

Fresno County Local Oral Health Program Evaluation Plan for 2019-2022

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Introduction

This evaluation plan describes the process and outcome evaluation of the Fresno County Local Oral Health Program (LOHP) work plan objectives and activities. The LOHP goals were chosen based on Fresno County community oral health needs assessment, 2019 findings. The assessment process involved primary data collected through conducting key informant interviews, focus groups with Fresno residents, and stakeholders' survey as well as collection and analysis of existing secondary data. The Fresno County Oral Health Advisory Committee (OHAC) guided the assessment process and the evaluation plan development. This work is funded by Proposition 56; the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) (1). This evaluation plan addresses key goals identified in the California Oral Health Plan 2018-2028 created by the California Department of Public Health (CDPH) (2).

Evaluation Purpose

The purpose of this evaluation plan is to assess and critically examine the implementation of the Fresno County LOHP work plan objectives and activities. The intent is to develop an evaluation plan to guide the Fresno County Department of Public Health while implementing the LOHP, to improve program design and implementation, to ensure transparency and fidelity, and to demonstrate impact on stated goals and objectives. This document will be used to assess and modify the program activities as needed to ensure efficacy and effectiveness. This evaluation plan outlines planned activities, inputs and outputs, and the assessment plan to promote collaboration across organizations with common goals. Results will be used to measure LOHP activities, improve program implementation, inform the OHAC members, partners and the general public of activities, assess impact and progress in meeting strategic objectives, and ensure that best practices are documented and will shape future LOHP activities.

Evaluation Team

The lead evaluator organization is the Central Valley Health Policy Institute (CVHPI). CVHPI team members include Dr. Marlene Bengiamin, Emanuel Alcala, Hayam Megally, Yesenia Silva, and Rachel Doherty. This evaluation plan was developed with the input from a broad set of stakeholders including the Fresno County Department of Public Health (FCDPH), Oral Health Advisory Committee (OHAC), and the Oral Health Workgroup (OHW).

Stakeholders Engagement

Stakeholders involved in program operations	Stakeholders served or affected by the program	The primary users of the evaluation
<ul style="list-style-type: none"> • Fresno County Department of Public Health • LOHP manager • Program staff • Program administrators • Dental providers • Medical providers • County Office of Education • Federally Qualified Healthcare Centers • Community Based Organizations 	<ul style="list-style-type: none"> • Fresno County residents • Health care providers • Schools • K-12 Students • Outreach workers • Patients • Community-Based Organizations 	<ul style="list-style-type: none"> • Fresno County Department of Public Health • Hospital Council • San Joaquin Valley Public Health Consortium • School-Based Health Alliance • Fresno-Madera Dental Society • Fresno County School Districts • California Department of Health Care Services

Oral Health Advisory Committee (OHAC)

In 2017, Fresno County was one of the 11 counties in California to implement the Dental Transformation Initiative (DTI) locally known as the Local Dental Pilot Project (LDPP). Since then, the Fresno County Department of Public Health has engaged stakeholders and established a well-diversified community partnership. The LDPP first formed a stakeholder group in August 2017, which then transitioned to become the Oral Health Advisory Committee (OHAC) in September 2018.

The OHAC members included oral health stakeholders for the LDPP and the Local Oral Health Program (LOHP), which are two programs funded by the State Health Department. The OHAC members include the two LDPP program implementers; Fresno Economic Opportunities Commission (EOC) and Reading and Beyond (RAB). Other partners are involved including; Central Valley Health Policy Institute (CVHPI), Clinica Sierra Vista (CSV), Fresno Unified School District (FUSD), Fresno City College (FCC), local hospitals, the state Medi-Cal Dental Program, local dental providers, Fresno Metro Ministries (FMM) and Fresno Community Health Improvement Partnership (FCHIP). The current goal of the committee is to connect with and convene stakeholders to prioritize oral health needs in Fresno County.

