Humboldt County
Local Oral Health Program

Evaluation Plan
1/1/18-6/30/22

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Public Health
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SMILE Humboldt
Your child can be cavity free.
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1. Introduction

Evaluation Purpose

The purpose of this Evaluation Plan (EP) is to determine the effectiveness of Humboldt County's Local Oral Health Program (LOHP) in improving oral health in Humboldt County. This EP will guide the data collection, analysis, and interpretation of the LOHP activities. The EP is the surveillance and assessment part of Goal 5 in the Oral Health Strategic Plan. It will be used to evaluate if the activities undertaken are producing the intended goals and objectives and allow for strategic changes to be made to the LOHP if those proposed goals and objectives aren't being met. The Strategic Plan outlines what the LOHP wants to achieve while the EP is a framework for how success of the LOHP will be measured. The EP will be revised and updated overtime to reflect changes to the LOHP.

Evaluation Team and Roles

The evaluation team is comprised of PH staff and the oral health (OH) coalitions, including the Oral Health Leadership Team (OLHT) and Dental Advisory Group (DAG). Heidi Chappell, Administrative Analyst, is the lead evaluator and will be the primary data analyst and contributor of the EP. Laura McEwen, HHS Program Services Coordinator, and Ciara Hunt, Health Education Specialist, will be primary data collectors and will work in utilizing the data for improvements. Heidi and Laura will work on interpreting the data and justifying conclusions. Dawn Arledge at the California Center for Rural Policy (CCRP) is available on an ad hoc basis for data collection and interpretation.

Stakeholder Engagement

The stakeholders for Humboldt's LOHP are the California Department of Public Health (CDPH) - Office of Oral Health (OOH), Humboldt County Department of Health & Human Services (DHHS) –Public Health (PH), members of the OHLT and DAG, service providers, dental and medical professionals, education professionals, Early Child Education (ECE) organizations, local foundations, and other community agencies working with the LOHP. OHLT and DAG members will be able to provide feedback on the LOHP’s progress toward achieving its intended goals and objectives and can offer support and ideas on how to improve the LOHP if changes are needed. Humboldt County’s LOHP will notify and update effected stakeholders on the evaluation’s results. The LOHP will engage stakeholders through OHLT and DAG to allow for concerns and comments to be expressed. Our evaluation will help inform stakeholders of the
progress made towards improving oral health in Humboldt County. It will serve as a reference on how to improve the LOHP to increase our effectiveness in serving our population.

<table>
<thead>
<tr>
<th>Those involved in program operations</th>
<th>Those served or affected by the program</th>
<th>The primary users of the evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDPH- Office of Oral Health</td>
<td>Target population (All Humboldt County residents at risk of dental disease)</td>
<td></td>
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<tr>
<td>PH- Local Oral Health Program</td>
<td>Families of children</td>
<td>PH-Local Oral Health Program</td>
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<tr>
<td>CCRP</td>
<td>School districts</td>
<td>CDPH- Office of Oral Health</td>
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<tr>
<td>RDHAPs</td>
<td>School staff</td>
<td>CCRP</td>
</tr>
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<td>Local Dentists</td>
<td>ECE childhood providers</td>
<td>DAG members</td>
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<td>ECE organizations</td>
<td>Local Dental offices</td>
<td>OHLT members</td>
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<td>School districts</td>
<td>Dental Clinics</td>
<td>Agencies and foundations</td>
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<td>Partners:</td>
<td></td>
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<tr>
<td>K’ima:w Dental Clinic</td>
<td></td>
<td></td>
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<tr>
<td>Open Door Community Health Centers</td>
<td></td>
<td></td>
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<tr>
<td>Redwoods Rural Health Centers (RRHC)</td>
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<tr>
<td>Redwood Community Action Agency (RCAA)- Teaching Oral Optimism Throughout Humboldt (TOOTH)</td>
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</tbody>
</table>

**Intended Use and Users**

The evaluation results will be shared with CDPH - OOH for program deliverable purposes. The results will also be shared with stakeholders, including Humboldt County DHHS-PH, DAG and OHLT members, others involved or effected by the LOHP, and the general public. The evaluation findings will be summarized and presented to various stakeholders through meetings and by email. They will be used to determine the success of the LOHP and to make any needed changes or improvements. The results will also help inform ongoing efforts to improve oral health in Humboldt. The results will be monitored to highlight other areas that may need improvement.

