University of California San Francisco

California Department of Public Health
OFFICE OF ORAL HEALTH

Lunch & Learn: Advancing KOHA through Quality Improvement

March 16, 2023

Housekeeping

- Meeting is being recorded and will be posted on the COHTAC website and YouTube
- Questions are welcomed in the Q&A box and will be answered at the end of each presentation – please stay muted until called on
  - All questions will be visible
  - “Upvote” questions you like by clicking the thumbs up icon under the question
- Comments, resource sharing, and other discussion is welcomed in the chat box
- If your Zoom version does not have the Q&A box, please continue to put your questions in the chat box

Lunch & Learn: Advancing KOHA through Quality Improvement

Meeting objectives

1. Define Results-Based Accountability (RBA)
2. Understand the purpose of RBA and learn from the experiences of RBA pilot counties
3. Locate RBA resources on the COHTAC website

Lunch & Learn: Advancing KOHA through Quality Improvement

Speakers

- Jayanth Kumar and Shannon Conroy, Office of Oral Health
- Sandra Velasco, Natalie Florencio Mendoza, and Melissa Cardenas, Riverside LOHP
- Nancy Starr and Christy Lopez, San Diego LOHP
- Katie Conklin, COHTAC at UCSF

Managing performance in public health programs

JAYANTH KUMAR, DDS, MPH

STATE DENTAL DIRECTOR

California Department of Public Health
Center for Healthy Communities
Office of Oral Health

California Department of

PublicHealth *Transformation*

"Becoming the Best at Getting Better"

MISSION

To advance the health and well-being of California's diverse people and communities.

VISION

Healthy communities with thriving families and individuals.

LEAN LEADERSHIP PHILOSOPHY

LEAN CORE VALUES

- Respect for People
- Continuous Improvement

RESPECT FOR PEOPLE STARTS WITH UNIVERSAL VALUES

- Humility
- Compassion
- Equity
- Dignity

BECOME A LEARNING, HEALING, IMPACTFUL ORGANIZATION

- Deploy lean with Objectives and Key Results
- Become trauma-informed and responsive
- Promote equity, antiracism, and health equity

DEVELOP OUR PEOPLE

- Ensure core public health competencies
- Support personal professional development

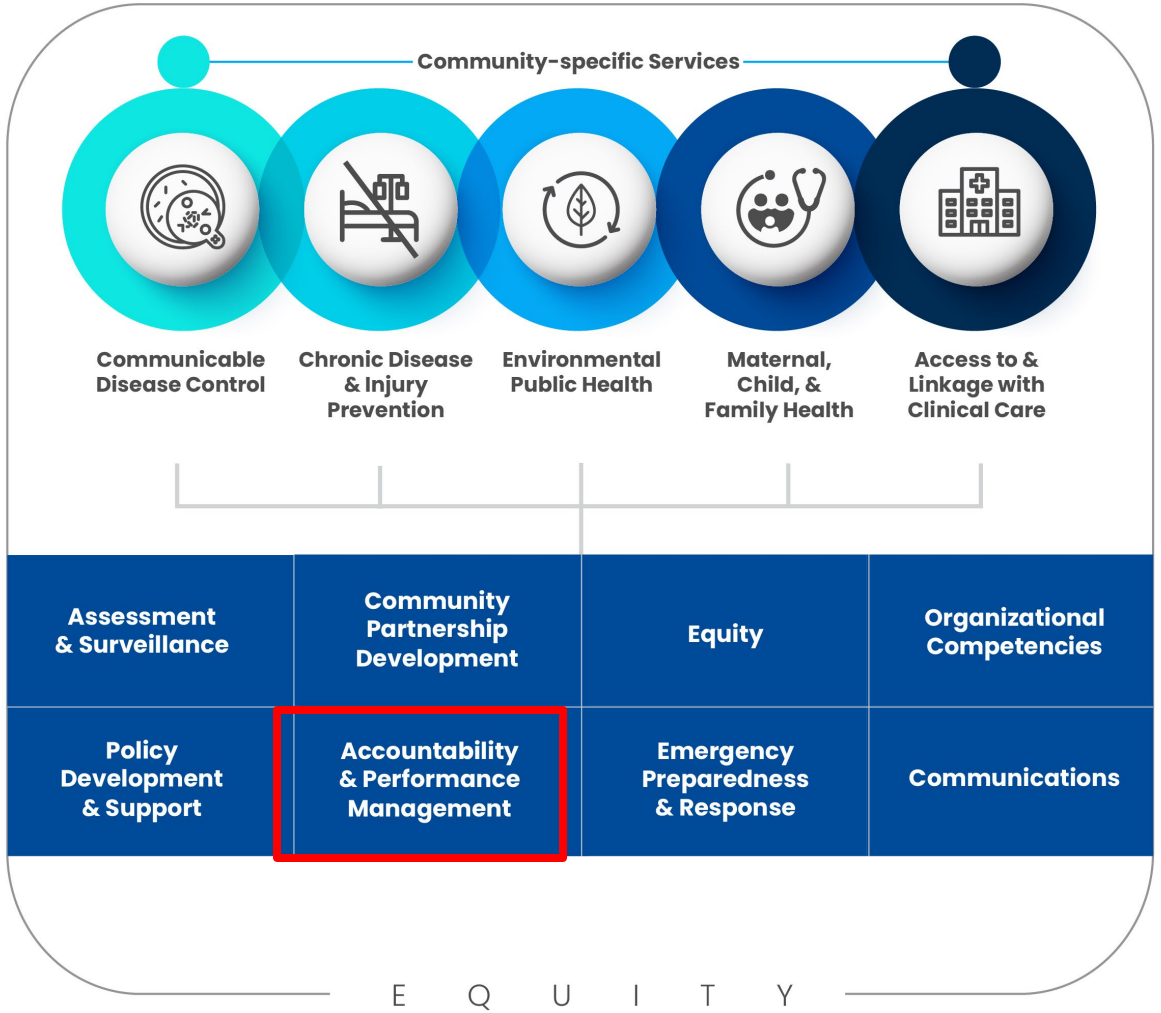
TACKLE KEY PUBLIC HEALTH CHALLENGES

- Future of Public Health Initiative
- Behavioral health promotion (esp. youth)
- Community and Population Health Improvement
- Emergency readiness and pandemic recovery
- Climate action and community resilience