Oral Health Work Group (OHW)

In May 2019, all OHAC members were informed about the process of establishing the Oral Health Workgroup (OHW). The main role of this workgroup is to provide input and expertise throughout the development of this evaluation plan and to continue overseeing the LOHP implementation. Some members showed great interest to participate. The workgroup was established in June, 2019 and met four times between July and August of 2019. The OHW members are: James Richardson RAB, Erwin Garrido RAB, Rhoda Gonzales Fresno EOC, Josephine Arguelles Fresno EOC, Ana Hernandez Fresno EOC, Daniela Aghadjanian FDPH, Cruz, Ana FDPH, Lee Her FMM, Katie Kellett FMM, Susan Kincaid FCHIP, Dr. Paul Hsiao, local dental provider. The OHW provided feedback on the evaluation plan, logic model, vision, mission, and values of the program. The group will continue to meet regularly to oversee the implementation of the program and provide input on areas that may need improvement.

Intended Use and Users

The purpose of this evaluation plan is to depict the linkages between Fresno County LOHP planning and activities to short, intermediate, and long-term oral disease prevention and reduction outcomes. Evaluation results will be shared with stakeholders including—but not limited to—the CDPH, OHW, OHAC, funding agencies, policy-makers, stakeholders, other chronic disease programs, and the general public.

Evaluation Resources

Fresno County Department of Public Health is conducting a Community Needs Health Assessment that includes oral health needs assessment. Fresno Metro Ministry (FMM), as the assessment subcontractor, and CVHPI, as the evaluator subcontractor, collaborated to collect and analyze the primary data. Fifty-two individuals participated in five focus groups that were specifically designed to understand oral health needs in Fresno County. The focus groups had representation from the following target populations; parents of children with special needs, young adults ages 21-35, adults ages 36-64, older adults 65+, and parents of children ages 1-20. In addition, five key informant interviews have been conducted and a stakeholder survey that was sent to the OHAC members yielded nine responses.

In 2017, CVHPI published the report “Oral Health Barriers for California's San Joaquin Valley Underserved and Vulnerable Populations”. Around 650 residents from the Central Valley responded to a survey that gauged the level of knowledge, attitudes and behaviors related to oral health. The findings showed low level of oral health literacy among the respondents, especially among those who rely on Medi-Cal and are speaking English as a second language. It also showed that cost, transportation, and fear to go to the dentist were major barriers to receiving oral health care (3).

In addition, secondary data sources will also be included, especially data that were collected at county level. Some of these resources are; Survey of Kindergarten and third grade children, Hospital Council Community Health Needs Assessment report, National Survey of Children’s Health, Denti-Cal Performance Measure, Maternal and Infant Health Assessment (MIHA), County Health Ranking, among others:

- Data on oral health in Fresno County is currently available from a number of secondary data sources including-but not limited to-:
- Data on emergency department and hospital utilization is available through the Office of Statewide Health Planning and Development (OSHPD).
- Data on Medicaid Dental Insurance recipients is available through the California Health and Human Services (CHHS) Agency.
- Data from the California Health Interview Survey (CHIS)

Evaluation Budget

Approximately 10% of the total personnel budgeted annually will be directly administered to evaluation activities. Personnel will include the Program Manager, Research Analysts, Research Assistants, and Health Education Specialist staff assigned to the this grant. In FY 2019-20, the allotted budget total was \$95,894. This budget reflects not only the evaluation of the LOHP, but also the assessment services to design, analyze, and document the data collected for the Community Health Needs Assessment for the Fresno County Department of Public Health.

Background and Description of the LOHP

Program Overview

In November 2016, the California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56) passed. Under this Proposition, \$30 million per year is allocated to the California Oral Health Program in order to develop, build, and implement an oral disease prevention program. To build capacity at the local level the California Oral Health Program made grants available to build a Local Oral Health Program to the 61 Local Health Jurisdictions (LHJ) in California. In Fresno County, the Local Dental Pilot Program was initiated in 2016 and had developed the structure to convene an advisory committee of local providers, community partners, and stakeholders to oversee the implementation of the pilot program. This group of partners was leveraged to form the Oral Health Advisory Committee of the current efforts of the LOHP. The Oral Health

Advisory Committee was convened to determine the program mission, vision, values and overarching goals.

Mission Statement

To improve the oral health status of Fresno County throughout the lifespan by facilitating oral health education and access to equitable and quality oral health care.

Vision

Healthy mouths for all individuals living in Fresno County.

