

**Santa Barbara County Local Oral Health Program
Evaluation Plan for 2020 – 2022**



HEALTH LINKAGES

Connecting Through Community

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1. Introduction

Evaluation Purpose

The purpose of the Santa Barbara County Local Oral Health Program (LOHP) evaluation is to assess the progress made towards the entire LOHP workplan. The evaluation of the LOHP workplan will provide a systematic assessment of the program's outcomes. Through evaluation, the LOHP can ensure the objectives of the workplan are met. The annual evaluation activities will also be used to inform program decisions and serve as a guide for determining the need for any modifications to improve program effectiveness.

Evaluation Team and Roles

The Project Director will serve as the lead evaluator. In addition, the Health Educators and Project Coordinator will serve as part of the evaluation team. Further support will be provided by the Santa Barbara County Oral Health Collaboration and local partners. The evaluation activities will be primarily conducted internally, with some components contracted externally. The LOHP Advisory Committee (AC)—an ongoing and fully engaged group of about 25 partners and stakeholders—will continue to serve as the primary group responsible for providing program guidance, including evaluation activities. To enhance our capacity and broaden the context for the evaluation, we anticipate adding new AC members from local academic institutions as well as inviting members of the community who may be affected by the evaluation's findings.

Stakeholder Engagement

Stakeholders are interested in learning the results of the evaluation, especially in relation to their programs and areas of focus. For example, local dentists are eager to learn the impact of oral health education. Throughout the evaluation process, stakeholders' needs and interests will be solicited. In addition to local dental and medical providers, stakeholders include community-based agencies, who serve the populations in highest need. These include medical providers, early childhood educators, nutritionists, and social workers.

The current composition of the AC was thoughtfully created to be multidisciplinary and represents geographic, cultural, and organizational diversity. The AC has been involved in the LOHP program since its inception by mobilizing support for oral health. The AC significantly contributed to the countywide Oral Health Needs Assessment (OHNA) and the COHIP, both of which underpin this Evaluation Plan. Multiple community-based organizations, such as the Santa Barbara County Promotores Network, worked tirelessly to obtain community input through a community-wide survey that was used in the Oral Health Needs Assessment. The AC has provided preliminary input to the planned evaluation activities by crafting some of the evaluation action steps in the LOHP COHIP. It is anticipated that the expanded AC will provide additional input to the planned evaluation activities. The AC will review results during regularly

scheduled meetings throughout the year. The AC will assist with disseminating the findings of the evaluation to various audiences in the community.

Below is a list of Stakeholders for the LOHP:

<i>Those involved in program operations</i>	<i>Those served or affected by the program</i>	<i>The primary users of the evaluation</i>
<ol style="list-style-type: none"> 1. Health Linkages; Oral Health Program 2. Advisory Committee -Dental Access Resource Team (DART) - Oral Health Executive Committee (OHEC) 3. Santa Barbara County Promotores Network 	<ol style="list-style-type: none"> 1. Public health programs 2. Local dental offices 3. Medical providers 4. Community based organizations 5. Schools (students, parents, teachers, and administrators) in target areas 6. Santa Barbara County Children Grades TK-6 7. Santa Barbara County Residents (All Ages) 8. Preschools and Child Development Programs 	<ol style="list-style-type: none"> 1. LOHP Staff 2. Advisory Committee 3. Community based organizations 4. Local dental professionals 5. Local medical providers 6. Other healthcare agencies 7. Schools

Intended Use and Users

There are many uses for evaluation in addition to program improvement and accountability to the funder. For example, evaluation findings will be a powerful learning tool for internally monitoring progress toward meeting the workplan objectives. The LOHP will also use the results of evaluation to mobilize the community around oral health promotion. In addition to highlighting oral health status and continuing needs, sharing results with local policymakers, for example, can help justify future program investments and increase sustainability. We also expect to use the results to document and publicize the program’s achievements through online postings, dissemination of various materials reports, and presentations to the community. The evaluation findings will be disseminated to stakeholders and community partners through hard copies and published via the Santa Barbara County Education Office website. Success stories and lessons learned will be shared through Health Linkages social media accounts.