**Evaluation Resources**

Based on the Humboldt County Oral Health Needs Assessment (2018) there are local sources of oral health data that gives a good insight into the needs of Humboldt County, such as, the oral health status of children enrolled in Northcoast Children’s Services Head Start programs, RCAA’s TOOTH programs assessment of knowledge and pre/post mean plaque indices in elementary school children, the number of children treated and number of services provided at PDI Surgery Center, the number of emergency room visits, and the number of dental visits at the Humboldt County Correctional Facility. This is current data that is being collected by our partners and we believe we will have access to this ongoing data over time. We will use this data to provide a general overview of the OH status of Humboldt but not for specific program evaluation.

Currently our program collects population-based data overtime such as the Kindergarten Oral Health Assessment (KOHA). Additionally we collect the Well-Child Dental Visit (WCDV) data at WIC and Open Door Community Health Centers.

**Evaluation Budget**

This EP is funded through Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. There is a sufficient amount of funds allotted for the development, implementation, and continual adjustments to the EP and evaluation activities.

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2. **Background and Description of the LOHP**

**Program Overview**

*Mission*

The Oral Health Leadership Team brings multidisciplinary leadership to coordinate data-driven system change to improve oral health for all, especially low-income Humboldt County residents.

*Vision Statement*

Our communities thrive because oral health is valued as essential to well-being. Equitable opportunities ensure that everyone has optimum oral health.

*Values*

- Oral health and overall health are linked.
- People should have equal and sustainable access to preventive and restorative dental care.
- People should have equal, timely access to relevant oral health information.
- We value evidence-informed decision making to improve oral health in our community.
• We value collaboration and coordination across all agencies and organizations that work to improve the oral health of our community.

Goals and Objectives

Goal 1: Improve the oral health of Humboldt County residents by addressing determinants of health, and promoting healthy habits and population-based prevention interventions to attain healthier status in healthy communities.

Objectives:
1. By 2022, provide preventive oral health care services for 25% of eligible children ages 3-12 in target school districts within each school year.
2. By 2022, increase the anticipatory guidance and oral health education to all elementary school children, and teachers in target school districts.
3. By 2022, engage and collaborate with target communities in discussions on community water fluoridation.

Goal 2: Align dental health care delivery system, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.

Objectives:
1. By 2022, determine the need and capacity to serve the Medi-Cal Dental population in Humboldt County.
2. By 2022, produce a county-wide action plan for implementation of oral health care delivery strategies specific to rural communities.

Goal 3: Collaborate with payers, public health programs, health care systems, foundations, professional organizations, and educational institutions to expand infrastructure, capacity and payment systems for supporting prevention and early treatment services.

Objectives:
1. By 2022, reduce the percentage of Kindergarten children with untreated decay in target school districts by 12%.
2. By 2022, increase the number of Kindergarten Oral Health Assessment (KOHA) submission by 20% through collaboration with target school districts.

Goal 4: Develop and implement communication strategies to inform and educate the public, dental teams, and decision makers about oral health information, programs, and policies.

Objectives:
1. By 2022, increase the number of community partners and dental offices engaged in preventive oral health education by 10%.
2. By 2022, increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and parents.

**Goal 5:** Develop and implement a surveillance system to measure key indicators of oral health and identify key performance measures for tracking progress.

**Objectives:**
1. By 2020, develop and implement an oral health surveillance system, report data regularly, and receive feedback from oral health coalitions.
2. Between 2019 and 2022, maintain a fully staffed county oral health program and oral health coalitions in the County.

**Program Description**

Smile Humboldt is the local brand for Humboldt’s LOHP focused on improving the oral health of all Humboldt County residents. There are four major focus areas/goals including, access to care, multi-agency collaboration, education, and monitoring and evaluation. The key emphasis is on providing preventive dental services, increasing access to dental services, delivering education, and improving resources to target communities.

**Need**

Humboldt County qualifies as a Dental Health Professional Shortage Area, according to the Humboldt County OH Needs Assessment (2018). For the 51,185 residents on Medi-Cal Dental, there are five dental clinics that accept this insurance. Using the average U.S. ratio, it is estimated that Humboldt would need 31 full time dentists that accept Medi-Cal Dental. Currently, the number of full time dentists who work in the clinics is much less, with a current estimate of less than 25.

