



# ORAL HEALTH EVALUATION PLAN

2019-2022



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## INTRODUCTION

### Evaluation Purpose

The purpose of this evaluation is to monitor the implementation of the Local Oral Health Program (LOHP) activities, assess outcomes, and ensure oral health needs are met as they are outlined in the Imperial County Oral Health Improvement Plan 2019-2022.

### Evaluation Team and Roles

The Imperial County Public Health Department (ICPHD) will identify a lead evaluator and evaluation team to coordinate and implement evaluation activities and processes. The lead evaluator will work with a small evaluation team to determine evaluation methodologies and processes, data collection instruments, training needs, analysis, and other needed activities. The evaluation team will consist of the LOHP Coordinator, Kismatdeep Dhaliwal, Community Health Deputy Director, Janette Angulo, Maternal, Child and Adolescent Health (MCAH) Manager, Adriana Ramirez, Community Service Worker II, Xochitl Fausto, Program Planning and Evaluation Specialist, Dr. Amy Binggeli-Vallarta, and 2-3 Local Oral Health Taskforce members. The table below identifies roles and responsibilities of the evaluation team.

Individual	Title or Role	Responsibilities
Kismatdeep Dhaliwal	LOHP Coordinator Evaluation Team Member	Assist with the implementation of the evaluation plan, conduct needed evaluation activities, assist with the dissemination of evaluation findings
Rosyo Ramirez	Community Health Deputy Director Evaluation Team Member	Monitor implementation of evaluation plan
Xochitl Fausto	Local Oral Health Program Community Services Worker Evaluation Team Member	Assist with the implementation of the evaluation plan, conduct needed evaluation activities, assist with the dissemination of evaluation findings

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Adriana Ramirez	Maternal Child and Adolescent Health Manager Evaluation Team Member	Assist with the monitoring and implementation of the evaluation plan
Amy Binggeli-Vallarta	Program Planning and Evaluation Lead Evaluator	Monitor implementation of evaluation plan, coordinate data collection instruments; provide needed evaluation trainings, ensure the utility and feasibility of evaluation activities
To Be Determined	Local Oral Health Taskforce Member Evaluation Team Member	Assist with the implementation of the evaluation plan, conduct needed evaluation activities, assist with the dissemination of evaluation findings
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### Stakeholder Engagement

Stakeholders of the LOHP include members of the Local Oral Health Taskforce and are listed in the table below.

Their role, in the evaluation process includes, but is not limited to the following:

- Review and provide input on data collection instruments;
- Participate in training and data collection (e.g., surveys, public opinion polls, focus groups, key information interviews, etc.);
- Provide input and suggestions in the development and implementation of a dissemination plan;
- Provide suggestions and strategies for sharing information, findings and implementation results;
- Assist in informing LOHP evaluation, quality assurance/improvement, oral and dental health advocacy and awareness;
- Provide input and feedback relative to interpretation of data and findings;
- Serve as a forum for discussing and reviewing wellness policies, policy statements and other documents to ensure alignment with oral and dental health efforts;



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- Provide input and guidance regarding communication and resource sharing among stakeholders and community partners, troubleshooting strategies for program promotion and as a venue for building collaboration;
- Provide suggestions regarding the design, implementation, analysis and interpretation, and dissemination of all necessary deliverables for the oral health program; and/or
- Act as a link to the larger Local Oral Health Taskforce and other community stakeholders to identify and coordinate other partners as needed throughout the evaluation process.

Those involved in program operations	Those served or affected by the program	The primary users of the evaluation
Bright Light Dental	0-5 year olds	Bright Light Dental
Big Smiles	0-18 year olds	Big Smiles
Imperial County Office of Education (ICOE) Head Start and Early Head Start	0-5 year olds and families	ICOE Head Start and Early Head Start
Riverside County Office of Education (RCOE) Migrant Head Start and Early Head Start	0-5 year olds and families	RCOE Migrant Head Start and Early Head Start
Volunteers of America	0-5 year olds and families	Volunteers of America
ICPHD Home Visiting Program Tobacco Education Project Child Health & Disability Prevention Program (CHDP)	Ages 30 and younger All ages Children and young adults (ages 0-21)	Home Visiting Program Tobacco Education Project CHDP
Women Infant's & Children Program	0-5 year olds and women	Women Infant's & Children Program
Pediatricians	Age varies, but usually 0-21 year olds	Pediatricians
Pediatric dental providers	All ages	Pediatric dental providers
Dental providers	All ages	Dental providers
OB/GYN providers	Expectant mothers, females	OB/GYN providers
Imperial County Area Agency on Aging	65+	Imperial County Area Agency on Aging
Clinicas de Salud de Pueblo, Inc.	All ages	Clinicas de Salud de Pueblo, Inc.

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**Intended Use and Users.** Intended users of the Oral Health evaluation results include Imperial County Local Oral Health Taskforce members (dental and oral health providers, healthcare providers, 0-5 agencies, K-12 school system, community programs, etc.) Imperial County Public Health Department (Home Visiting Program, Nutrition Education and Obesity Prevention Project, Tobacco Education Project, CHDP, etc.), and other partner organizations and agencies who express an interest and need for results. Additionally, results will also be available to and shared with MCAH programs, including community-based home visiting programs (i.e., VOA, HIPPY, Home Visiting), Early Care Council and the Early Care Wellness Committee, Imperial County Head Start – Health Services Advisory Committee, higher education institutions (Imperial Valley College, San Diego State University, and others), and others.