Evaluation Resources and Budget

The LOHP has internal capacity to conduct the evaluation. The evaluation plan will be largely supported by the LOHP called Health Linkages, State Office of Oral Health (OOH) through

personnel, data, and operational expenses through funding made possible by Proposition 56, the California Healthcare, Research and Tobacco Tax Act of 2016 (Prop 56). The Health Educators are bilingual and bicultural and will communicate and deliver culturally appropriate programming. The Program Coordinator has a master's degree in Public Health. The Oral Health Program Manager is a Registered Dental Hygienist and has intimate knowledge of how the dental professional community works. Additional support towards the evaluation plan will be provided by the AC (OHEC), stakeholder and partners to provide in-kind resources, personnel, and data. Technical assistance (TA) will also be provided by the University of San Francisco California Oral Health TA Center.

The evaluation will be funded by the California Department of Public Health (CDPH) under contract Number 17-10723. As per CDPH recommendation, 10% of the LOHP's staffing will be dedicated to evaluation. This equates to approximately \$57,104 between 01/16/2020-06/30/2022. In addition, the Promotores will assist in some evaluation activities. Promotores are budgeted for \$15,000 total (over three years). There is also approximately \$1,708 for social media.

2. Background and Description of the LOHP

Program Overview

One of the key guiding principles of the Santa Barbara County LOHP and its Advisory Committee is identifying and making available community-wide interventions that promote good oral health practices and prevent oral disease. In regard to this principle, the program conducted an inclusive process to identify needs and develop an achievable plan toward meeting these needs. LOHP activities over the next two years align with the State Oral Health Plan's main goals. These goals include evidence-based prevention efforts, educating the public about the importance of oral health and its relationship to good general health; educating families of young children about the value of prevention; expanding traditional and non-traditional support networks; facilitating oral health surveillance and incorporating oral health into medical systems.

The mission of the Santa Barbara County Local Oral Health Program is to improve the oral health of County residents with a focus on vulnerable populations (e.g., homeless, low-income, uninsured, low English proficiency, geographically isolated) throughout the underserved areas of Santa Barbara County. The vision for the Local Oral Health Program is a "cavity-free SBC". Program values include: Everyone, regardless of age, race/ethnicity, or socioeconomic status, has a right to good oral health; health education is the means by which the Local Oral Health Program can affect change in the community; Optimal oral health requires knowledge on how to properly brush, floss, and avoid foods that are damaging to your teeth as well as attend regular dental check-ups; Access to care; Prevention of oral health disease; and Linkage to care for oral health issues.

Need

The LOHP is needed to establish baseline oral health data, determine priority populations, set targets to improve community oral health, work with community members to improve oral health, and evaluate progress towards goals.

The magnitude of the problem is significant in Santa Barbara County and follows similar trends as observed elsewhere. According to the World Health Organization, oral diseases are the most common chronic disease among adults and children.¹

Local trends in oral health issues were published in Oral Health Needs Assessment.² Main findings included: inadequate sealant use among children, too few annual dental visits by adults as well as children, use of the emergency department for preventable dental conditions, low private dentist participation in the Medi-Cal dental program, lack of awareness of eligibility for dental benefits, lack of knowledge of location of resources, and lack of dental insurance as a significant reason for avoidance of dental visits.

Context

Over the last decade, community partners (such as the Santa Barbara County Children's Oral Health Collaborative) have worked to improve the oral health efforts of Santa Barbara County. Projects have included improve access to care as well as utilization. However, most community partners in Santa Barbara have traditionally focused on children. The LOHP will widen their scope to include adults and focus on those at heightened risk for oral health issues.

Target Population of the LOHP

The LOHP's target populations are those at heightened risk for poor oral health, who typically experience a greater number of barriers to services. Target population include individuals who are homeless, uninsured, low-income, Medi-Cal recipients, have a low health literacy, have a low English proficiency, and living in remote geographic areas without a dental provider.