PLAN, DO, STUDY, ACT

Foundational Public Health Services

Foundational Areas



Foundational Capabilities

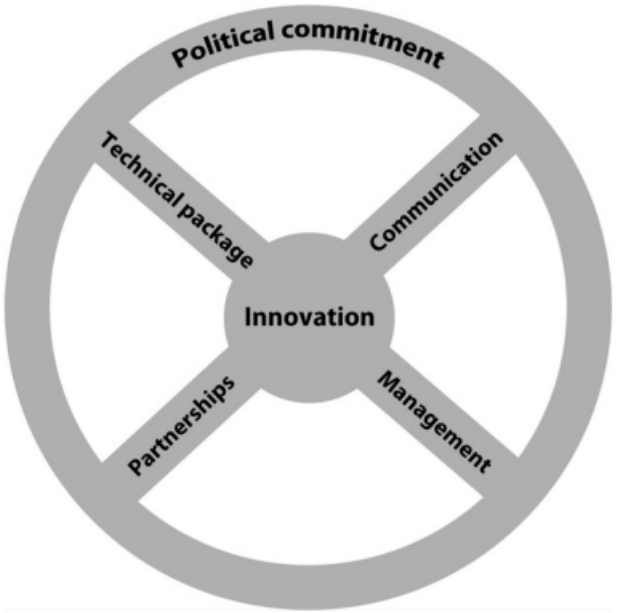
PHAB Advancing public health performance

phnci

February 2022

Six Components Necessary for Effective Public Health Program Implementation

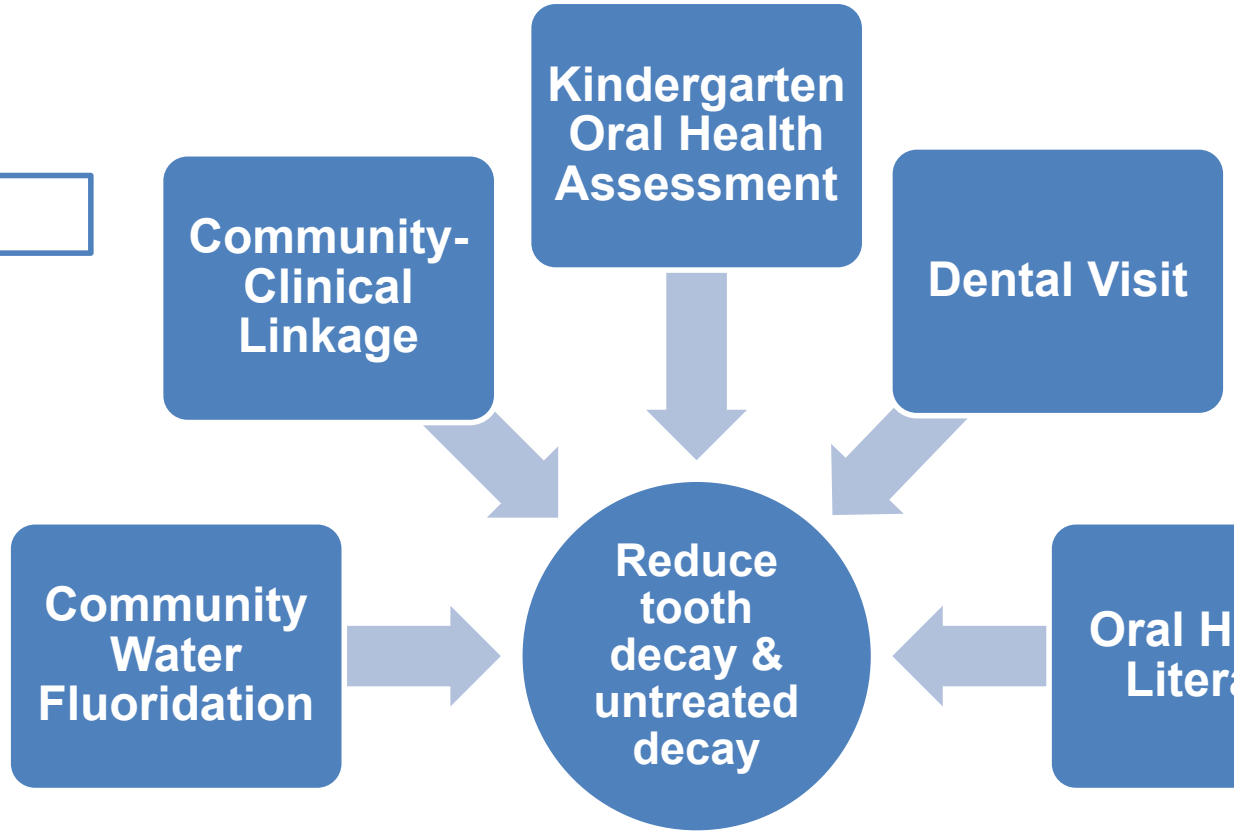
Thomas R. Frieden, MD, MPH
American Journal of Public Health
January 2014, Vol 104, No. 1