The five dental clinics that accept Medi-Cal Dental insurance are Federally Qualified Health Centers (FQHC’S) or Federally Qualified Health Center Look-Alikes. These clinics are paid on a per-encounter basis and not a fee-for-services. This type of payment combined with a policy of only treating one quadrant of the mouth per visit, can potentially extend the timeline to finish a patient’s treatment plan.

Children are amongst the county’s most vulnerable populations, and although the dental clinics that accept Medi-Cal Dental prioritize children, it may take several months for a child to be seen by a dentist. On average, one in four Humboldt County students entering kindergarten have untreated tooth decay, according to the Kindergarten Oral Health Assessment (KOHA). These assessments are a key source for collecting oral health data on children, as OH population-based data is limited (Arledge, 2018).
KOHA provides the County with valuable information to identify school districts with the highest rates of untreated decay.

Although there are huge unmet needs in the County there are some important services that reach young children. Humboldt’s LOHP will work in partnership with those establish programs. This includes the WCDV at WIC and Open Door Community Health Centers, two mobile dental vans at Open Door and Redwoods Rural Health Center (RRHC), and RCAA’s TOOTH program.

According to the California Water Board (as cited in Arledge, 2018, p.33), there are only three water districts in Humboldt County with a fluoridated water supply, leaving 66% of residents without access to fluoridated water. While fluoride is a natural mineral proven to treat tooth decay, many residents have a resistance to fluoride (Centers for Disease Control and Prevention, 2016).

**Context**

Humboldt’s LOHP is focusing on working in the most underserved or needed regions within the County. Humboldt County has limited access to OH services for Medi-Cal Dental recipients. Strategically OH services are focused on children, consequently access for adults is extremely limited. A primary goal of the LOHP is to focus on prevention which will then create less demand for restorative services in an already impacted clinical system. This should increase access by decreasing the demand for restorative services.

Humboldt is a large rural County with many remote communities. Additionally, inclement weather and poor road conditions create even more obstacles to accessing care.

**Target Population of the LOHP**

The target population is all residents of Humboldt County at risk for dental disease. Specific objectives have different target audiences. This includes all of rural Humboldt County, the Medi-Cal Dental population, elementary school districts with the highest rates of untreated decay based off the KOHA, and health/dental professionals. Specific regions of focus include, the Eel-River Valley and Klamath-Trinity regions of Humboldt County.

**Stage of Program Development**

Humboldt’s LOHP is currently in the planning and implementation phase of program development. The DHHS-PH branch has a history of long-term collaboration and working together with partners. This provides a foundation for the LOHP planning and implementation. Humboldt is able to work with and build on the partners current efforts. Much of the program planning is completed, but some of the details for the next school
year are still being considered. There have been various community meetings, education sessions, trainings, and presentations done to begin implementation.

**Logic Model (see Appendix 1)**

The logic model provided in the Appendix represents a visual summary of the relationship between the LOHP’s resources, activities, and proposed outcomes. The resources/inputs used fall into three categories including, the existing infrastructure, additional infrastructure, and a wish list of additional resources. Those inputs/resources will then be used to engage in program activities. The LOHP will engage in program activities that fall under objectives 6, 7, 8, 9, and 11 in the Work Plan. The intention is for the program activities to produce certain results/outputs. The outputs should then produce short term, intermediate, and long term expected benefits/outcomes of the LOHP.

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### 3. Focus of the Evaluation

**Stakeholder Needs**

The evaluation findings will be used by Humboldt County DHHS-PH, CDPH-OOH, CCRP, OHLT and DAG members, and other community agencies and foundations involved or effected by the LOHP.

Based on stakeholder meetings, the findings will be used in a variety of ways. For those in clinical settings, the data will help assess current OH work being done, justify the need for more OH interventions, and assist with targeting focus areas. The data can also be used to advocate for OH policy change and to recruit more dental providers.

Workforce development professionals will use the results to enhance the educational pipeline to support more OH occupations. There is a special focus on getting children interested in and prepared for oral health care professions. The data can also be used for grant opportunities to support more career opportunities for the full spectrum of dental professionals who want to work in Humboldt, improve OH, and have productive careers.