Using goals from the Community Health Improvement Plan, it is estimated that the LOHP will reach approximately 6,000 people. This approximate value will be accomplished from social media reach (N=5,000) and number of people reached by providing education to medical and dental providers (N=700). In addition, the LOHP will provide school-linked evidence based preventive services to approximately 10% of targeted children in specific schools each school year beginning Spring 2020 – Spring 2022: Year 1 (N=106), Year 2 (N=252), and Year 3 (N = 313).

Stage of Program Development

The Santa Barbara County LOHP is a newly formed program, which started January 2019. The LOHP completed the Oral Health Needs Assessment, 2019-2022 Strategic Plan, Community Health Improvement Plan, and Evaluation Plan. With clear plans and direction, the LOHP will begin the implementation phase of the program.

Logic Model

See Appendix A

Summary:

The LOHP is focused on improving the oral health of residents throughout Santa Barbara County, with an emphasis on the underserved areas and vulnerable populations. The LOHP (Program Director, Program Coordinator, and Health Educator/Hygienist) will partner with external and internal partner agencies to engage in activities to improve oral health in children. Throughout the remainder of the CDPH grant, the LOHP will identify children in target schools who need to be referred or provided dental sealants and fluoride varnish. The LOHP will provide education on oral health, hygiene, fluoride and sealants to parents, teachers and children in target schools. The LOHP and partners will convene meetings to discuss System for California Oral Health Reporting (SCOHR) best practices as well as primary care providers to dental provider referrals. Dental offices will increase their referrals to tobacco cessation and ReThink Your Drink. The LOHP will also provide community education on fluoride and increase fluoride awareness and training for water districts.

3. Focus of the Evaluation

Stakeholder Needs

As described under Intended Use and Users, stakeholders who will benefit from the evaluation results include the LOHP, other Public Health programs, and external partners. External partners include schools, Santa Barbara County Education Office, First 5 Santa Barbara County, The Carpinteria Children's Project, Family Service Agency, Isla Vista Youth Projects and SVY People Helping People, local Federally Qualified Healthcare Centers, medical providers, and dental providers. These stakeholders have a vested interest in learning the outcome of their collaborative efforts. Outcomes from the evaluation can be used by stakeholders for guiding future program planning and allocating resources.

Evaluation successes will be measured through analysis of activities conducted. For example, providing tobacco cessation resources to dental offices would result in a higher percentage of dental offices reporting they offer tobacco cessation. The impact of the oral health program will be measured through the number of residents reached by the LOHP. Success stories will also document accomplishments of the LOHP.

Evaluation Questions

The primary goal of the evaluation is determining if the LOHP's collective efforts have yielded the desired outcomes for the community. The focus of the evaluation will be on evaluating measures that assess the outcomes of the COHIP, based out of the workplan. This will allow evaluation of the LOHP's implementation using research-based program design.

- What progress was made to reach the goals, objectives, and indicators of the Santa Barbara County Oral Health Strategic Plan?
- What have been the improvements in prevention activities (e.g. screenings, fluoride varnish and sealants) and how have they affected the dental disease rates in children in Santa Barbara County?
- How has the LOHP developed an oral health surveillance system and utilized its findings to improve programs?

Evaluation Methods

The evaluation is a mixed-method design. Similar to our approach with the Needs Assessment, the LOHP will use qualitative and quantitative methods. Primary and secondary data will be analyzed. Primary data (cross-sectional and longitudinal) will be collected through surveys. Secondary data (cross-sectional and longitudinal) will be gathered from multiple existing data sources for points of comparison.

Evaluation Standards

Evaluation standards will be applied as recommended by the Centers for Disease Control and Prevention (CDC), including utility, feasibility, propriety, and accuracy standards.³



Framework for Program Evaluation in Public Health. CDC: MMWR 1999;48 (No. RR-11).³

Utility standards will focus the evaluation on the needs of the intended users. Feasibility standards assure the evaluation will be achievable, realistic, practical, tactful, and frugal. Propriety standards will ensure ethical standards are met with regards to the evaluation process and findings. Finally, accuracy standards will be used to ensure reliability and truthfulness.