1. Innovation
2. Technical package
3. Managing performance
4. Partnerships
5. Communication
6. Political commitment

Goal: Cavity Free Children

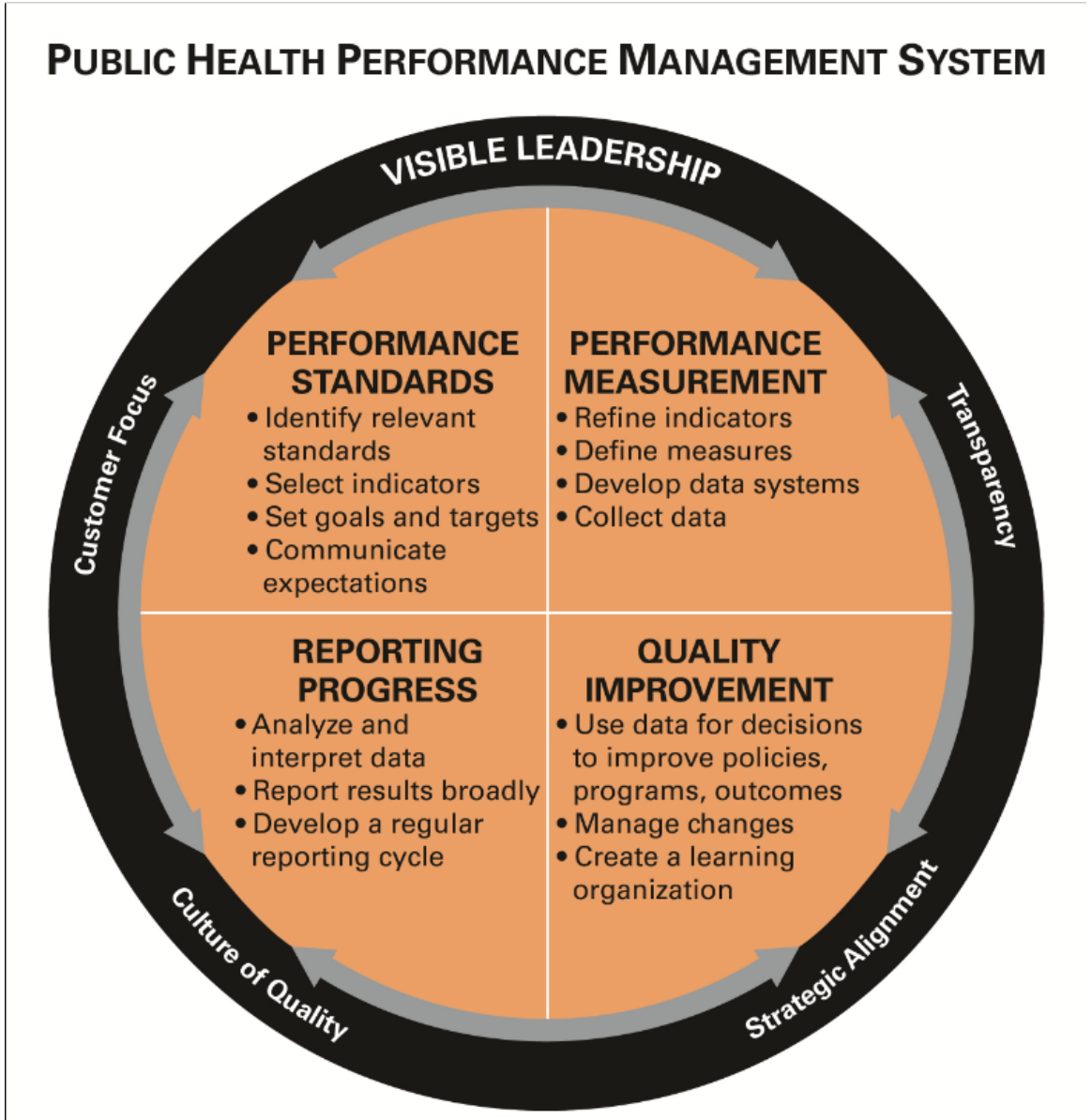
- Rethink Your Drink



- PSE Change – Toothbrushing in Early Care & Education Programs

- Dental offices
- Beneficiaries

Measure performance:
How much are we doing? How well are we doing? Is this making children healthier?



"Performance Management is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making."

Source: https://www.phf.org/focusareas/performancemanagement/Pages/Performance_Management.aspx

Thank you

California Department of Public Health
Center for Health Communities
Office of Oral Health

Performance Measures for Kindergarten Oral Health Assessment (KOHA)

Shannon Conroy, PhD, MPH

Chief, Surveillance and Evaluation Unit

California Department of Public Health
Center for Healthy Communities
Office of Oral Health

KOHA Performance Management Team

Tiffany Ta, MPH
Research Scientist II
Surveillance Lead
Office of Oral Health

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Research Scientist I
Oral Health Epidemiologist
Office of Oral Health

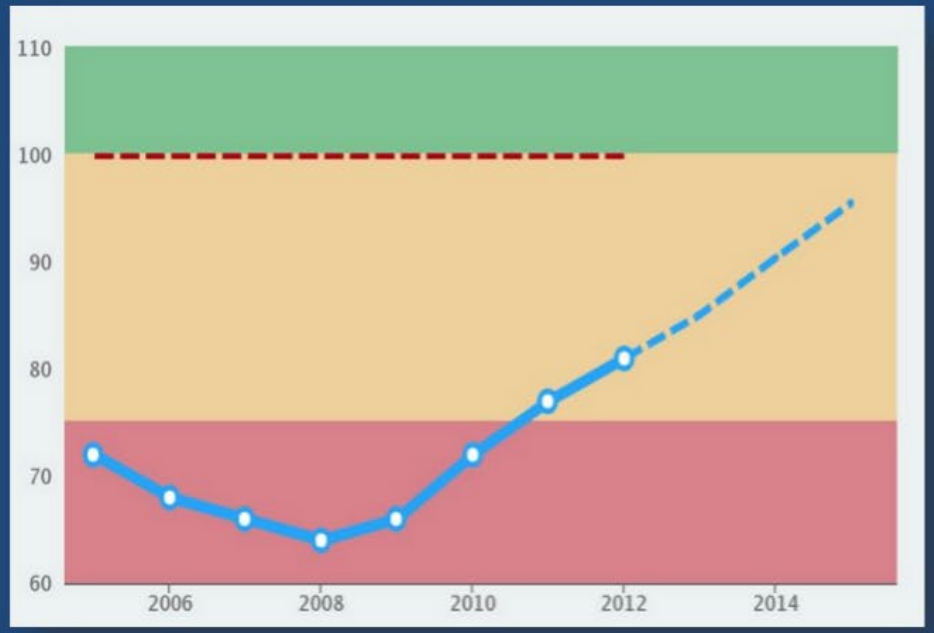
Myryah Leighty
Quality and Performance
Management Specialist
Health Program Specialist II
Office of Oral Health

Katie Conklin, RDH, MS
KOHA Specialist
COHTAC

KOHA Performance Management Pilots

Local Oral Health Programs	**Kick-Off** RBA 101 Training Sacramento	**Lunch and Learn** KOHA Implementation and Improvement Strategies	**Focus Group**
	Nov 2019	Jan 2022	Dec 2022
San Diego	✓	✓	✓
Santa Clara	✓	✓	✓
Riverside	✓		✓

Results-Based Accountability (RBA) Framework



2 Kinds of Accountability
Population and Performance

3 Kinds of Performance Measures
How Much, How Well, Better Off

5 Core Questions to Turn the Curve
Baseline, Story Behind the Curve, Partners, What Works, Action Plan

Used by **communities** to **improve quality of life** and by **organizations** to **improve program performance**

5 core questions based on the 7 population and performance questions developed by Mark Friedman.