Although the intended use for the Oral Health evaluation results will depend on the intended users, a few examples for intended use include:

- Inform policy and practice among the 0-5 years of age population;
- Inform parents and caregivers of changes in oral/dental health among 0-5 years of age;
- Inform dental provider practices regarding tobacco and electronic smoking devices, and sugar sweetened beverage materials and resources;
- Use for quality improvement and quality assurance projects;
- Demonstrate improvement in oral and dental health status; and
- Demonstrate support of oral and dental health efforts among community members.

### Dissemination Plan

The dissemination plan will support and promote use of data and related findings, and will help to identify best practices and lessons learned. This plan is important because it is a critical element to getting the information out to intended users. Several factors need to be considered, specifically, who is the audience, appropriate materials, and communication mechanisms for sharing the information and messaging. The dissemination plan will mirror the communication strategies that are built into the Imperial County Oral Health Improvement Plan, including but not limited to, fact sheets, reports, presentations, meetings, webinars, social media platforms, and/or newsletters.

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Further, it is anticipated that by the end of December 2019, an Oral Health Dissemination Plan will be in place and will be similar to the example below.

Product	Target Date	Audience	Who's Responsible	Status
<b>Written Products</b>				
Newsletter	December 2020	State Office of Oral Health; LOHP Taskforce Members; Imperial County's Dental Society; Imperial County's Medical Providers	Epidemiologist; LOHP Coordinator	Pending
Public Health Bulletin	June 2019	Public Health Staff; Imperial County Medical Providers; State Office of Oral Health; Imperial County Dental Society; LOHP Taskforce Members	Epidemiologist; LOHP Coordinator	Completed
Article	June 2021	Imperial County Residents, LOHP Taskforce Members; State Office of Oral Health; Imperial County's Dental Society; Imperial County's Medical Providers	LOHP Coordinator	Pending
Fact Sheet	June 2021	State Office of Oral Health; LOHP Taskforce Members; Parents, Teachers, School Staff	LOHP Coordinator	Pending
<b>Presentations</b>				
Schools	March 2020	School Staff, Teachers, Parents, Students; LOHP Taskforce Members; State Office of Oral Health	LOHP Coordinator	In Progress
<b>Digital/Electronic</b>				
Websites, Instagram, Facebook, Twitter, etc.	December 2020	State Office of Oral Health; LOHP Taskforce Members; Imperial County's Dental Society; Imperial County's Medical Providers; School Staff, Teachers, Parents, Students	LOHP Coordinator	Pending
Webinars	December 2018 & Ongoing	LOHP Taskforce Members; Imperial County's Dental Society; Imperial County's Medical Providers; School Staff	LOHP Coordinator	In Progress

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### **Evaluation Resources**

Evaluation resources, responsibilities and deliverables are the primary responsibility of the Local Oral Health Program staff; however, the Evaluation Team will play an integral/critical role in ensuring that that evaluation milestones and deliverables are met.

### **Evaluation Budget**

The current budget for year one (through June 2019) of the evaluation is estimated at 10% of the budget. The budget for years two through four (2019-2022) is currently being revised and will be updated at a future date.



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## BACKGROUND AND DESCRIPTION OF LOHP

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### Program Overview

The Imperial County Public Health Department's LOHP aims to educate about oral health, prevent dental disease, and link community members to treatment for dental disease caused by the use of cigarettes and other tobacco products, with a special focus on underserved areas and vulnerable population groups. Program work plan, action plan and community health improvement plan carry through 2022. The Local Oral Health Taskforce, a requirement of the overall plan, was formed to support the efforts of the Local Oral Health Program. Main components of our Local Oral Health Program are summarized and highlighted in the bulleted information below:

- Build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program, coordination, and collaboration
- Assess and monitor social and other determinants of health, health status, health needs, health care services available in our community, with an emphasis on underserved areas and vulnerable populations
- Identify assets and resources that help address the oral health needs of the community, with an emphasis on underserved areas and vulnerable populations
- Develop a community health improvement plan, action plan, and evaluation plan to address oral health needs of underserved areas and vulnerable population groups
- Implement school based school linked activities that are evidence-based (sealants [education, information, screening and services] and fluoride supplements)
- Develop and implement prevention and healthcare policies and guidelines for programs, health care providers and other settings including integration of oral health into health care
- Work with stakeholders and local dental providers to address common factors for oral and chronic diseases (tobacco, sugar sweetened beverages) to promote factors and reduce disease burden
- Create and expand local oral health networks to achieve oral health improvement

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**Vision:** A community working together towards ensuring good oral health that fosters oral health lives

**Values:**

- Leadership
- Diversity
- Social Responsibility
- Collaboration
- Creative
- Ownership
- Respect
- Consistency
- Equality Engagement

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### Oral Health Behaviors

**GOAL 1:** Improve oral health and prevent tooth decay using a healthy habits approach in children 0-5 years of age and their families.

**Objective 1:** By June 2022 increase the proportion of children aged 0-5 and their families who engage in oral hygiene habits that prevent oral health diseases by 25%.

#### Strategies

- Expand and enhance access to oral health instruction, information, education, and preventive services in settings that serve the 0-5 years of age population (Early Care and Education, Women Infants and Children, etc.)
- Enhance and expand mechanisms/opportunities for capacity building among providers of 0-5 years of age (online training, webinar opportunities, etc.).
- Meet with parents/family members to provide information on dental and oral health
- Collaborate with existing community-based organizations through special events to strengthen and enhance oral health knowledge in the community.