4. Gathering Credible Evidence

Program performance will be measured by progress made in reaching the indicators of change (listed in Appendix B) that are tied to the programs goals and objectives identified in the Work Plan. Planned is that these indicators will help to examine change in trends, identify success, challenges and lessons learned.

Data Collection

Evaluation requires high-quality data to inform decision making and program learning. Using quantitative data collection methods, such as structured questionnaires, will allow the program to look for its impact in the community. The program will also use qualitative data collection methods, such as success stories.

Below is the comprehensive Evaluation Plan Grid, which describes the data collection methods, identifies the data sources, and explains the frequency and staff responsible for collecting the data. The Grid also indicates approximately when various evaluation activities are expected to occur and how frequently.

Santa Barbara County Oral Health Program

Evaluation Plan Grid

Primary Evaluation Question 1 What progress was made to reach the goals, objectives, and indicators of the Santa Barbara County Oral Health Strategic Plan? (Objectives: 1,2,3,4,5)						
Evaluation Sub-Question	Indicator / Measure	Data Source(s) and Frequency	Evaluation Method	Staff Responsible for Data Collection	Analysis Method	Staff Responsible for Analysis
Have diverse stakeholders been effectively engaged in the AC and in program planning? (Obj. 1)	-# of AC members -# of attendees at AC meetings	-AC meeting dates, agendas, and minutes, quarterly -Meeting attendance, Quarterly -Program and partner organization reports, annually	Qualitative data collected through program records, attendance logs, partner organization reports, action plan, and communication plan	-Oral Health Program Coordinators, Program Managers -Team members	-AC attendance over time -# of partner organizations adopting oral health related programs over time	Members of the Advisory Committee
Has an assessment of health status, health needs, and social determinants of health been performed with a focus on underserved and vulnerable populations? (Obj. 2)	Santa Barbara County Oral Health Needs Assessment	-Key informant interviews as needed -Documents, reports, data summaries and needs assessments	Qualitative review of needs assessment data compiled through data collection and key informant interviews	Public Health Dept. Staff <ul style="list-style-type: none"> • Health Educator • MPH Candidate Intern, • Program Coordinator • Program Director 	Qualitative examination of data used in needs assessment and comparison with other counties	Public Health Department Epidemiologist

<p>Have assets and resources been identified to address the oral health needs of underserved and vulnerable populations? (Obj. 3)</p>	<p>-Evidence of resources and assets in Oral Health Improvement Plan -Survey instrument; list of interviews and surveys conducted -Community asset map</p>	<p>Surveys collected at one time point</p>	<p>Qualitative review of community surveillance</p>	<p>Public Health Dept. Staff</p> <ul style="list-style-type: none"> • Health Educator • MPH Candidate Intern, • Program Coordinator • Program Director <p>LOHP</p> <ul style="list-style-type: none"> • Program Coordinators <p>Health Linkages</p> <ul style="list-style-type: none"> • Promotoras 	<p>Qualitative examination of county's own data</p>	<p>-Public Health Department Epidemiologist -LOHP Program Coordinator</p>
<p>Has a community oral health improvement plan with accompanying action plan been developed? (Obj. 4)</p>	<p>-Santa Barbara County Oral Health Needs Assessment -Community Oral Health Program</p>	<p>All data retrieved through data collection and key informant interviews</p>	<p>Qualitative review of oral health needs assessment data</p>	<p>PHD Staff</p> <ul style="list-style-type: none"> • Health Educator • MPH Candidate Intern, • Program Coordinator • Program Director <p>LOHP</p> <ul style="list-style-type: none"> • Program Director • Program Managers <p>Health Linkages</p> <ul style="list-style-type: none"> • Promotores 	<p>Comparison to plans of other counties</p>	<p>-LOHP -SBCEO; Director of Communication -OHEC</p>