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RBA Definitions

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OOH Tracking KOHA Participation

Type of Performance Measure

	How Much?	How Well?	Anyone Better Off?
# of students with proof of KOHA	✓		
# of students with untreated decay			✓
# of students with caries experience			✓
# of school districts with KOHA	✓		
% of School Districts Participating in KOHA **CORE**		✓	
% of Children with KOHA **CORE**		✓	

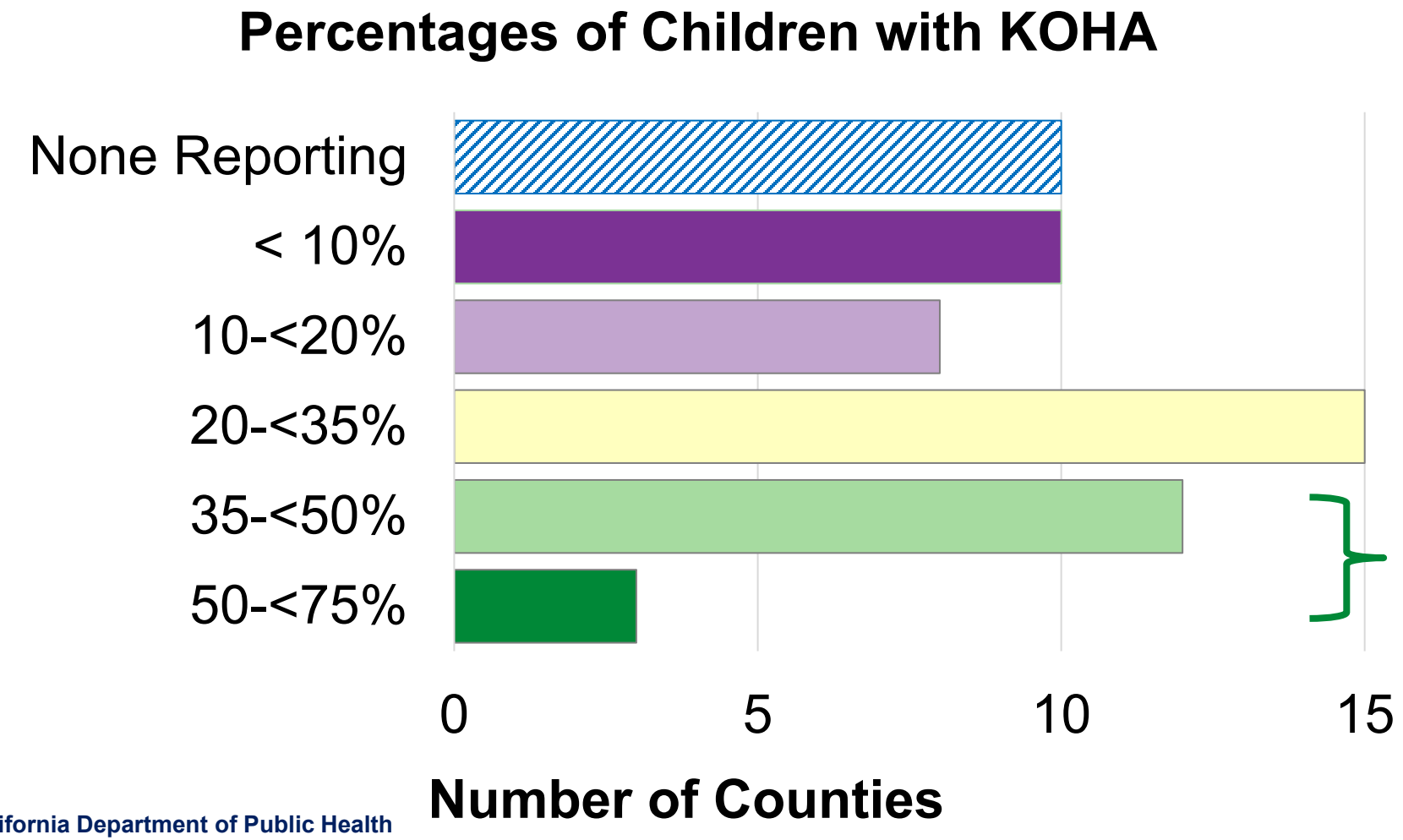
Operational Definitions

	SOURCE	% of School Districts Participating in KOHA	% of Children with KOHA
Numerator	System for California Oral Health Reporting (SCOHR) State Reports	# of school districts with assessment	# of students with proof of KOHA
Denominator	CA Department of Education (CDE) Enrollment Files	# of number of school districts	# of enrolled kindergarten students
CA Target		**55%**	**35%**

How well are we doing?

POLL

How well are counties doing?