Local foundations will use the results to better understand unmet community needs and critical missing service-delivery needs that could be improved by local funding efforts. They will also use the data to better understand what OH delivery systems and programs are effective. In the face of limited resources, more information leads to better and more effective decisions. This data will help improve and enrich their funding decisions.
Community organizations want to know what activities and partners are successful or not and why. They also want to know how cost effective various activities are to make the best use of limited funds. They also want to know how to continue to develop and sustain relationships with other OH projects committed to improving OH in Humboldt County. The findings will be used to guide program planning, collaborate with partner projects, and develop grant applications for strategies that are sustainable and work for Humboldt County.

**Evaluation Questions**

1. Has the oral health of vulnerable Humboldt County residents improved?
2. Has the communication strategies increased the awareness of oral health and preventive practices?
3. Has multi-agency collaboration enhanced the infrastructure to increase access to care?
4. Has Humboldt County developed and maintained a surveillance system to improve informed oral health policy decisions?
5. Was the LOHP successful in reaching its intended goals and objectives?

**Indicators**

The success of Humboldt’s LOHP will be measured in various ways but the key indicator is a decrease in the untreated decay rate based off the KOHA. This is currently the only population-based data on oral health that is available for Humboldt County. CDPH-OOH performed a screening on a sample of third graders in Humboldt. This point-in-time data will be used, but it is unclear if this will be repeated for evaluation overtime. Other important indicators we will track include the number of children being referred to PDI and the number of emergency department visits for non-traumatic dental conditions. Other ways to measure success includes program data that will be collected. This includes:

- The number of children who receive preventive services (sealants, fluoride varnish).
- The number of educational sessions held with children, parents, teachers, and organizational staff.
- The number of educational materials distributed.
- The number of children who received a WCDV from WIC and Open Door.
- The number of meetings with 0-5 organizations, schools, and other community agencies.
- The number of strategies developed to improve KOHA return rates.
- The number of dental offices provided with and implementing RYD and Tobacco Cessation resources.
Evaluation Methods

A mixed methods evaluation approach will be used to collect data and measure program outcomes. Mixed methods involve both quantitative and qualitative methods. The quantitative data analysis will be used to compare past data and measure the progress of achieving specific objectives. The qualitative data analysis will provide ways to understand why certain activities are working or not working but will be more difficult to interpret.

Evaluation Standards

To ensure the effectiveness of this evaluation, four standards for evaluation are used: utility, feasibility, propriety, and accuracy. When determining what data to collect the team ensured that the information will be useful and realistic. The evaluation activities are assured to be culturally appropriate and ethical. Required consent forms and legal documents were prepared and utilized to protect our participant’s rights. The data collection methods were chosen to reveal the most accurate information that will represent the effectiveness and quality of the program.

4. Gathering Credible Evidence: Data Collection

Data Collection

The methods used for data collection will include primary and secondary data collection. During the course of the LOHP primary data will be collected by observing and recording outcomes from preventive services provided, and by questions and surveys through email or face-to-face correspondence for other activities. Process data, for example, the number of meetings held, will also be collected. The secondary data will be collected by reviewing existing databases. KOHA data, a secondary data source, is the only oral health population-based data tracked and readily available in Humboldt County. The data from the KOHA will be collected from the Humboldt County Office of Education (HCOE). Other data will be collected on site from various schools, and after other LOHP activities have occurred. The data will be collected on a monthly and yearly basis depending on program activities. The HHS Program Services Coordinator,

• The number of organizations provided with and implementing BBB into home care settings and ECE organizations.
• The number of settings implementing classroom brushing.
• The number of oral health champions promoting specific program areas.
• The number of meetings/trainings on fluoride.
• A County-wide action plan produced with OH care delivery strategies.
Administrative Analyst, and Health Education Specialist will be responsible for collecting the data. The data will be managed and stored in a County wide data manager program, as well as in other data manager programs. The data will be collected during LOHP activities and then submitted into the data manager electronically.