Has an evaluation plan been developed that includes a Logic Model? (Obj. 5)	SB County Oral Health Evaluation Plan with logic model	Advisory Committee meetings	Qualitative review of evaluation plan and Logic Model	LOHP Program Director	-Comparison to plans of other counties -Advisory Committee reviews	-Advisory Committee -LOHP staff
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Primary Evaluation Question 2

What have been the improvements in prevention activities (e.g. screenings, fluoride varnish and sealants) and how have they affected the dental disease rates in children in Santa Barbara County?

(Objective 6,8)

Evaluation Sub-Question	Indicator/Measure	Data Source(s) and Frequency	Evaluation Method	Staff Responsible for Collection	Analysis Method	Staff Responsible for Analysis
Have any evidence-based or school-linked programs been implemented in elementary schools throughout the county? (Obj. 6)	-Number of schools identified to participate in EB/SL dental sealant or fluoride program -Number of children participating in programs -# of screening forms on file	-Updated lists of schools and students participating in EB/SL programs	Mix methods including the collection of quantitative data and qualitative data through AC meetings	LOHP <ul style="list-style-type: none"> • Program Manager • Program Coordinator • Health Educators 	-Program documentation -Quarterly reporting	LOHP <ul style="list-style-type: none"> • Program coordinator • Program Manager • Health Educators

<p>To what extent was information provided to the community about benefits and cost effectiveness of community water fluoridation and its role in preventing dental disease. (Obj. 6.3)</p>	<p>-Number and type of fluoridation materials</p> <p>-Number of events</p> <p>-List of partnering agencies</p> <p>-Number of trainings for Regional Water District engineer/operators</p>	<p>-Program documentation of numbers of events, participants reached</p> <p>-Educational materials</p>	<p>Record and summarize at the end of the activity</p>	<p>-LOHP Staff</p> <p>-Partnering Agencies</p>	<p>-Program documentation</p> <p>-Semi-annual reporting</p> <p>-Descriptive statistics indicating number of community members and stakeholders receiving training on community water fluoridation</p>	<p>LOHP Staff</p>
<p>Have community children and parents been participating in oral health education sessions that highlight the importance of accessing preventive dental care services, establishing regular home dental care practices early, as well</p>	<p>-Number of schools, grades, and children participating in educational sessions</p> <p>-Community-based</p>	<p>-Log of educational sessions at schools</p> <p>-Log of parental educational sessions and attendance sheets</p> <p>-List of collaborating</p>	<p>-Quantitative and qualitative data collected through document review</p>	<p>LOHP</p> <ul style="list-style-type: none"> • Program Managers • Health Educators 	<p>-Qualitative examination of documents to evaluate school-based or school linked programs and participation rates</p> <p>-Descriptive statistics of qualitative data,</p>	<p>LOHP Program Coordinator and Manager</p>

<p>as the importance of rethinking consumption patterns (snacks and beverages)? (Obj. 6.1.3, 6.2.3)</p>	<p>outreach programs</p> <ul style="list-style-type: none"> -Number of parents participating in educational sessions -Program plans and materials 	<p>organizations providing education material through training.</p>			<p>comparing baseline data to data in subsequent years</p> <ul style="list-style-type: none"> -Descriptive statistics indicating number of children receiving dental sealants -Descriptive statistics indicating number of children receiving basic dental screening -Descriptive statistics indicating number of schools, children, and parents receiving oral health education -Descriptive statistics indicating number of children receiving fluoride supplements 	
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How many dental offices implemented Tobacco Cessation Counseling and Rethink Your Drink? (Obj 8)	List of resources and number of dental offices that receive information on Tobacco cessation and RYD	-Online survey/assessment -Resources development meetings -List of assessment and training meetings -List of dental offices implementing resources	Mixed methods- quantitative and qualitative	LOHP Staff	Percentage of dental offices implementing tobacco cessation and/or RYD resources 6 months after training	LOHP Staff
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Primary Evaluation Question 3
How has the LOHP developed an oral health surveillance system and utilized its findings to improve programs?
(Objective 7)