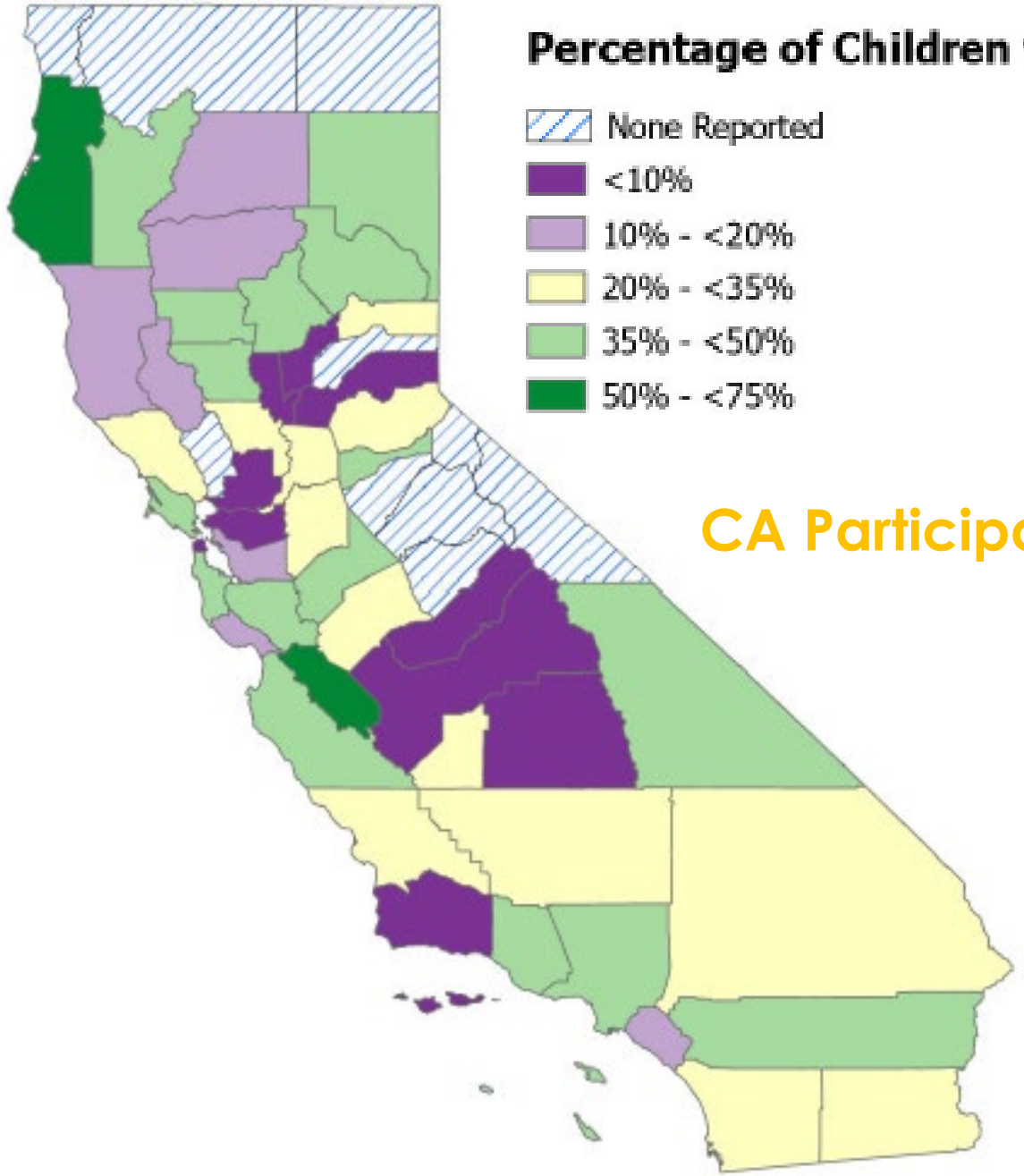


15 Counties Meeting or Above the State Target of 35 Percent

California Department of Public Health
Center for Healthy Communities
Office of Oral Health

Children with proof of KOHA, System for California Oral Health Reporting downloaded March 2023

KOHA Participation by County, 2021-2022

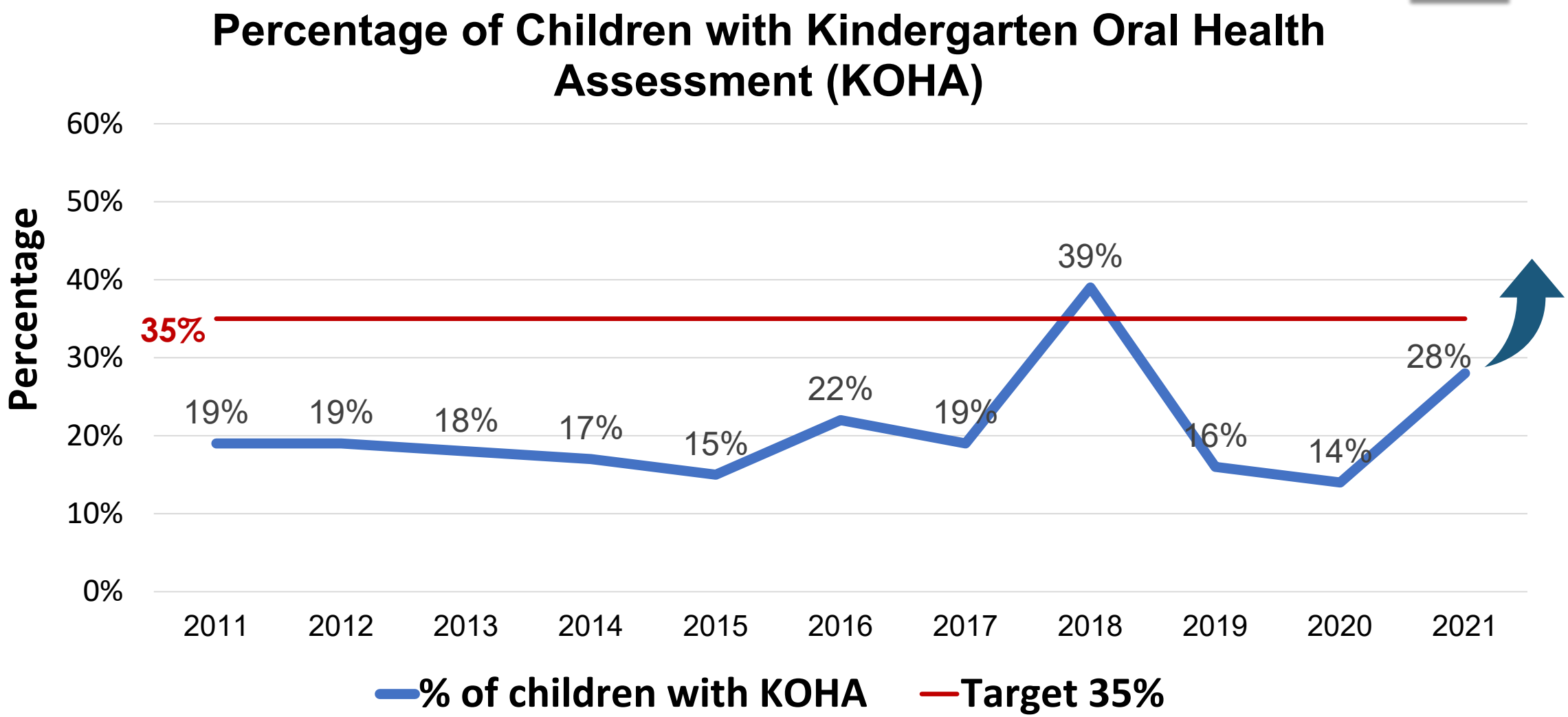


CA Participation 28 Percent

California Department of Public Health
Center for Health Communities
Office of Oral Health