#### Tactics

- Provide train-the-trainer sessions to providers who serve children 0-5 years of age and their families.
- Provide dental/oral health information, educational materials, and other items to providers who serve children 0-5 years of age and their families.
- Meet with parents/family members to provide information on dental and oral health.
- Partner with Early Care and Education parents, care givers, as well as the Imperial County Home Visiting Program to provide presentations on the importance of oral health to pregnant women and parent/caregivers.

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**Objective 2:** Increase the proportion of children aged 0-5 and their families who engage in healthy beverage/eating habits that promote good oral health by 5% by June 2022.

### Strategies

- Provide technical assistance to interested partners in creating and/or enhancing wellness policies that include a robust oral health component.
- Provide technical assistance to interested partners in creating a site specific oral health policy statement
- Review and provide feedback and suggestions in order to revise/update wellness policies and/or oral health policy statements
- Partner with Early Care and Education parents/care givers, as well as the Imperial County Home Visiting Program to provide presentations for pregnant women and parent/caregivers.

### Tactics

- Review and provide feedback and suggestions in order to revise/update wellness policies and or oral health policy statement
- Partner with Early Care and Education parents/care givers, as well as the Imperial County Home Visiting Program to provide presentations on the correlation between eating habits and oral health to pregnant women and parent/caregivers.
- Facilitate Rethink you Drink and healthy eating information/presentations to parent groups
- Facilitate Rethink you Drink and healthy eating information/skill development (brushing/flossing) with children
- Develop a tool kit that provides activities, educational materials, and dental health models to educate on the correlation between healthy eating habits and oral health.

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### Awareness, Coordination and Integration

**GOAL 2:** Increase the dissemination of oral health information and improve health literacy through community awareness, education and engagement strategies/efforts that are that are culturally, linguistically and age appropriate.

**Objective 1:** By 2022 increase access to oral health education by integrating information into existing community services, programs, and agencies by 50%.

#### Strategies

- Expand and enhance the reach of messages highlighting the importance of oral health throughout the county.
- Enhance existing community and partner events and activities, by incorporating oral health books, educational materials, resources and messaging.
- Incorporate oral health messaging, resources and materials (displays), into existing community events and activities.
- Partner with local agencies and organizations to incorporate oral health materials, books, and messaging into overall health promotion and education efforts.
- Partner with organizations, agencies and plans to increase the awareness about the link between the Medi-Cal program and Medi-Cal's Dental Insurance Program.

#### Tactics

- Expand and enhance the reach of oral health messages through the use of innovative strategies such as social media, interactive computer-mediated technologies, and other means.
- Identify community events taking place and contact event coordinators to identify the event's target population.
- Adapt oral health education materials to meet the needs of target populations of a variety events taking place throughout the community.

**Objective 2:** By June 2022, increase family and caregiver understanding of oral health best practices for infants and young children by 25%.

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### Strategies

- Incorporate oral health educational materials and resource information into school-based settings.
- Disseminate information and guidance on proper oral healthcare to parent and care givers.

### Tactics

- Incorporate oral health educational materials within early child care and school registration forms.
- Distribute oral health books (Potter the Otter goes to the Dentist, Brush Book Bed, Brush, Brush, Brush etc.) to families with young children.
- Provide train-the-trainer sessions to providers who serve children 0-5 and their families.
- Provide dental/oral health information, educational materials, and other items to Providers who serve children 0-5 and their families.

**Objective 3:** By June 2022, increase the community's awareness about the safety, effectiveness and cost benefit of water flouridation by 10%.

### Strategies

- Develop/adap messages highlighting the importance of water flouridation and promoting oral health.
- Incorporate water flouridation and oral health messaging, resources and materials (displays), into existing community events and activities.
- Partner with local agencies and organizations to incorporate water flouraditation and oral health messaging into overall health promotion and education efforts.

### Tactics

- Expand and enhance the reach of water flouridation and oral health messages through the use of innovative strategies such as social media, interactive computer-mediated technologies, and other means.
- Reach city and county officials and the community through water flouridation and oral health presentations.
- Convene an Ad Hoc committee that includes city representatives to develop a water flouridation plan of action.



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### Access to & Utilization of Oral Health Services

**GOAL 3:** Increase access to and utilization of oral health care by addressing barriers of receiving dental care and promoting integration of oral health, primary care, and community services and support.

**Objective 1:** By June 2022, increase the proportion of children 0-5 year of age who have an established dental home by 10%.

#### Strategies

- Increase families' access to information in regards to local dental providers.
- Work with dental insurance providers to ensure that dental benefits are promoted.
- Work with local home visiting programs and early care settings to ensure families have access to information about dental insurance benefits and dental provider information.

#### Tactics

- Publish a list of dental providers in the county.
- Frequently update lists of dental providers, to include those that accept Medi-Cal Dental Program insurance, in Imperial County.
- Partner with the dental insurance outreach programs to increase the use of benefits.
- Collaborate with existing agencies and social service providers to inform families of insurance dental benefits.

**Objective 2:** By June 2020, increase the proportion of adults who access local dental providers as a result of using their Medi-Cal Dental Program benefits by 10%.

#### Strategies

- Increase access to information in regards to local dental providers currently serving Medi-Cal Dental Program beneficiaries.
- Work with Medi-Cal's Delta Dental provider representatives to ensure the availability of dental benefits are promoted to new Medi-Cal insurance beneficiaries.

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### Tactics

- Publish a list of providers accepting Medi-Cal's dental insurance.
- Frequently update lists of dental providers accepting Medi-Cal Dental Program beneficiaries in Imperial County.
- Partner with the Medi-Cal's dental outreach program to increase the use of Medi-Cal's dental insurance program.
- Collaborate with existing agencies and social service providers to inform current and new Medi-Cal beneficiaries of their dental benefits.
- Introduce Medi-Cal's Delta Dental provider representatives to local dental providers to increase the number of providers accepting Medi-Cal's dental insurance.