Evaluation Sub-Question	Indicator/Measure	Data Source(s) and Frequency	Evaluation Method	Staff Responsible for Collection	Analysis Method	Staff Responsible for Analysis
To what extent did schools conduct and report Kindergarten assessments to the System for California	-Non participating districts and schools identified	-Screening results via SCOHR -Summary of progress reports identified with	-Program documentation -Document review	-LOHP Staff -Partnering Agencies	-Program documentation -Document review	-LOHP Staff -AC Members -Partnering Agencies

<p>Oral Health Reporting (SCOHR)? (Obj. 7)</p>	<ul style="list-style-type: none"> -Best practices identified -Guidance documents distributed to schools -Success Stories 	<p>recommended action steps and policies identified</p>	<p>-Qualitative case study (success stories)</p>		<p>-Qualitative case study (success stories)</p>	
<p>To what extent did LOHP work with partners in the community to promote oral health? (Obj. 7.1)</p>	<ul style="list-style-type: none"> -# of AC members -# of attendees AC meetings -Schedule of meetings -Action plan and communication plan -# of oral health related programs adopted 	<ul style="list-style-type: none"> -Meeting dates, minutes, and agendas; quarterly -Program and partner organization reports; annually 	<p>Qualitative data collected through program records, attendance logs, partner organization reports, action plan, and communication plan</p>	<p>LOHP Staff</p>	<p>Quantitative:</p> <ul style="list-style-type: none"> -AC meeting attendance over time -Development of action plan and communication plan - # of partner organizations adopting oral health related programs over time 	<ul style="list-style-type: none"> -LOHP Staff -Advisory Committee

Timeline of Evaluation Activities

	Date Completed	Summer-Fall 19	Winter-Spring 19/20	Summer-Fall 20	Winter-Spring 20/21	Summer-Fall 21	Winter-Spring 21/22
1.E.1 & 1.E.2	11/31/18	1.E.1					
2.E.1							
4.E.1	12/31/18						
6.E.1 & 6.E.2							
7.E.1 & 7.E.2							
8.E.2 & 8.E.3							
11.E.1-11.E.2							
Evaluate data surveillance system							
Assess community knowledge about fluoride							
Evaluate partnership with Medi-Cal							

5. Justifying Conclusions

Analysis and Interpretation

Quantitative, qualitative, and mixed methods will be used for data analysis. It is expected that standard statistical methods will be applied. Descriptive (frequencies, means), qualitative (themes, trends), and comparative (utilization, rates over time) statistics will be determined. Members of the Advisory Committee will be involved in drawing, interpreting, and justifying conclusions from the Evaluation Plan. These individuals will be involved through delegating staff time and resources to evaluation design and execution, as well as follow-up and planning. Some evaluation activities will be reported in summary and some in graphic format with appropriate descriptive information about how the data were collected. Data presentations will include pie charts, bar graphs, and iconographic displays.

Table shells will be created for each data point. Below are the table shells.

Table 1. School-Linked Sealants

School Name	Number children eligible for sealants	Number sealants needed per child	Number of referrals or sealants placed
School ABC	Number	Number	Number

Table 2. School-Linked Sealant Check

School Name	Number children checked for sealants	Number of children with sealants	Number of sealants per child
School ABC	Number	Number	Number

Table 3. School-Linked Fluoride

School Name	Number children eligible for fluoride	Number fluoride provided	Number of referrals to fluoride
School ABC	Number	Number	Number

Table 4. Dental offices survey for RYD and tobacco cessation

Dental Office	Ask patients about sugary beverage consumption?	Provide patients with RYD materials?	Ask patients about smoking status?	Refer smokers to cessation resources?
Dr. ABC	Always/Sometimes/ Never	Always/Sometimes/ Never	Always/Sometimes/ Never	Always/Sometimes/ Never