### Evaluation Plan Grid

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Indicator or Performance Measure</th>
<th>Data Source and Frequency of Collection</th>
<th>Staff Responsible for Data Collection and analysis</th>
</tr>
</thead>
</table>
| Has the oral health of vulnerable Humboldt County residents improved? | • Decay rate of KOHA for target school districts  
• # of children treated at PDI | • KOHA at HCOE-Annually  
• PDI-Every 5 yrs | • HHS Program Services Coordinator  
• Health Education Specialist  
• Administrative Analyst |
| Has the communication strategies increased the awareness of oral health and preventive practices? | • # of children, parents, and teachers receiving OH education  
• # of OH education sessions and materials  
• # of meetings/trainings on fluoride  
• # of OH media messages produced  
• # of dental offices receiving and implementing RYD & Tobacco cessation resources  
• # of programs receiving and implementing BBB materials | • School based tracking form- Quarterly  
• Agenda, sign in log, and tracking form- Quarterly | • HHS Program Services Coordinator  
• Health Education Specialist  
• Administrative Analyst |
| Has multi-agency collaboration enhanced the infrastructure to increase access to care? | • # of students screened  
• # of students receiving fluoride  
• # of students receiving sealants  
• # of WCDV's  
• # of meetings with 0-5 community partners  
• # of strategies developed to improve KOHA return rates  
• # of programs receiving and implementing classroom brushing  
• # of OH policies and procedures developed or updated | • School based tracking form-Quarterly  
• WIC and Open Door- Monthly  
• Sign in log and tracking form- Quarterly  
• Tracking forms for classroom brushing- Quarterly  
• Tracking form for dental offices and community organizations- Quarterly | • HHS Program Services Coordinator  
• Health Education Specialist  
• Administrative Analyst |
| Has Humboldt County developed and maintained a surveillance system to improve informed oral health policy decisions? | • Ongoing data monitoring  
• Evaluation Plan produced  
• County-wide action plan produced | • Data tracking forms- Quarterly/Annually  
• Evaluation Plan- One time deliverable  
• County-wide action plan- Last year of the LOHP | • HHS Program Services Coordinator  
• Health Education Specialist  
• Administrative Analyst |
Was the LOHP successful in reaching its intended goals and objectives?

All indicators mentioned above

All sources mentioned above

HHS Program Services Coordinator
Health Education Specialist

**Timeline of Evaluation Activities**

The data collection, aggregation, and interpretation will happen in a timely manner based on the specific program activities, this may be monthly, quarterly, or yearly. This supports the LOHP’s evaluation commitment on reporting to the State through the regular bi-annual progress report and the annual online data collection tool.

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**5. Justifying Conclusions: Analysis and Interpretation**

**Analysis (See Appendix 2)**

Mixed methods techniques with both qualitative and quantitative data analysis will be used to analyze the LOHP data. The KOHA data will be compared to the past ten/nine years of data and measured against the program outcomes. The data will be assessed for how much the decay rate for Kindergarteners increases or decreases. *If the decay rate decreases than Humboldt’s LOHP has been successful in achieving one of its goals.* This is where we will explore what is working and what is not working.

**Interpretation**

The HHS Program Services Coordinator, Administrative Analyst, and Health Education Specialist will be responsible for interpreting and justifying conclusions. If necessary, a contract with a research professional will be created to support LOHP staff. The Administrative Analyst will be the lead for analyzing the data and will work closely with the HHS Program Services Coordinator to formulate conclusions. The HHS Program Services Coordinator will oversee evaluation activities and support the evaluation team. If applicable the analysis and interpretation will be vetted through OHLT and DAG members.
6. Ensuring Use and Sharing Lessons Learned: Report and Dissemination

Dissemination

The key stakeholders mentioned in this report will be informed of the evaluation results through email in a written report and shared through various stakeholder meetings by oral presentation. This is the best way to communicate and reach many of our stakeholders as these meetings are well attended. Those who can’t attend these meetings can be better reached through email. Results will be shared by the HHS Program Services Coordinator and the Administrative Analyst during the last year of the LOHP. There is potential to produce written reports, newspaper articles, and Facebook posts for general distribution to the public.

<table>
<thead>
<tr>
<th>Audiences</th>
<th>How Results will be Shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAG members</td>
<td>Meetings by oral presentation</td>
</tr>
<tr>
<td>OHLT members</td>
<td>Email in a written report</td>
</tr>
<tr>
<td>PH-Local Oral Health Program</td>
<td>Newspaper article in print or electronic format</td>
</tr>
<tr>
<td>CDPH- Office of Oral Health</td>
<td>Humboldt County DHHS Facebook post</td>
</tr>
<tr>
<td>General public</td>
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</tbody>
</table>