Values

Accountability: Conduct operations with integrity, transparency, and honesty to maintain the best interests of our program. *Communication:* Maintain effective, responsive, transparent, and timely communication that is culturally sensitive. *Efficiency:* Establish clear priorities and continuously strive to surpass the expectations of those we serve. *Dignity:* Work as one united division with mutual respect and cooperation. *Empathetic:* Maintain compassion, understanding, and respect for the diversity of our community population. *Innovative:* Celebrate creative and open-minded ideology to promote positive change. *Continuous Improvement:* Continuously work to surpass the minimum standards through customer feedback and internal review. *Respect:* Value and respect all personnel and community members. *Collaboration:* Work effectively with local partners and community members to improve and support a strong health system.

Goals and Objectives

Goal 1. To build community capacity and engage stakeholders through community partnerships to integrate oral health services into their respective system.

Objective 1.1. By June 30, 2022, the challenges and facilitators to increasing the number of schools reporting to the System for California Oral Health Reporting (SCOHR) will be identified and reported.

Objective 1.2. By June 30, 2020, there will be an established Oral Health Coalition in Fresno County with identified vision, mission and goals.

Goal 2. To improve access to oral health care through preventive, restorative, and educational services for school students K-6.

Objective 2.1 By June 30, 2022, at least three elementary schools that serve low-income families within any school district in Fresno County, will participate in the school-based sealant program.

Objective 2.2. By June 30, 2022, there will be at least a 5% annual increase in the proportion of children who receive preventive dental service by the SBSP.

Objective 2.3. By June 30, 2022, there will be a 5% annual increase in the number of parents/caregivers of children who receive indirect oral health education.

Objective 2.4. By June 30, 2022, at least 10% of children will receive direct oral health education.

Objective 2.5. By June 30, 2022, there will be a 3% increase in the proportion of children served by the program who have established dental homes.

Objective 2.6. By June 30, 2022, there will be at least a 5% increase in the number of children served by the program who used the oral health care system in the past year.

Goal 3. To improve oral health outcomes for school students K-6 served by the program.

Objective 3.1. By June 30, 2022, there will be at least a 5% decrease in the number of children who have untreated tooth decay among the targeted population.

Objective 3.2. By June 30, 2022, there will be at least a 3% decrease in the proportion of students who report school absences due to preventable dental conditions among students served by the program.

Objective 3.3. By June 30, 2022, there will be a 3% decrease in the Emergency Department visits due to non-traumatic dental conditions among students served by the program.

Goal 4. To improve access to oral health care services for pregnant women.

Objective 4.1. By June 30, 2022, increase the number of community partners by 20% that promote awareness about the importance and safety of oral health care for pregnant women.

Objective 4.2. By June 30, 2022, the program will collaborate with at least 10 OB/GYN offices to provide oral health education for pregnant women and referrals to dental offices.

Objective 4.3. By June 30, 2022, the program will provide training and continuing education on the safety of and protocols/guidelines of treating pregnant women to at least 10 dental providers by collaborating with the local dental association.

Objective 4.4. By June 30, 2022, the program will facilitate establishing dental homes for at least 3% of pregnant women served by the program.

Objective 4.5. By June 30, 2022, there will be at least a 5% increase in the proportion of pregnant women served by the program who used the oral health system in the past 12 months.

Goal 5. To improve the residents' oral health literacy in Fresno County.

Objective 5.1. By June 30, 2022, there will be a 20% increase in the number of organizations participating in any oral health literacy activities.

Objective 5.2. By June 30, 2022, there will be an Oral Health Literacy Plan available for implementation in Fresno County

Objective 5.3. By June 30, 2022, the oral health literacy plan will be piloted in a minimum of three different settings, which may include schools, health clinics, libraries, or other community organizations.

Theory of Change

The theory of change adopted by the LOHP is to implement a comprehensive multi-level approach to improving the oral health at the beginning of the life course by addressing social determinants both at the individual and ecological level. Effective and meaningful change starts in low-income, minority, and other underserved communities and populations who are at greatest risk for experiencing poor oral health outcomes. By implementing equitable policies and practices focused on multi-level solutions across multiple sectors, oral health disparities can be reduced in Fresno County.