6. Ensuring Use and Sharing Lessons Learned: Report and Dissemination

Dissemination

There are many agencies and audiences who will benefit from this evaluation and its results. The Advisory Committee can apply the findings to each of their respective organizations to contribute to efforts in improving oral health across the county. Evaluation findings will be disseminated to primary audiences (health professionals, Advisory Committee members) by the program manager. The Advisory Committee leaders will disseminate to their corresponding agencies

Audiences	How Results will be Shared
Advisory Committee	Formal presentations via Zoom and written report
Public Health Department	Presentations via Zoom
Santa Barbara County Education Office	Formal presentations via Zoom and written report
First Five Santa Barbara County	Formal presentations via Zoom and written report
The Carpinteria Children’s Project	Formal presentations via Zoom and written report
Dental providers	Survey results and written report
Health care providers & FQHCs	Staff meetings via Zoom and electronic copies of reports
Residents of Santa Barbara County	Social media and written report
Schools, parents, and teachers	Social media, written report, and presentations via Zoom

Timeline of Evaluation Findings Dissemination

The LOHP will disseminate the information from the evaluation through a variety of channels and formats, as appropriate to the group and the venue. Written reports, presentations as well as social media messaging will be used to distribute the results. The LOHP will create most of these materials, with support from the Advisory Committee and community partners. Beginning February 2020, findings will be disseminated through social media during National Children’s Oral Health Month, and annually each February until 2022.

	Summer-Fall 19	Winter-Spring 19/20	Summer-Fall 20	Winter-Spring 20/21	Summer-Fall 21	Winter-Spring 21/22
1.E.1 & 1.E.2						
2.E.1						
4.E.1						
6.E.1 & 6.E.2						
7.E.1 & 7.E.2						
8.E.2 & 8.E.3						
11.E.1-11.E.2						
Evaluate data surveillance system						
Assess community knowledge about fluoride						
Evaluate partnership with Medi-Cal						

Use

The LOHP will use evaluation findings to assess its impact on the community. If indicated by the evaluation, the LOHP will implement changes in order to improve programmatic function. The Program Director & Program Coordinator will implement findings. The Program Coordinator will create an Action Plan to guide the implementation of evaluation recommendations. Lessons learned will be shared with appropriate users.

