oral health services and education been integrated into primary care and community settings?

Objective 7, 8

| Indicator | Data Source(s) & Frequency | Evaluation Method | Staff Responsible for Collection | Analysis Method | Staff Responsible for Analysis |
|--|--|--|----------------------------------|---|--------------------------------|
| # of community programs implementing oral health education | Partner organization reports, annually | Quantitative data collected through partner organization reports | Oral Health Coordinator | <u>Quantitative:</u> -Number of providers trained over time -Increase the number of medical providers and community organizations who are providing services or education | Advisory Committee |
| # of providers trained on fluoride varnish or supplementation | Training records, annually | | | | |
| # of providers incorporating oral health education | | | | | |
| # of providers incorporating fluoride varnish or supplementation | | | | | |

| Evaluation Question #6: Has the oral health of the community improved? | | | | | |
|---|--|--|---|---|---------------------------------------|
| <i>Objective 7, 8</i> | | | | | |
| Indicator | Data Source(s) & Frequency | Evaluation Method | Staff Responsible for Collection | Analysis Method | Staff Responsible for Analysis |
| Rate of utilization of preventative dental services | Medi-Cal/Partnership Health Plan data, annually | Mixed methods, including quantitative data collected through partner organizations and secondary data collected from state organizations and qualitative data from the community collected through surveys | Oral Health Coordinator | <u>Quantitative:</u> -Increased utilization of services over time -Decreased ED visits over time -Increased rate of children without caries over time <u>Qualitative:</u> -Community impressions of oral health status | Advisory Committee |
| Rate of ED visits for preventable dental conditions | OOH data, annually Partner organization report data, annually | | | | |
| Rate of children entering kindergarten who have had at least one cavity | First 5 assessment, annually KOHA data, annually | | | | |
| Number of children treated at PDI and through UIHS for dental surgery | PDI, UIHS, annually | | | | |
| Number of positive responses from community survey | Community surveys, annually | | | | |

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