Need

Oral health is an integral part of overall health and the effects of oral diseases on overall health are well documented (3). Oral diseases have an impact on physical, psychological and social health, and often results in pain, reduced quality of life, and diminished function. In addition, many studies have shown association between chronic oral infections and many other health problems, including diabetes, heart disease, strokes and adverse pregnancy outcomes (3).

The access to oral health care in Fresno County is challenging especially in the underserved geographic areas. According to the County Health Ranking and Roadmap, Fresno County is ranked 42 in California in access to clinical care measure where the population to dentist ratio is 1,660:1 compared to 1,260:1 in California as a whole (4). According to Health Resources & Services Administration, Fresno County has 32 dental health professional shortage areas (5). According to the Office of Statewide Health Planning and Development (2017), the age-adjusted rate of non-traumatic dental emergency department visits was 40 per 10,000 in Fresno County compared to 29 per 10,000 in the state of California. This rate varies according to location by zip codes ranging from 94 per 10,000 in 93701 to 11 per 10,000 in 93730. The rate also varies by race/ethnicity where Black/African American are having the highest rate of ED visits (6).

The Fresno County Smile Survey, conducted from February 2005 through April 2005, was part of the statewide California Smile Survey (7). Some of the survey key findings were as follows:

- Sixty-five percent of Kindergarten and almost 80% of 3rd-grade students have experienced dental disease.
- Four out of ten children have untreated dental disease.
- Three percent of children screened needed urgent care due to abscesses, inflammation, and/or pain.
- Poor and non-white children are much more likely to have dental diseases and suffer the consequences of untreated dental disease.
- More than 45% of the children screened were from homes where English was not the primary language (7).

It is worth noting that the county has 13 School-Based Health Centers where 6 centers provide dental prevention and only 2 centers provide dental treatment (8).

There is a little improvement in the dental utilization rate for children in Fresno County within the last 5 years. Children 0 to 20 years of age, who are on Medi-Cal Dental in Fresno County, had an annual dental visit rate of 38% in 2016-2017 compared to 36% in 2013. The restorative dental procedure rate for same age group showed a decrease from of 16% to 15% 2013 -2017 respectively. Whereas the preventive procedure rate increased from 34% to 39% for the same period of time (9).

For adults, who are on Medi-Cal Dental, their utilization rate is much lower than children. In 2016-2017, only 22% had an annual dental visit, 12% had preventive dental treatment and 6 % had a restorative dental treatment (9).

As part of the Fresno County Community Health Needs Assessment 2019, a series of focus groups with residents and key informant interviews were conducted to assess the oral health needs in the County. Fresno Metro Ministry, as the assessment subcontractor, and CVHPI, as the evaluator subcontractor, collaborated to collect and analyze the primary data. Fifty-two individuals participated in five focus with the following special populations; parents of children with special needs, young adults ages 21-35, adults ages 36-64, older adults 65+, and parents of children ages 1-20. In

addition, five key informant interviews have been conducted and a stakeholder survey that was sent to the OHAC members yielded nine responses.

The top priorities that were expressed in both the focus groups and interviews were as follows:

1. Lowering the cost of dental services and expanding Medi-Cal Dental covered services.
2. Improve the quality of dental services offered by Medi-Cal Dental program in terms of covered services and provider-patient communication.
3. Increase the availability of specialized dentists for children with special needs.
4. Improve flow, dissemination of, and access to information about oral health.
5. Improve the collaboration and integration between dental and medical health professional.
6. Improve patients' oral health behavior and the way they value oral health care.

Context

Fresno County is the most populated region in California's Central Valley. As of 2017, nearly 1 million individuals reside in Fresno County and the population has continually increased over the past decade. From 2011 to 2017, there has been an increase in the population of approximately 6.32%. According to the American Community Survey (ACS 2017), Latinos make up the largest racial/ethnic group in Fresno County, 52% and Whites are the second largest, 30%, compared to 38% and 37% in CA respectively.(10) Among the 58 counties in California, Fresno is ranked fourth highest in regards to the percentage of residents enrolled in Medi-Cal. Nearly 50% of the total population, and greater than 75% of children 0 to 5 years of age are enrolled in Medi-Cal (11). Approximately 282,000 children who reside in Fresno County, 63% of them are living below the federal poverty level (12).