Appendix A: Indicator Table

Using these resources INPUTS	We engage in these ACTIVITIES	To produce these results PRODUCTS or OUTPUTS	Which will yield these OUTCOMES	In striving to achieve STATE ORAL HEALTH OBJECTIVES
<p>Existing Infrastructure: LOHP Staff: Program director, Program coordinator, Health Educator SBC PHD staff (CHDP, MCAH, WIC, etc.)</p> <p>Partner Agencies: American Indian Health and Services, Carpinteria Children’s Project, Catholic Charities, CenCal Health, Central Coast Commission for Seniors/Area Agency on Aging, Health Linkages, Healthcare Clinics, Community Action Commission, Community Healthcare Centers of the Central Coast (CHCCC), Cottage Health, Doctor’s Without Walls/Santa Barbara Street Medicine, Family Resource Centers, First 5 Santa Barbara County, Lompoc Valley Healthcare Organization, People Helping People, Santa Barbara Neighborhood Dental Clinic, Santa Barbara-Ventura County Dental Society, Santa Maria Children’s Dentistry, Santa Ynez Tribal Clinic, The Cecilia Fund, and Tri Counties Regional Center</p>	<p>Identify children in target schools who need to be referred or provided dental sealants and fluoride varnish</p> <p>Children in target schools will receive education on oral health, hygiene, fluoride, and sealants. Parents of these children and teachers will also receive education.</p> <p>Convene meetings of community partners to discuss System for California Oral Health Reporting (SCOHR) and PCP – dental provider referrals. Identify champions and best practices to increase reporting.</p> <p>Survey dental offices and primary care providers.</p> <p>Provide materials on tobacco cessation and Rethink Your Drink to dental offices to increase education to the community.</p> <p>Provide community education on fluoride and increase fluoride awareness and training for water districts.</p>	<p>Referrals to dental providers on sealants and fluoride varnish.</p> <p>Education in schools on oral health for students, parents and teachers.</p> <p>Dental practice survey regarding patient behavior Materials for dental providers regarding tobacco cessation and ReThink Your Drink.</p> <p>Training for water district engineers.</p> <p>Survey for dental offices.</p> <p>Community and stakeholder meetings regarding water fluoridation.</p> <p>Social media campaign.</p> <p>Educational materials.</p>	<p>Increase children with dental sealants and fluoride varnish. Target schools at 50% or more of the Free and Reduced-Price Meals Program throughout the County, grades K-6th.</p> <p>Target schools in participating districts to support SCOHR reporting.</p> <p>Increase oral health literacy.</p> <p>Dental offices in the county’s underserved areas and serving vulnerable populations will have support to provide tobacco cessation and nutrition education to their patients.</p> <p>County residents will have education on water fluoridation as a means of oral disease prevention.</p>	<p>Reduce the proportion of children with dental caries experience and untreated tooth decay.</p> <p>Increase the proportion of children who have had a preventative dental visit in the past year and reduce disparities in utilization of dental services.</p> <p>Increase the percentage of children aged six to nine years who have received dental sealants on one or more of their permanent first molar teeth.</p> <p>Increase the percentage of patients who receive evidence-based tobacco cessation counseling and other cessation aids in dental care settings.</p> <p>Increase the engagement of dental providers in helping patients to quit using tobacco products and to drink water.</p> <p>Increase or maintain the proportion of the Californian population served by community water systems with optimally fluoridated water.</p>

Appendix B: Indicator Table

Indicator	Baseline (year)	Target 2022	Data Source
1. Percent of Children with Needing Dental Treatment <ul style="list-style-type: none"> • Head Start 	40% (2016-2017)	35% (2022)	Head Start Program Information Report (PIR)
2. Percent of Children with Untreated Decay <ul style="list-style-type: none"> • Head Start • California State Preschool • Kindergarten 	40% (2013-2014) 31% (2017-2018) 32% (2017-2018)	35% (2022) 27% (2022) 31% (2022)	Program Information Report (PIR) Health Linkages Health Fair Screening Results Health Linkages Health Fair Screening Results
3. Number of Schools with a Dental Sealant Program	6 (2019-2020)	9 (2022)	Brush, Brush, Brush; Family Support Services
4. Percent of Medi-Cal children with a Dental Visit <ul style="list-style-type: none"> • <1 Year • 1-2 Years • 3-5 Years • 6-9 Years • 10-14 Years • 15-18 Years 	0.6% (2018) 28% (2018) 61% (2018) 69% (2018) 59% (2018) 48% (2018)	0.6% (2022) 30% (2022) 63% (2022) 71% (2022) 61% (2022) 50% (2022)	Medi-Cal Dental Data Reports
5. Number of Applications on Children (0-5 yrs) Receiving Fluoride Varnish through LOHP	0 (2018)	4,456 (2022)	CenCal Health Data Report
6. Number of Fluoride Applications done by CenCal Providers each year on Children ages 0-5 years.	13,167 (2018)	14,000 (2022)	CenCal Health Data Report
7. Number of SBC Private Practice Pediatric and General Dentists with a Full-Fee License Enrolled in Medi-Cal	34 (2020)	36 (2022)	County Oral Health Program
8. Number of SBC Private Practice Pediatric and General Dentists with a Full-Fee License Enrolled in Medi-Cal taking New Patients	30 (2020)	32 (2022)	County Oral Health Program
9. Number of SBC Residents with Fluoridated Water	122,408 (2018)	123,408 (2022)	Census Population Data
10. Percent of Patients Receiving ReThink Your Drink Counseling in Dental Care Settings	8 (2020)	15 (2022)	County Oral Health Program

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