**Objective 3:** By June 2022, increase the proportion of older adults who access local dental providers by increasing the availability of a portable clinic [dentist/staff arrive at a host site (school/community center/congregate meal site, etc.) unpack and set up equipment, dental chairs, where individuals wait for services] by 10%.

### Strategies

- Implement methods to improve the availability and ability of local dental providers to serve populations lacking access to regular dental care.

### Tactics

- Recruit dental providers and hygienists willing to volunteer their services to create an organization that aims to provide community dental clinics monthly, free of cost.
- Research and collect data on time spent on dental procedures due to lack of preventative care to engage dental providers and hygienists.

**Objective 4:** By June 2022, increase the number of local pediatric providers and staff who conduct oral health screenings and apply fluoride varnish to eligible children during their well child visits by 30%.

### Strategies

- Engage pediatricians and primary healthcare providers to participate in oral health improvement efforts.

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- Improve the ability of pediatricians and primary healthcare providers to implement oral health improvement efforts within their practice.

### Tactics

- Coordinate evening workshops with pediatric providers and staff on the importance of integration of oral health care within their practice.
- Provide training to pediatric providers and staff on applying fluoride varnish to school age children during well child visits.
- Identify and implement a tracking form for fluoride varnish application.
- Implement a referral process to enable pediatricians and primary care providers to refer patients to local dental providers.
- Create, train and distribute a tool box [ fluoride varnish starter kit (dental stickers, toothbrushes, press in seal, gloves, gauze, etc.)]
- Identify pediatric and/or primary healthcare provider champion(s) to increase support and engagement of other providers.

**Objective 5:** By June 2022, increase the proportion of dental providers who promote overall wellness through tobacco and healthy eating/beverage education as it relates to oral health by 15%.

### Strategies

- Engage dental providers in overall wellness efforts.
- Improve the ability of dental providers to implement tobacco, healthy eating and healthy beverage messaging in their practice.

### Tactics

- Coordinate meetings with dental providers and staff to discuss the importance of integrating tobacco, healthy eating, healthy beverage and overall wellness messages in their practice.
- Provide training to dental providers and staff related to tobacco and healthy eating/beverage messages.
- Implement a referral process to enable dental providers to refer patients to additional wellness resources.
- Distribute tobacco and healthy eating/beverage materials to dental provider staff for further dissemination to clients.
- Identify a dental provider champion to increase support and engagement of other providers.

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- Provide dental providers and staff needed technical assistance.

### Need

Oral health is more than healthy teeth. The mouth reflects general health and well-being, is the gateway to the rest of the body and, oral diseases are associated with other systemic health problems, according to the U.S. Surgeon General, 2000 Oral Health in America: A Report of the Surgeon General. The findings from the recent Imperial County Oral Health Needs Assessment process indicate that there are oral and dental health needs at the local level. Local needs are highlighted below, but are discussed in detail in the Imperial County Oral Health Needs Assessment document.

- Needed, but not received dental care in the last 12 months (3-11 years of age)
- Untreated dental cavities and/or dental decay among children 0-5 years of age
- Needed dental home for children in home visiting program (Imperial County Home Visiting Program)
- Pregnant women not receiving dental care
- Lack of availability of community level, no cost portable dental clinics for at risk and vulnerable individuals (older adults)
- Consumption of sodas among children and teens
- Insufficient use of Medi-Cal dental insurance coverage by Medi-Cal recipients
- Difficulty receiving specialty dental care

Based on the identified needs, the focus and efforts of the Local Oral Health Taskforce and evaluation team will be formed to implement and evaluate activities that have an impact on health behavior and promote interventions to reduce tooth decay.

### Context

The Oral Health Improvement Plan and corresponding Evaluation Plan will focus and align efforts around health beliefs, behaviors, and barriers that can lead to poor oral health. These areas include: a) tobacco use, b) electronic smoking device use, c) poor diet, and d) insufficient oral self-care, e) a person's lack of use of oral and dental preventive services, f) dental homes for children ages 0-5, g) limited access to and availability of dental services, and h) oral and dental health communication, information, and messaging.

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Historically, there has been an interest in oral health at a local level, but, it really hasn't been a coordinated and collective approach. Now though, with the recent stakeholders and collective work, it seems as though the time has come for expanded and coordinated local work, and will be important for a seamless integration of oral and dental health work as discussed in the (CHIP).

For example, Oral and dental health appear to be an issue that many local oral health advocates, partners, programs and community members are rallying around. Recently, the local Child Health and Disability Prevention (CHDP) Program expanded to include oral health. Local CHDP program efforts are to increase access to oral health care for their eligible population. Another example of local oral health efforts include the Maternal Child and Adolescent Health Program. MCAH program staff recently completed the 5-year needs assessment process and finalized priority areas. Oral health was one of the two priority areas within the MCAH Goal: Improve infant health and increase access to health care. Additionally, the Imperial County Early Care and Education Planning Council, which is part of the Imperial County Office of Education is also working towards addressing oral and dental health activities. Lastly, there are many other oral health efforts occurring at a local level (and discussed elsewhere) and there are also health-focused strategic plans and health improvement plans that are currently underway that can very possibly align with this plan. So in summary, we hope to:

- Mirror Healthy People 2020 oral health strategies
- Implement and evaluate activities that have an impact on health beliefs and behavior
- Increase the number of pediatricians with an oral health component
- Increase the number of individuals who access or utilize a dentist for care
- Promote interventions to reduce tooth decay, such as dental sealants and fluoride use

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### Target Population of the LOHP

The target populations of the LOHP were identified through the needs assessment process and are as follows:

- Children ages 0 to 5 and their families/caregivers;
- Pregnant women;
- Vulnerable and at-risk groups (e.g., adults, elderly and veterans) who are not using their Medi-Cal dental coverage for screening, treatment and/or care;
- Youth and adults who use tobacco, electronic smoking devices, and consume sugar-sweetened beverages; and
- Healthcare (e.g., pediatric, family, OB/GYN) and dental providers

### Stage of Program Development

The Imperial County Local Oral Health Program is in the end stages of program planning. Accordingly, this evaluation plan focuses on the process of program implementation, with some process, impact and outcome measures.

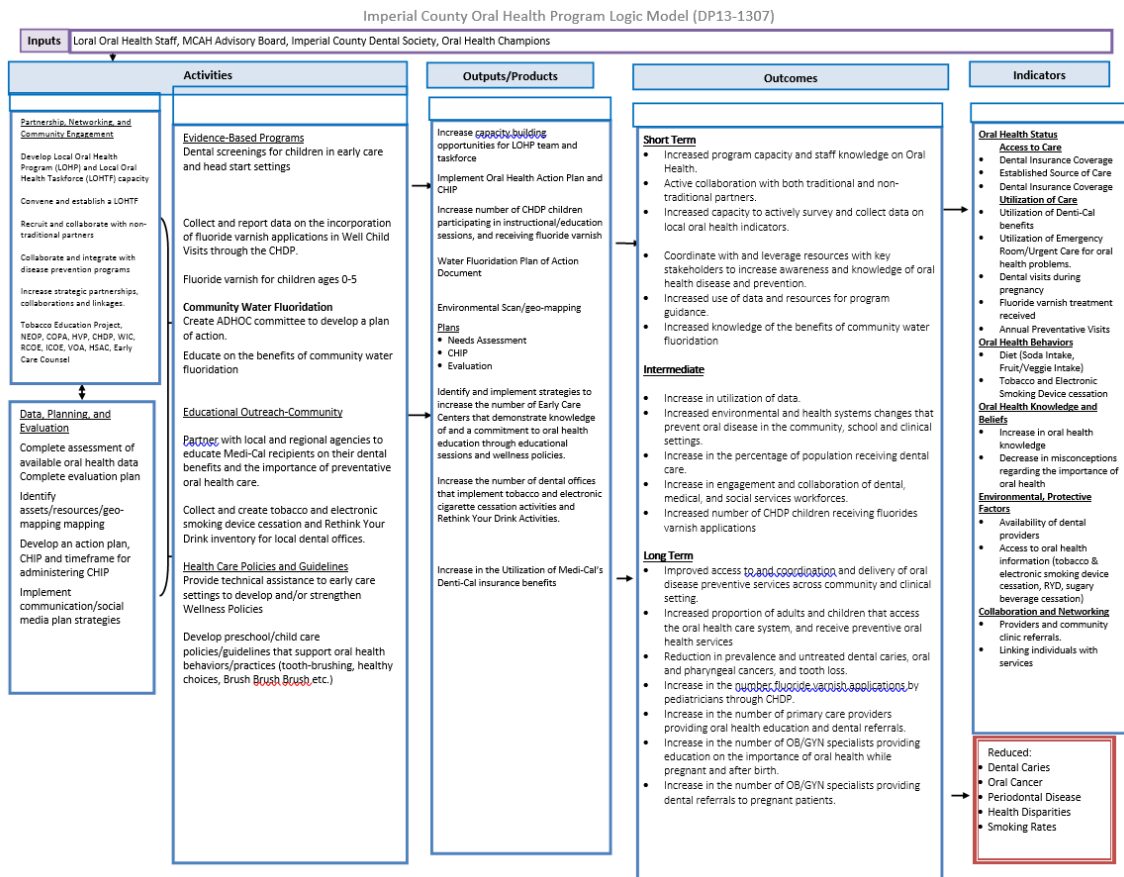


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### Logic Model



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## FOCUS OF THE EVALUATION

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### Stakeholder Needs

Stakeholder needs are discussed in earlier sections of this document, specifically in the sections that focus on stakeholder engagement, stakeholder involvement, users and uses, as well as in the stakeholder table that highlights program involvement, users and groups who are affected by the program strategies.

### Evaluation Questions

The following evaluation questions were designed to examine the Oral Health Improvement Plan's goals and objectives:

1. Have health-promoting oral health practices (brushing/flossing, healthy beverage/eating habits) of children 0-5 and their families and older adults increased?
2. To what extent has preventive dental services and oral health promoting information been integrated into local provider (prenatal, postpartum and well-child visit) settings?
3. Has access to and utilization of dental services for vulnerable populations improved?
4. To what extent has local oral health networks and healthcare policies been established to support long term oral health improvement in our County?

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### Indicators

Success will be measured through, but not limited to, the following indicators:

- Increase in the number of children who have a dental home;
- The number of eligible children who receive fluoride varnish at their well-child visit, c) number of children who receive oral health education;
- Decrease in the number of children with needed dental treatment due to cavities/dental decay;
- Number of dental patients receiving tobacco cessation, electronic smoking device and sugary beverage materials and resources;
- Number of at risk and vulnerable community members who receive dental services through dental/oral health expansion efforts (portable dental clinics in community settings); and
- Increase in the number of Medi-Cal recipients who access their Medi-Cal dental insurance for care.