Target Population of the LOHP

The target populations of the LOHP were identified through the needs assessment and strategic planning process. In general, the focus of the LOHP is on low-income, racial/ethnic minorities, and underserved populations including; children 6 to 11 years of

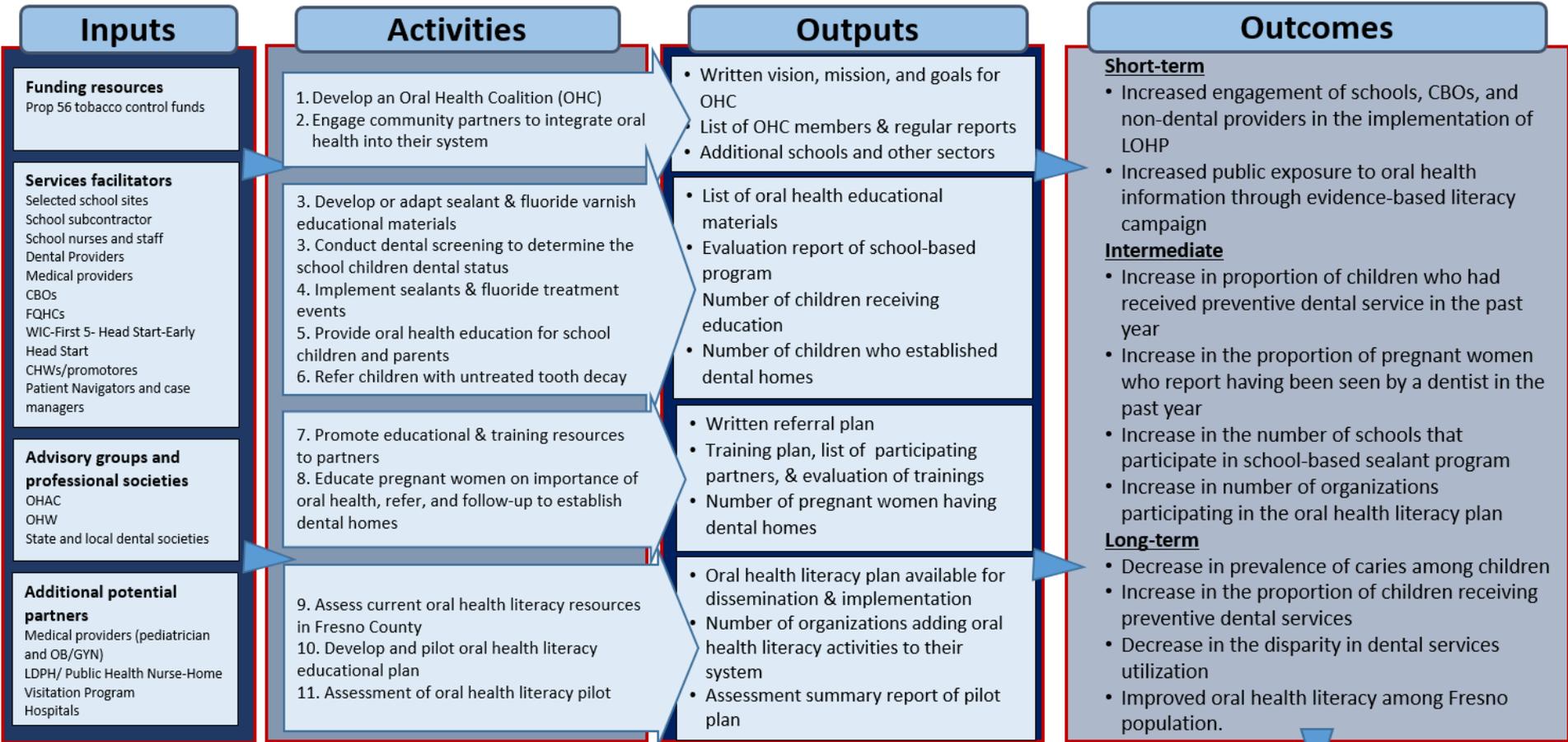
age, pregnant women, and non-English speaking persons. Key stakeholders, community organizations, and community members will be engaged to facilitate and contribute to the LOHP efforts.