Use

The findings will primarily be used to determine the effectiveness of program activities, and to improve the LOHP and other efforts to advance OH in Humboldt County. They will also be used to inform stakeholders and others in the community to justify the LOHP efforts and preserve their support. Depending on the results, the findings can be used to appeal to the community and endorse the program. Results can also be used to modify current activities during the life of LOHP. The CDPH- OOH will be provided with the results so they can gauge the LOHP’s success and evaluate the data. The results will be used to inform other OH efforts and programs.
7. Appendices

Appendix 1
LOHP Logic Model

Appendix 2
Evaluation Table
Humboldt County
Local Oral Health Program Logic Model

Using these resources
INPUTS
- Public Health Department
- TOOTH program
- Redwoods Rural Health center dental van
- Open Door-Burre Dental Center dental van
- Dental Advisory Group
- Oral Health Leadership Team
- WCDV at WIC & Open Door

Additional Infrastructure
- Local Oral Health Program and staff
- CDPH- OOH
- California Center for Rural Policy staff
- Oral health supplies
- Oral health education materials
- Portable Dental Equipment
- RDHAP scholarships

Existing Infrastructure
- TOOTH program
- Redwoods Rural Health center dental van
- Open Door-Burre Dental Center dental van
- Dental Advisory Group
- Oral Health Leadership Team
- WCDV at WIC & Open Door

Goal 1
- Conduct annual dental screenings for children at school events
- Apply fluoride varnish annually to children at school events
- Apply dental sealants & provide sealant retention checkups annually to children in 2nd/6th grade at school events
- Provide oral health education annually to children, teachers, and parents
- Promote fluoride by engaging target communities in dialogue

Goal 2
- Conduct research to identify strategies to improve access for Medi-Cal Dental recipients
- Produce county wide action plan with prioritized strategies to improve OH structure in Humboldt County

Goal 3
- Engage with community partners who support 0-5 population
- Promote policy development of OH standards
- Encourage Well Child Dental Visit for children 0-5
- Develop/provide classroom brushing procedures and trainings to ECE & elementary school settings
- Develop/provide strategies for targeted schools to increase KOHA return rates

Goal 4
- Provide local dental offices with RYD & Tobacco cessation resources
- Promote Brush Book Bed campaign
- Ensure consistent OH messages

Goal 5
- Collect, monitor, and analyze OH data

We engage in these activities
ACTIVITIES

To produce these results
OUTPUTS
- 25% students screened
- 25% of students receiving fluoride
- 25% of 2nd & 6th grade students receiving sealants who are identified as candidates for sealants
- 50% of students receiving education
- Meetings with target communities without a fluoridated water supply

Goal 1
- Three strategies produced
- County-wide action plan with prioritized strategies developed

Goal 3
- 12-24 meetings with community partners a year
- Ensure monthly data collection from WCDV
- 12 settings trained in, receiving, & implementing classroom brushing procedures
- Three strategies to increase KOHA return rates provided to targeted schools

Goal 4
- 50% of dental offices receiving and utilizing RYD and Tobacco cessation resources
- 50% of programs implementing BBB

Goal 5
- Evaluation plan developed
- Ongoing data monitoring

Which will yield these benefits
OUTCOMES

Goal 1
- Development of OH Strategic Plan
- Increased capacity
- Enhanced collaboration
- Targeted surveillance and data collection

Intermediate
- Increased data collection and resources for program decision making
- Enhanced alignment with engaged community partners and providers
- Increased coordinated OH preventive services and OH education
- Increased number of policies and programs that support oral health
- Increased number of people engaged in healthier OH habits
- Plan developed to improve access for adults on Medi-Cal Dental

Long Term
- Reduction in:
  - Dental caries prevalence & untreated caries for kindergarteners
  - Emergency room visits
  - Number of children going to out of area specialty care
  - Health disparities
- Improvements in population OH in targeted geographic areas