Additional indicators include, change in perceived oral health status, decrease in sugar-sweetened beverage consumption, increase in adequate fruit and vegetable consumption (18 years and older). Please refer to the Evaluation Grid for additional information and indicators.

### Evaluation Methods

Evaluation methods will be a mixed method approach, using both a quantitative and qualitative data collection approach. The approach may include interviews, public opinion polls, focus group interviews, surveys, document/form review, observation, and intake forms/attendance sheets. Evaluation methods will also include formative evaluation processes in case evaluation activities need to be redirected or revised, it can happen as soon as possible.

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### Evaluation Standards

The Evaluation Team will use the standards<sup>1</sup> below to ensure an effective evaluation process.

Effective Evaluation Standards	Evaluation Team Strategies
<p><b>Utility Standards</b> The utility standards intended to ensure that an evaluation will serve the information needs of intended users.</p>	<p>Identify taskforce members and stakeholders – engage and maintain communication throughout the process</p> <p>Purposefully select evaluation individual (s) to conduct evaluation activities</p> <p>Ensure that reports are written clearly, findings are easily understood</p> <p>Insure that information and reports are disseminated in a timely fashion</p>
<p><b>Feasibility Standards</b> The feasibility standards intended to ensure that an evaluation will be realistic, prudent, diplomatic, and frugal.</p>	<p>Ensure practical evaluation procedures are conducted</p> <p>Ensure that evaluation is sufficient and not overly extensive so that resources are justified.</p>
<p><b>Propriety Standards</b> The propriety standards intended to ensure that an evaluation will be conducted legally, ethically, and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results.</p>	<p>Create formal agreements if needed</p> <p>Ensure participants are treated with respect</p> <p>Disseminate all evaluation of findings</p> <p>Openly discuss and identify any conflict of interest issues</p> <p>Ensure that inclusiveness, transparency, and fairness is practices with all groups</p> <p>Be fiscally responsible with resources</p>
<p><b>Accuracy Standards</b> The accuracy standards intended to ensure that an evaluation will reveal and convey technically adequate information about the features that determine worth or merit of the program being evaluated.</p>	<p>Ensure clear and accurate evaluation information and report documentation</p> <p>Ensure information is reliable, valid</p> <p>Information is systematically collected, processed, analyzed, reported and disseminated</p> <p>Ensure that biases and misinterpretations are avoided.</p>

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## GATHERING CREDIBLE EVIDENCE: DATA COLLECTION

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### Data Collection

Data will be collected from multiple sources including ongoing surveillance systems, regular surveys, secondary data sources (such as Medi-Cal utilization data), programmatic and clinical databases, interviews, and focus groups. Other data collection sources, such as dental workforce surveys and community fluoridation data requests, will be developed as needed for the evaluation. Data that currently exists is held in Imperial County, and future collected data will be managed and stored by the Public Health Department.

### Timeline of Evaluation Activities and Evaluation Plan Grid

Evaluation activities will begin by December 31, 2019 and closely linked to their respective evaluation question. Currently, the LOHP and Taskforce is in the process of recruiting 2-3 Taskforce members to be part of the evaluation team. As soon as the evaluation is convened, the timeline will be completed.

#### Year 1 (2019):

- Review of previously collected data will occur, additional data will be compiled as needed.
- Finalize evaluation activities and timeline
- Continue with primary data collection

#### Year 2 (2020):

- Ongoing primary data collection, secondary data and document review
- Formative report will be developed and used for continuous improvement
- Dissemination of preliminary findings to external stakeholders

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### Year 3 (2021):

- Qualitative and/or quantitative data collection
- Formative report will be developed and used for continuous improvement
- Dissemination of preliminary findings to Taskforce members
- Review and revise the evaluation plan as needed

### Year 4 (2022):

- Qualitative and/or quantitative data collection
- Formative report will be developed and used for continuous improvement
- Dissemination of preliminary findings to Taskforce members
- Review and revise evaluation plan as needed



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## JUSTIFYING CONCLUSIONS: ANALYSIS AND INTERPRETATION

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### Analysis

Statistical data analysis, such as descriptive and bivariate analysis, will be conducted on quantitative data. Qualitative data analysis, such as summarizing, content analysis, theming and/or coding, will be conducted.

### Interpretation

Data interpretation is about presenting the findings of collected data (both quantitative and qualitative). The data and findings will be discussed among the evaluation team. Once that takes place, it will then be presented to Local Oral Health Taskforce members. If there are instances where the data findings are being interpreted differently between the two groups, the evaluation team will reconvene with members of the Local Oral Health Taskforce and discuss concerns. Further, at times, based on the data source (e.g., Early Care and Education sites, dental providers, parents of children 0-5) the data and finding will also be presented to them in order to receive feedback, interpretation and subject matter expert perspectives. Following the completion and finalization of these steps in the evaluation process, formative and summative reports will be written.