Stage of Program Development

The Fresno County Department of Public Health is in the planning stage of the program and moving toward the implementation phase.

The following figure illustrates the Fresno County Oral Health Program Logic Model.

Fresno County Oral Health Program Logic Model



Theory of Change: The theory of change adopted by the LOHP is to implement a comprehensive multi-level approach to improving the oral health at the beginning of the life course by addressing social determinants both at the individual and ecological level.

State Oral Health Objectives

Focus of the Evaluation

Stakeholder Needs

Evaluation findings will initially be presented at the OHAC meetings. The members will use the findings to identify successes, challenges, and areas for program improvement. The evaluation findings will also be used to identify new stakeholders and community partners for opportunities to collaborate with the OHAC and to contribute to the LOHP.

Program Description

The program will focus on the following three major components: School-Based Sealant Program (SBSP), health literacy plan, and facilitating access of pregnant women to oral health care.

School-Based Sealant Program (SBSP)

The SBSP, as considered an effective and recommended practice to improve children's oral health, will be an essential component of the LOHP. To implement this program, LDPH will collaborate with the School Subcontractor (SS) to provide preventive dental services for the eligible students. The participating school sites will be required to have high number of children coming from low-income families relying on Medi-Cal. Children with identified untreated dental caries will be referred to dental providers who accept Medi-Cal Dental patients to establish dental homes. Sealants and fluoride educational materials will be created or adapted to be shared with teachers, parents and students. The SS will facilitate annual sealant and fluoride varnish application events in collaboration with the participating schools.

To further engage school systems to integrate oral health services within their respective settings, schools will be encouraged to report the Kindergarten Assessment to the System for California Oral Health Reporting (SCOHR). As a baseline, the number of schools currently not reporting to the SCOHR system will be assessed. In collaboration with local partners and stakeholders, successful strategies to increase the reporting schools will be identified, tested and reported. Challenges, lessons learned,

and recommendations for increasing the number of schools that report to the SCOHR system will be identified and reported as well.

Oral Health Literacy Plan

In an effort to better integrate oral health and primary care, this program component will coordinate outreach activities to dental offices, primary care offices, CBOs, and local programs to encourage them to add oral health literacy activities into their work. This effort will lead to increase the community's access to oral health information, which will eventually improve their oral health literacy. An evidence based oral health literacy campaign; the American Academy of Pediatrics' Brush, Book, Bed (BBB) will be implemented with partners who serve children younger than 6 years old. The Brush, Book, Bed message and program are intended for children 6 months – 6 years. The program aims to improve oral health services in the medical home by linking oral health information with messages about early literacy, sleep, and establishing a regular nighttime routine.

For children aging 7-19, the current health literacy activities will be assessed to identify, adapt, refine and create suitable oral health educational materials. A health literacy plan will be developed and piloted in three different settings.

Facilitate access of pregnant women to oral health care

There is strong evidence of the importance and safety of dental care during pregnancy. The program will facilitate the access of pregnant women to dental care by promoting and disseminating oral health standards of care/protocols for pregnant women to support primary care and obstetric medical providers. OB/GYN will be encouraged to advise their patients to seek dental care, discuss with them its importance and safety, and refer women to dental providers if needed. If the patient does not have a dental home, a follow-up will be conducted to ensure establishing dental home and to facilitate care.

Evaluation Questions

1. To what extent has the oral health program increased engagement and capacity for schools and additional sectors to improve the community's oral health?
2. To what extent has the oral health program provided dental services through education, prevention, and referrals for school-aged children?
3. To what extent has the oral health program improved the oral health status of school children K-6 who are served by the program?
4. To what extent has the oral health program increased the number of pregnant women who received oral health care?
5. To what extent has the oral health program improved oral health literacy in Fresno County?

Indicators

For the complete list of indicators please see the evaluation plan grid. Indicators are aligned with their respective goals and objectives. In general, success will be measured through process and outcome indicators. The process of capacity building and stakeholder recruitment will be documented through correspondence, sign-in sheets, cooperation agreements, and summary reporting. The outcome indicators will be measured by collecting data via multiple sources. Outcomes will include number of participants as well as oral health outcomes and dental services.