STATE ORAL HEALTH OBJECTIVES

Will lead to achieving

Appendix 1
Evaluation Plan 2018-2022
<table>
<thead>
<tr>
<th>Objective(s)</th>
<th>Strategy</th>
<th>Target</th>
<th>Timeframe</th>
<th>Performance Measure</th>
<th>Data Source</th>
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<tr>
<td>6.10-6.E.2</td>
<td>Dental screening</td>
<td>25% of students at targeted schools</td>
<td>2019-2022</td>
<td># of students screened/school enrollment</td>
<td>School based tracking form</td>
</tr>
<tr>
<td>6.10-6.E.2</td>
<td>Fluoride varnish</td>
<td>25% of students at targeted schools</td>
<td>2019-2022</td>
<td># of students receiving fluoride/school enrollment</td>
<td>School based tracking form</td>
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</tbody>
</table>
| 6.10-6.E.2           | Dental sealants                               | 25% of 2<sup>nd</sup> and 6<sup>th</sup> grade students who are identified as candidates for sealants in targeted schools | 2019-2022       | # of students receiving sealants/# of 2<sup>nd</sup> & 6<sup>th</sup> grade students identified as candidates for sealants  
# of sealants placed/# of students receiving sealants | School based tracking form       |
| 6.10-6.E.2           | Educational sessions                          | 50% of students at targeted schools                                     | 2019-2022       | # of children receiving oral health education/school enrollment  
# of educational sessions held  
# of educational packets sent to parents/school enrollment | School based tracking form       |
| 6.10-6.E.2           | Conduct meetings on fluoride                  | 3 meetings per year                                                    | 2019-2022       | # of meetings on fluoride/year                                                     | Agenda & tracking form           |
| 6.10-6.E.2           | Well Child Dental Visit at WIC and Burre Dental Center | Ensure monthly data collection for WCDV from WIC & Burre               | 2019-2022       | # of children receiving a Well Child Dental Visit  
# of WCDV promotional materials provided | WIC & Burre                      |
| 7.1-7.E.2            | Meetings with community partners who support the 0-5 population | 12-24 meetings per year                                               | 2019-2022       | # of meetings/year  
# of partners met with/year                                                          | Sign in log & tracking form      |
<p>| 7.1-7.E.2            | Develop and provide strategies for targeted schools to | 3 strategies recommended to targeted schools                            | 2019-2022       | # of new strategies developed                                                      | Tracking form for strategies     |</p>
<table>
<thead>
<tr>
<th>Objective(s)</th>
<th>Strategy</th>
<th>Target</th>
<th>Timeframe</th>
<th>Performance Measure</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>increase KOHA return rates</td>
<td>Identify KOHA champions at targeted schools</td>
<td>Y3, 4; Y4,6; Y5, 8</td>
<td>2019-2022</td>
<td># of KOHA champions at targeted schools</td>
<td>School based tracking form</td>
</tr>
<tr>
<td>7.1-7.E.2</td>
<td>Provide classroom brushing procedures and trainings to ECE &amp; elementary school settings</td>
<td>12 settings</td>
<td>2019-2022</td>
<td># of settings receiving procedures and training/settings contacted</td>
<td>Tracking form for KOHA champions</td>
</tr>
<tr>
<td>7.1-7.E.2</td>
<td></td>
<td></td>
<td></td>
<td># of settings adopting procedures/settings receiving procedures &amp; training</td>
<td></td>
</tr>
<tr>
<td>8.1-8.E.3</td>
<td>Partner with Tobacco Control</td>
<td>3 meetings per year</td>
<td>2019-2022</td>
<td># of meetings/year</td>
<td>Agenda &amp; Sign in log</td>
</tr>
<tr>
<td>8.1-8.E.3</td>
<td>Provide dental offices RYD &amp; Tobacco cessation resources</td>
<td>50% of dental offices assessed who are not currently providing resources</td>
<td>2019-2022</td>
<td># of dental offices receiving resources/dental offices assessed</td>
<td>Tracking form for dental offices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of dental offices implementing resources/dental offices receiving resources</td>
<td></td>
</tr>
<tr>
<td>9.1.1-9.E.5</td>
<td>Implement BBB into dental offices, primary care settings, and CBOs</td>
<td>50% of programs assessed who are not currently implementing BBB</td>
<td>2019-2022</td>
<td># of programs provided with BBB materials/programs assessed</td>
<td>Tracking form</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of programs implementing BBB/programs receiving BBB resources</td>
<td></td>
</tr>
<tr>
<td>9.1.1-9.E.5</td>
<td>Implement trainings on OH literacy</td>
<td>3 meetings per year</td>
<td>2019-2022</td>
<td># of trainings/year # of participants trained/year</td>
<td>Agenda &amp; Sign in log</td>
</tr>
</tbody>
</table>
8. References


Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Division of Nutrition, Physical Activity and Obesity. Developing an effective evaluation plan [Internet]. Atlanta, GA: CDC; 2011. Available from: https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf

Centers for Disease Control and Prevention. Developing program goals and measurable objectives. [PDF].