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**Evaluation Question 1: Have health-promoting oral health practices (brushing/flossing, healthy beverage/eating habits) of children 0-5 and their families and older adults increased? (Objectives 1, 3, 6, 7, 8)**

Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
<b>1. Have oral hygiene habits and healthy beverage/eating habits increased among children aged 0-5 and their family?</b>	% of children with untreated caries (Early Care Centers, Home Visiting Program)	Imperial County Office of Education (ICOE), Riverside County Office of Education (RCOE), Volunteers of America, collected annually	Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports	Program and evaluation team members	Descriptive statistics indicating change over time, comparing baseline data to data in subsequent years	Program and evaluation team members
	% of children referred to dentist based on oral health assessment (Early Care Centers, Home Visiting Program)	ICOE, RCOE, VOA collected annually				
	% of children who received dental care upon referral (Early Care Centers, Home Visiting Program)	Referral data from CHDP care coordinators (Early Care				
	# of referrals for dental services from CHDP care coordinators (Early Care					

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
	<p>Centers, Home Visiting Program)</p> <p># of children aged 0-5 who received oral health education</p> <p># of children aged 0-5 who received oral health skills training (Early Care Centers, Home Visiting Program)</p> <p>% of parent willingness (Early Care Centers, Home Visiting Program)</p> <p># of parents that received oral health education (Early Care Centers, Home Visiting Program)</p> <p># of parents that received oral health skills training</p>	<p>coordinators, collected annually</p> <p>Signed permission slips, Local Oral Health Program, collected annually</p> <p>Signed Parent Pledges, Local Oral Health Program, collected annually</p> <p>Sign-In Sheets, Agendas</p>				

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
	<p>(Early Care Centers, Home Visiting Program)</p> <p># of early care teachers that receive oral health care education training (Early Care Centers, Home Visiting Program)</p> <p># of early care teachers who utilize Oral Health Educational Tool Kit (Early Care Centers, Home Visiting Program)</p> <p>% of early care provider willingness</p> <p># of early care providers who create or update the oral health section of their wellness policy/parent handbook</p>	<p>Sign-In Sheets, Agendas</p> <p>Training rosters &amp; agendas</p> <p>Oral Health Educational Tool Kit Check-Out Sheet, Local Oral Health Program, collected annually</p> <p>Signed Early Caregiver Pledges, Local Oral Health Program, collected annually</p> <p>Data from ICOE, RCOE, Volunteers of</p>				

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
		America, collected annually.				
<b>2. To what extent are dental patients making an oral/dental health promoting change as a result of receiving information and education on tobacco use and cessation, electronic smoking devices, and Sugar Sweetened Beverages (Rethink Your Drink)?</b>	% of dental providers who received training on Tobacco Cessation Counseling	Training Rosters & Agendas, Local Oral Health Program, collected annually	Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports	Program and evaluation team members	Descriptive statistics indicating change over time, comparing baseline data to data in subsequent years, including analysis by disaggregated by demographic characteristics of interest (race/ethnicity, age group, income level, educational attainment)	Program and evaluation team members
	% of dental providers who received training on Rethink Your Drink Counseling	Training Rosters & Agendas, Local Oral Health Program, collected annually				
	% of dental providers who incorporate Tobacco Cessation counseling into their standard of care	Dental Provider Survey, collected annually				
	% of dental providers who incorporate Rethink Your Drink into their standard of care					

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
	% of patients who use tobacco and electronic smoking devices	Dental Provider Survey, collected annually				
	% of patients who report drinking sugar-sweetened beverages	California Health Interview Survey, collected annually				
	% of patients with oral pharyngeal cancer	California Health Interview Survey, collected annually				
	% of patients with caries	Dental Provider Survey & California Cancer				

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
		Registry, collected annually  Dental Provider Survey, collected annually				

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**Evaluation Question 2: To what extent has preventive dental services and oral health promoting information been integrated into local provider (prenatal, postpartum and well-child visit) settings? (Objectives 1, 3, 6, 7, 8)**

Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
<b>1. Are OB/GYNS integrating oral health information into prenatal/postpartum visits?</b>	<p># of OB/GYN providers who receive training on integrating oral health information visits</p> <p># of parents who received oral health education from pediatricians</p> <p># of women who have received oral health information from OB/GYN providers</p> <p># of pregnant women who have received dental referrals from OB/GYNS</p> <p># of OB/GYNS who add oral health care to their standards-of-care policies</p>	<p>Training rosters and agendas, collected quarterly</p> <p>Survey of OB/GYN providers, collected annually, beginning at 6 months after each training</p>	<p>Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports</p>	<p>Program and evaluation team members</p>	<p>Statistics indicating number of providers receiving training compared to total number of providers in the county</p> <p>Descriptive statistics of service providers who have incorporated oral health information into standards-of-care</p>	<p>Program and evaluation team members</p>



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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
<b>2. Are pediatricians integrating oral health information and fluoride varnish services into patient well-child visits?</b>	# of pediatricians who receive training on integrating oral health information and Fluoride varnish into patient well child visits.	Training rosters and agendas, collected quarterly	Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports	Program and evaluation team members	Statistics indicating number of providers receiving training compared to total number of providers in the county	Program and evaluation team members
	# of children who received oral health information from pediatricians	Survey of pediatricians, collected annually beginning six months after each training				
	# of children who received fluoride varnish services from pediatricians					
	# of children who received dental referrals from pediatricians.					
	# of parents who received oral health education from pediatricians					
	# of pediatricians who add oral health education to					

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
	their standard of care policies  # of pediatricians who add fluoride varnish treatment to their standard of care policies					

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#### Evaluation Question 3: Has access to and utilization of dental services for vulnerable populations improved? (Objectives 1, 3, 5, 6, 7)

Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
<b>1. Has there been an increase in the number of dental homes among children aged 0-5?</b>	# of pediatric dentists in the county	Program/site service	Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports	Program and evaluation team members	Descriptive statistics of service providers receiving training, compared to total service providers in the county serving priority populations	Program and evaluation team members
	# of community-based organizations providing pediatric dental care to children aged 0-5	Dental Provider Survey conducted annually				
	# of children aged 0-5 with a dental home.	Oral Health Assessments conducted at RCOE, ICOE sites annually				
	# of children enrolled in the Home Visiting Program with dental homes	Home Visiting Program (Efforts to Outcome), collected annually				
	% of expectant or new mothers who receive oral health education					