Evaluation Methods

A mixed-methods approach will be utilized for the duration of this evaluation. Data will be collected through interviews, focus groups, surveys, surveillance data, and program and outcome data to address the LOHP development and implementation process and the impact oral health outcomes among priority populations. The evaluation will be both formative and summative. The formative analysis will inform the implementation of the program and improve processes. The summative analysis will inform the impact of the LOHP on oral health outcomes for target populations in Fresno County.

Evaluation Standards

Utility: The evaluator will engage stakeholders from the beginning of the evaluation process, create protocols for the continued engagement of stakeholder, identify clear strategies and timelines for communication, and ensure that the proposed goals, objectives, and indicators align with stakeholder and community needs.

Feasibility: Project management protocols and guidelines will be negotiated between and outlined by those implementing the evaluation at the beginning of the process in order to ensure that resources are used effectively and efficiently.

Propriety: The Fresno County Department of Public Health and the evaluator will incorporate the values of inclusiveness, protections for stakeholders and community members, transparency, and fairness into all aspects of the evaluation process.

Accuracy: The county and the evaluator will collect, analyze, interpret and report findings in truthful, valid, and clear ways in order to ensure that biases and misinterpretations are avoided.

Evaluation Accountability: The evaluation process will be tracked, with all collected information and communications recorded, in order to ensure that improvement on the process can be made throughout.

Evaluation Plan Grid

Evaluation Question 1	Process Evaluation Measures	Outcome Evaluation Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Data Collection	Analysis Method with Standard of Comparison	Staff Responsible for Data Analysis
To what extent has the oral health program increased engagement and capacity for schools and additional sectors to improve the community's oral health?	<p>Schedule of meetings, meeting agendas, list of participants and sectors they are representing.</p> <p>Summary of input from school administrators, teachers, school nurse, and partners.</p> <p>Documentation of correspondence with partners</p> <p>Oral Health Coalition meeting agendas, schedule of meetings, and number of meetings</p> <p>Satisfaction Survey of Oral Health Coalition</p>	<p># of schools participating in the SBSP</p> <p># of schools reporting to SCOHR</p> <p>List of Oral Health Coalition members</p> <p>Written mission, vision, and structure of Oral Health Coalition</p>	Program/site services and referral data, collected annually	Prospective longitudinal method for Qualitative and Quantitative data collection	TBD	<p>Qualitative – summary and written documentation</p> <p>Quantitative – count number of indicators and compare percent change</p>	CVHPI

Evaluation Question 2	Process Evaluation Measures	Outcome Evaluation Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Data Collection	Analysis Method with Standard of Comparison	Staff Responsible for Data Analysis
<p>To what extent has the oral health program provided dental services through education, prevention, and referrals for school-aged children?</p>	<p>Sealants and Fluoride educational materials distributed to students and parents.</p> <p>Summary of follow-up activities, number of children who received sealant retention checks, and screening forms</p> <p>Schedule of educational sessions, training schedule, training topics, number of on-site sealant and fluoride application events</p> <p>Report summary to identify if target participation was met.</p> <p>Success stories.</p>	<p># of screened students for eligibility</p> <p># of students that received dental sealants</p> <p># of students with retained sealants</p> <p># of students that received fluoride varnish</p> <p># of children receiving direct oral health education</p> <p># of referrals for children</p> <p># of children with more than one visit to the same dental provider</p> <p># of children who have visited a dental provider in the past year</p>	<p>Program/site services and referral data, collected annually</p>	<p>Prospective longitudinal method for Qualitative and Quantitative data collection</p>	<p>TBD</p>	<p>Qualitative – summary and written documentation</p> <p>Quantitative – count number of indicators and compare percent change</p>	<p>CVHPI</p>

Evaluation Question 3	Process Evaluation Measures	Outcome Evaluation Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Data Collection	Analysis Method with Standard of Comparison	Staff Responsible for Data Analysis
To what extent has the oral health program improved the oral health status of school-aged children who are served by the program?	<p>Summary of follow-up activities.</p> <p>Number of referrals, date of referral.</p> <p>Annual screening forms and questionnaires.</p> <p>Success stories</p>	<p># of students with untreated tooth decay</p> <p># of students referred for dental needs</p> <p># of students who established dental homes</p> <p># of children who reported school absence due to preventable dental condition</p> <p># of children who report visiting the ED in the past year</p>	Program/site services and referral data, collected annually	Prospective longitudinal method for Qualitative and Quantitative data collection	TBD	<p>Qualitative – summary and written documentation</p> <p>Quantitative – count number of indicators and compare percent change</p>	CVHPI