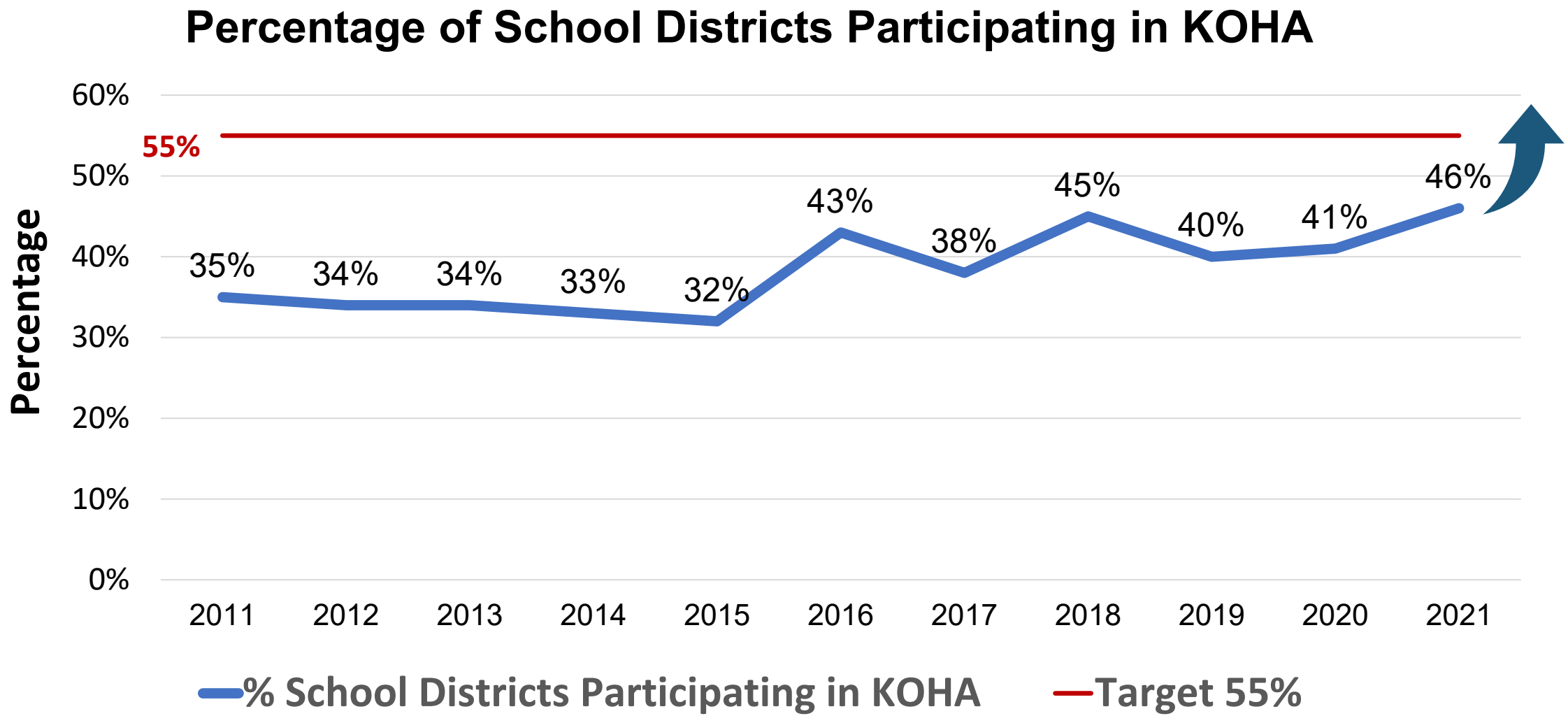
Children with proof of KOHA, System for California Oral Health Reporting downloaded March 2023

How Are We Doing?



Children with proof of KOHA, System for California Oral Health Reporting downloaded March 2023

How Are We Doing?



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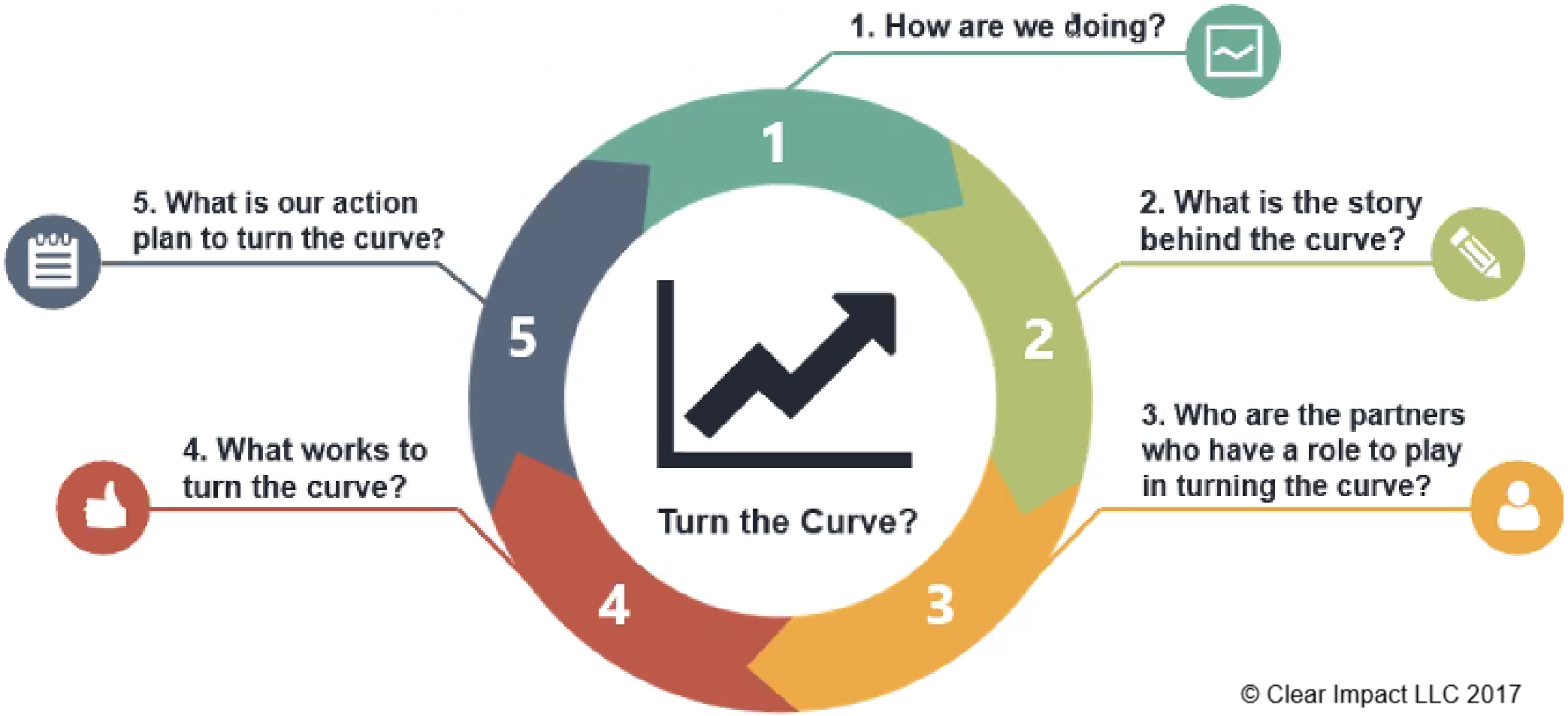
Turn-the-Curve Thinking



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RBA Rollout Next Steps

Spring 2023 – RBA Launch

101 Clear Impact RBA Trainings

TA RBA Clear Impact software

Fall 2023

LOHPs “turn-the-curve” with partners to improve KOHA participation

COHTAC TA Open Hours

Summer 2023

Advanced Clear Impact RBA software trainings

COHTAC TA Open Hours

February 2024

Share Success Stories

National Children’s Dental Health Month

Thank you

California Department of Public Health
Center for Health Communities
Office of Oral Health

Riverside University HEALTH SYSTEM

Public Health

Oral Health Program

Advancing the Kindergarten Oral Health Partnership Turn-The-Curve Session

Riverside County Oral Health Program

Melissa Cardenas, RDH,BS
Dental Hygienist

Sandra Velasco, BA
Program Coordinator II

Natalie Florencio Mendoza, MHA
Health Education Assistant II

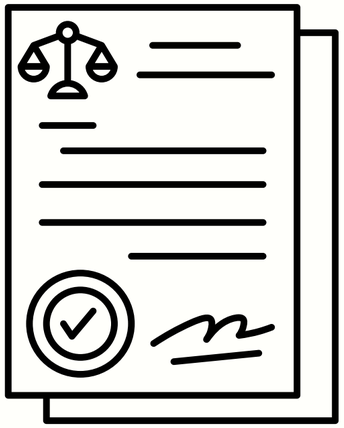
Mission

Improving Riverside County's oral health through collaboration, outreach, education and advocacy.