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
					populations before and	
<b>2. Have Medi-Cal recipients increased their use of Medi-Cal dental insurance benefits?</b>	<p># of Medi-Cal's Dental Insurance beneficiaries utilizing dental services in Imperial County</p> <p>% of patients that are Medi-Cal's Dental Insurance beneficiaries</p> <p>% of older adults ages 65+ utilizing Medi-Cal's Dental Insurance to complete an annual Dental Visit</p>	<p>DHCS Medi-Cal Dental: Annual Dental Visits by County, collected annually</p> <p>Dental Provider Survey, collected annually</p> <p>DHCS Medi-Cal Dental: Annual Dental Visits by County, collected annually</p>	Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports.	Program and evaluation team members	Descriptive statistics indicating change over time, comparing baseline data to data in subsequent years, including analysis by disaggregated by demographic characteristics of interest (race/ethnicity, age group, income level, educational attainment)	Program and evaluation team members

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
<p><b>3. Has there been an increase in access to dental/oral health services among our older adults as a result of local and regional dental providers (dentists, registered dental hygienists, etc.) due to an increase of community-level dental services (portable clinic set-up at congregate meal sites, community centers, etc.)?</b></p>	<p># of dental/oral health services catering to elderly adults (portable clinic-set ups)</p> <p># of educational sessions held at congregate meal sites and community centers</p>	<p>Portable Clinic data, collected annually</p> <p>Sign in Sheets &amp; Agendas, Local Oral Health Program, collected quarterly</p>	<p>Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports</p>	<p>Program and evaluation team members</p>	<p>Descriptive statistics indicating change over time, comparing baseline data to data in subsequent years, including analysis by disaggregated by demographic characteristics of interest (race/ethnicity, age group, income level, educational attainment)</p>	<p>Program and evaluation team members</p>

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**Evaluation Question 4: To what extent has local oral health networks and healthcare policies been established to support long term oral health improvement in our County? (Objectives 1, 2, 3, 4, 5, 7, 8, 11)**

Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
<b>1. Has health promoting information and education made a positive difference among community members who seek services there been an increase in the sharing, coordinating and integration of oral and dental health information, education, and messaging among partner and community-based agencies?</b>	<p># and type of stakeholders and community partners</p> <p>Number of positive evaluations from Taskforce members</p> <p>Schedule of stakeholder meetings</p> <p># of educational outreach events conducted</p>	<p>Oral Health Taskforce Membership Roster</p> <p>Satisfaction Survey Results, collected annually</p> <p>Documentation of stakeholder meetings (Sign-In sheets, agendas, minutes, etc.), collected annually</p> <p>Local Oral Health</p>	<p>Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports</p>	<p>Program and evaluation team members</p>	<p>Descriptive statistics indicating change over time, comparing baseline data to data in subsequent years</p> <p>Descriptive statistics indicating number of priority population members receiving oral health education</p>	<p>Program and evaluation team members</p>

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
		Program, collected annually				
<b>2. Has oral health status in Imperial County improved?</b>	<p>% of Imperial County residents that reported their oral health status as excellent, good, fair, or poor</p> <p>% of new cases of oral and pharyngeal cancers</p> <p>% of children ages 0-5 enrolled in an Early Care program, that received an oral health assessment</p> <p>% of children ages 0-5 enrolled in an Early Care program, with no obvious cavities based on oral health assessment</p> <p>% of children ages 0-5 enrolled in an Early Care</p>	<p>California Health Interview Survey, collected annually</p> <p>California Cancer Registry, collected annually</p> <p>ICOE, RCOE, Volunteers of America data, collected annually.</p>	<p>Quantitative and qualitative data collected through surveys, document review, training, attendance tracking logs, and/or other partner organization reports</p>	<p>Program and evaluation team members</p>	<p>Descriptive statistics indicating change over time, comparing baseline data to data in subsequent years</p>	<p>Program and evaluation team members</p>

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Evaluation Sub-Question	Indicator/Performance Measure	Data Source & Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
	<p>program, who require dental treatment based on oral health assessment</p> <p>% of children ages 0-5 enrolled in an Early Care Program, who received required dental treatment</p>					



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## ENSURING USE AND SHARING LESSONS LEARNED: REPORT AND DISSEMINATION

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### Dissemination

Dissemination of evaluation findings will occur annually, and if needed, more frequently based on data collection needs, time line, and evaluation questions. Dissemination of evaluation findings will happen on a quarterly and annual basis by the Imperial Public Health Department among appropriate venues, such as with the Local Oral Health Taskforce, county committees, community-based organizations, service providers, and other partners and stakeholders. The dissemination plan is discussed and highlighted in an earlier section of this document.

### Use

Evaluation findings will be used to revise, strengthen, enhance and improve existing oral and dental health efforts, activities and programs. Findings will also be used to strengthen and enhance collective efforts across oral and dental partner agencies and stakeholders.

# IMPERIAL COUNTY

## ORAL HEALTH EVALUATION PLAN

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## REFERENCE

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1. Summary Document. The Joint Committee on Standards for Educational Evaluation, James R. Sanders, Chair (ed.): The Program evaluation Standards, 2nd edition. Sage Publication, Thousand Oaks, USA, p.23-24; 63; 81-82,125-126 (see [www.wmich.edu/evalctr/jc](http://www.wmich.edu/evalctr/jc))