Evaluation Question 4	Process Evaluation Measures	Outcome Evaluation Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Data Collection	Analysis Method with Standard of Comparison	Staff Responsible for Data Analysis
To what extent has the oral health program increased the number of pregnant women who received oral health care?	<p>Schedule of meetings, meeting agendas, list of participants and sectors they are representing.</p> <p>List of educational materials and training resources</p> <p>Number of referrals, date of referral, and questionnaires</p> <p>Summary of follow-up activities.</p> <p>Challenges, lessons learned and success stories in progress reports.</p>	<p># of organizations who agree to promote importance of oral health with pregnant women</p> <p># of OB/GYN that provide oral health information and/or referrals to pregnant women.</p> <p># of dental providers who attended continuing education on the safety and protocols/guidelines of treating pregnant women</p> <p># of pregnant women referred</p> <p># of pregnant women who established dental homes</p> <p># of pregnant women using the oral health care system in the past 12 months.</p>	Program/site services and referral data, collected annually	Prospective longitudinal method for Qualitative and Quantitative data collection	TBD	<p>Qualitative – summary and written documentation</p> <p>Quantitative – count number of indicators and compare percent change</p>	CVHPI

Evaluation Question 5	Process Evaluation Measures	Outcome Evaluation Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Data Collection	Analysis Method with Standard of Comparison	Staff Responsible for Data Analysis
<p>To what extent has the oral health program improved access to oral health information in Fresno County?</p>	<p>Schedule of meetings, meeting agendas, list of participants and sectors they are representing.</p> <p>List of age, language and cultural appropriate educational materials and training resources</p> <p>Summary of follow-up activities.</p> <p>Challenges, lessons learned and success stories in progress reports.</p> <p>Oral health literacy sustainability plan</p>	<p># of participating organizations in oral health literacy activities</p> <p># of students in grades K-6 that received at least one instructional visit on oral health</p> <p># of students receiving oral health materials to share at home with parents.</p> <p># of oral health literacy champions who will coordinate the program and inspire partners.</p>	<p>Program/site services and referral data, collected annually</p>	<p>Prospective longitudinal method for Qualitative and Quantitative data collection</p>	<p>TBD</p>	<p>Qualitative – summary and written documentation</p> <p>Quantitative – count number of indicators and compare percent change</p>	<p>CVHPI</p>

Justifying Conclusions:

Analysis

Data will be analyzed using mixed methods. Longitudinal data will be analyzed quantitatively to understand increases in counts and percentages over time, which will be derived from primary and secondary data sources gathered by LOHP staff and CVHPI. Existence of guidelines, policy change and success stories will be gathered qualitatively through documentation by LOHP staff and CVHPI, and analysis of existing documents.

Interpretation

The CVHPI will work closely with the OHW and OHAC to ensure accurate interpretation of data and to justify conclusions drawn from the data. The CVHPI will present preliminary results to the OHW and incorporate feedback. The OHAC will then review the evaluation results. The OHAC is comprised of stakeholders from Fresno County, including representatives from the Fresno County Department of Public Health, academia, community-based organizations, and oral health professionals. The OHAC will annually review LOHP activities and evaluation plan results.

Dissemination

Initial dissemination of the results will be geared to the OHW and the OHAC. Results will be reported to the OHAC in rapid feedback reports highlighting key findings and issues as well as briefing calls at the bi-monthly meetings. The CVHPI will provide annual reports to the OHAC. The OHAC will be key in deciding how and where to distribute annual findings. Evaluation findings will be disseminated through professional conferences, factsheets, educational materials, reports, submitted abstracts, and/or posters with the program findings to national and statewide meetings and conferences, as well as peer-reviewed journals.

Results will be used to inform current and future program activities, document lessons learned, provide recommendations, and provide a feedback loop to researchers.

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