Vision

Oral health is valued as essential to overall health and well-being: opportunities exist to ensure that Riverside County residents are able to achieve optimal oral health.

AB 1433



In 2006, California signed into law AB 1433 and created the Kindergarten Oral Health Assessment (KOHA) requirement to improve school readiness and raise families' awareness of the importance of oral health. KOHA helps schools identify children suffering from untreated dental disease and also helps parents establish a dental home for their children.

In order to satisfy the oral health assessment requirement (AB 1433), all children must have a dental checkup as part of school readiness activities for kindergarten entry. Each school gives parents the required form they need to take with them when the child has their checkup. Parents and dental providers fill out the form and then return it to the school where it will be collected and reported into the System for California Oral Health Reporting (SCOHR).

Kindergarten Oral Health Assessment (KOHA)

WHAT IS IT?

To make sure your child is ready for school, California law requires that children have a dental check-up by May 31 in either kindergarten or first grade, whichever is their first year in public school.

PROVIDES DATA TO:

- Track progress
- Increase awareness
- Inform the community to address the needs
- Maximize public health programs

WHY KOHA IS IMPORTANT

The requirement for children to have their oral health evaluated upon initial entry into public school, is intended to:

- Raise parents' awareness of the importance of oral health to overall health and readiness to learn.
- Connect children with dental professionals.
- Assist in enrolling children in government benefit programs such as Medi-Cal.
- Identify local barriers-to-care to assist communities in responding to children's oral health needs.
- Provide data for further advocacy.

Riverside County KOHA Milestones

April 2021

MVUSD piloted the first KOHA drive through screenings. A total of 736 screenings were conducted

Feb 2022

RC-OHP agreed to move forward with KOHA RBA Pilot

June 2022

By June 2022, a total of 6,162 screenings were conducted in Riverside County via partnership with GeriSmiles

November 2022

Advancing the Kindergarten Oral Health Partnership Turn-The-Curve Session

Nov/Dec 2022

HUSD and CNUSD completed their Kindergarten Oral Health Assessments.

March 2023

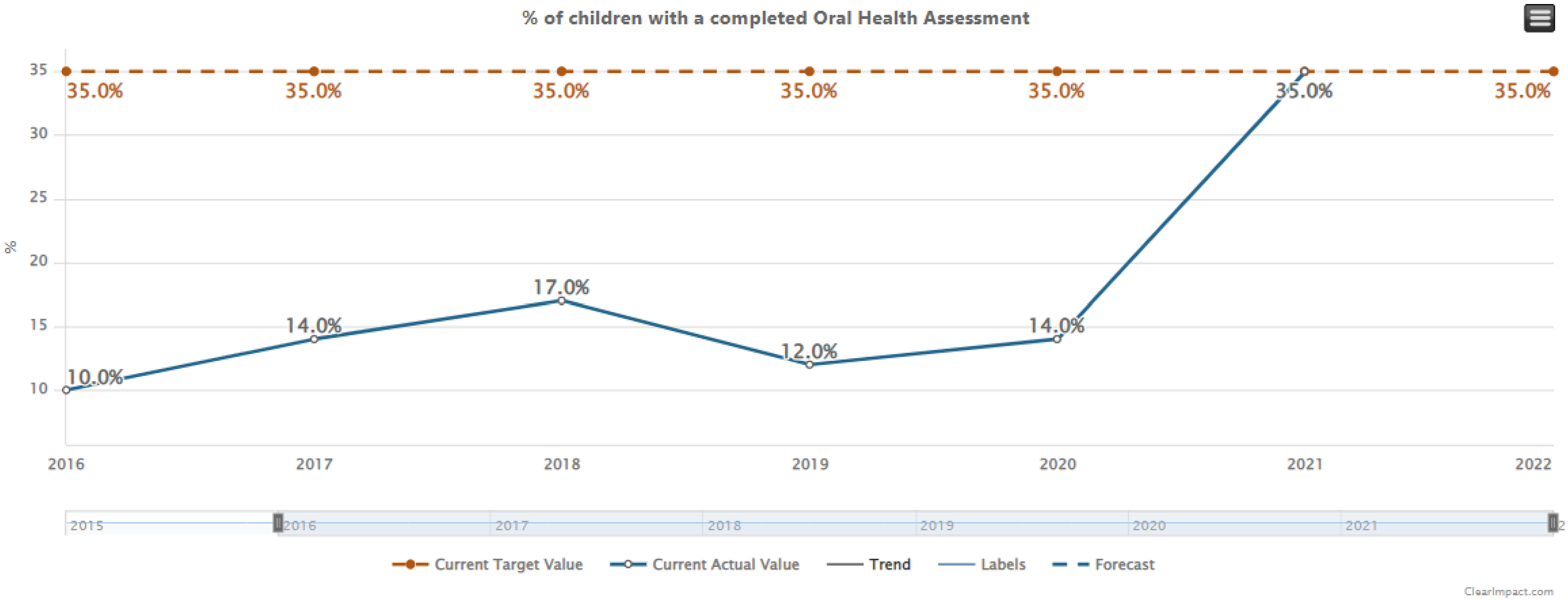
MVUSD and RUSD will begin their Kindergarten Oral Health Assessments.

Riverside County Scorecard

Population Goals and Indicators for KOHA

G RC Cavity-free Children in Riverside County	Most Recent Period	Current Actual Value	Current Target Value	Next Target Value	Current Trend	Baseline % Change
PM RC % of children with a completed Oral Health Assessment	2021	35.0%	35.0%	35.0%	↗ 2	483% ↗
PM RC % of children with caries experience	2022	43.7%	55.0%	35.0%	↗ 1	9% ↗
PM RC % of children with visible decay	2022	22.2%	30.0%	20.0%	↗ 1	5% ↗
PM RC % of children with no obvious problem	2022	63.8%	55.0%	55.0%	↗ 1	31% ↗
PM RC % of children with early dental care recommended	2022	29.8%	30.0%	30.0%	↗ 1	90% ↗
PM RC % of children needing urgent care	2022	6.4%	30.0%	25.0%	↗ 1	73% ↗

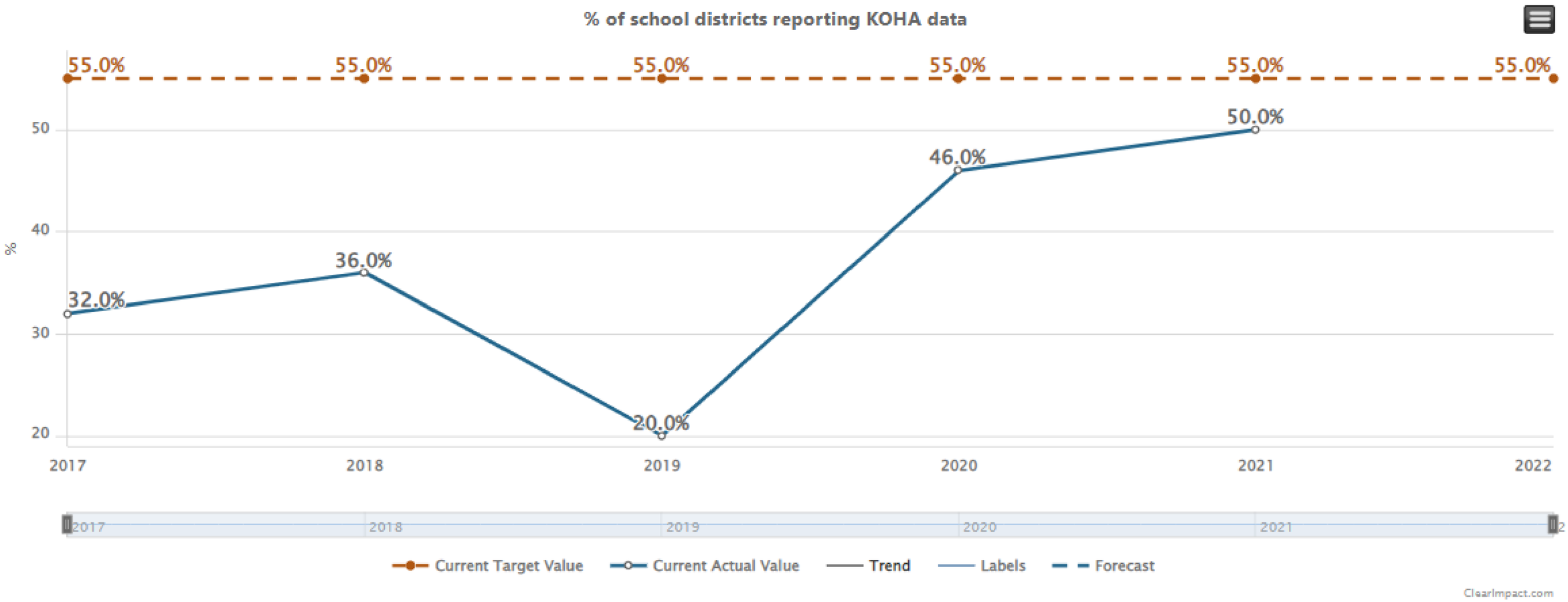
KOHA Data



Percentage of children with a completed oral health assessment

Graphic obtained from Clear Impact Scorecard

KOHA Data



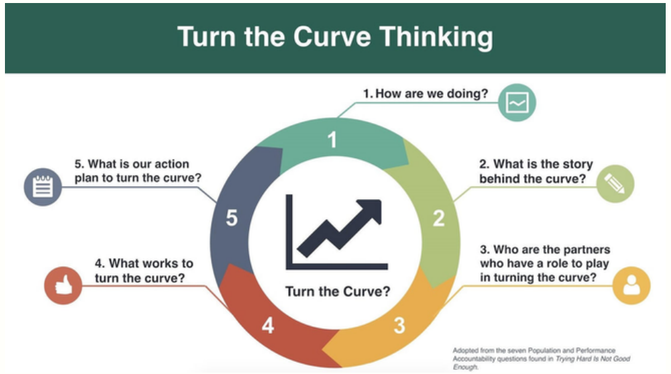
Percentage of school districts reporting KOHA data

Graphic obtained from Clear Impact Scorecard

Results Based Accountability (RBA)

What is it?

A simple method that sets out in plain language what results are to be achieved for a target group, how to achieve them and how to measure them.



How does RBA work?

RBA starts by identifying the end results or desired community conditions and works backwards, step by step, to identify success strategies, policies and programs. For communities, the ends are conditions of well-being for children and families.

RBA is about...

- Unified Purpose: Focusing the energy of multiple partners on continuously improving the most important measures of well-being.
- Transparency: Using data and effective questions to access facts and the “story behind the data” to move quickly to action.
- Communication Power: Being able to tell our story in the most compelling and data-driven way.

Why use RBA?

- Move from talk to action quickly.
- Surface and challenge assumptions that can be barriers to innovation.
- Use data and transparency to ensure accountability for both the well-being of children, families and communities and the performance of contributing programs or activities.

Tying KOHA & RBA Together
Let's Turn the Curve

How are we doing?

- Where are we now?
- Based on the current data, where are we headed (assuming no changes are made)?

What is the story behind the curve?

- Why is this data trend occurring?
- Have things been getting better or worse over the last few years?
- Where do we think it will go in the next several years if we stay on our current course?
- What are the causes?

Which partners have a role to play in turning the curve?

- Who are our partners who have something to contribute to making a difference on this curve?

What works to turn the curve?

- What do you think would work to turn this curve?

RBA Phase One (1)

RBA Planning Meetings

2019

- Joined KOHA RBA pilot with CDPH
- In-person RBA training in Sacramento, CA.
- Trainings by Clear Impact

2022

- Regrouped (RC-OHP and CDPH)
- Met with Office of Oral Health: Katie Conklin, Dr. Shannon Conroy, Dr. Shumaila Hashmi, Tiffany Ta, Paula Lee, and Dr. Jayanth Kumar.
- Focus group: San Diego, Santa Clara, and Riverside
- Bi-weekly technical assistance meetings to continue ongoing dialogue and assistance.

Trainings

SCOHR AB 1433

CLEAR IMPACT
reach your peak

Quality Improvement

- KOHA Workflow created utilizing Lucid Chart

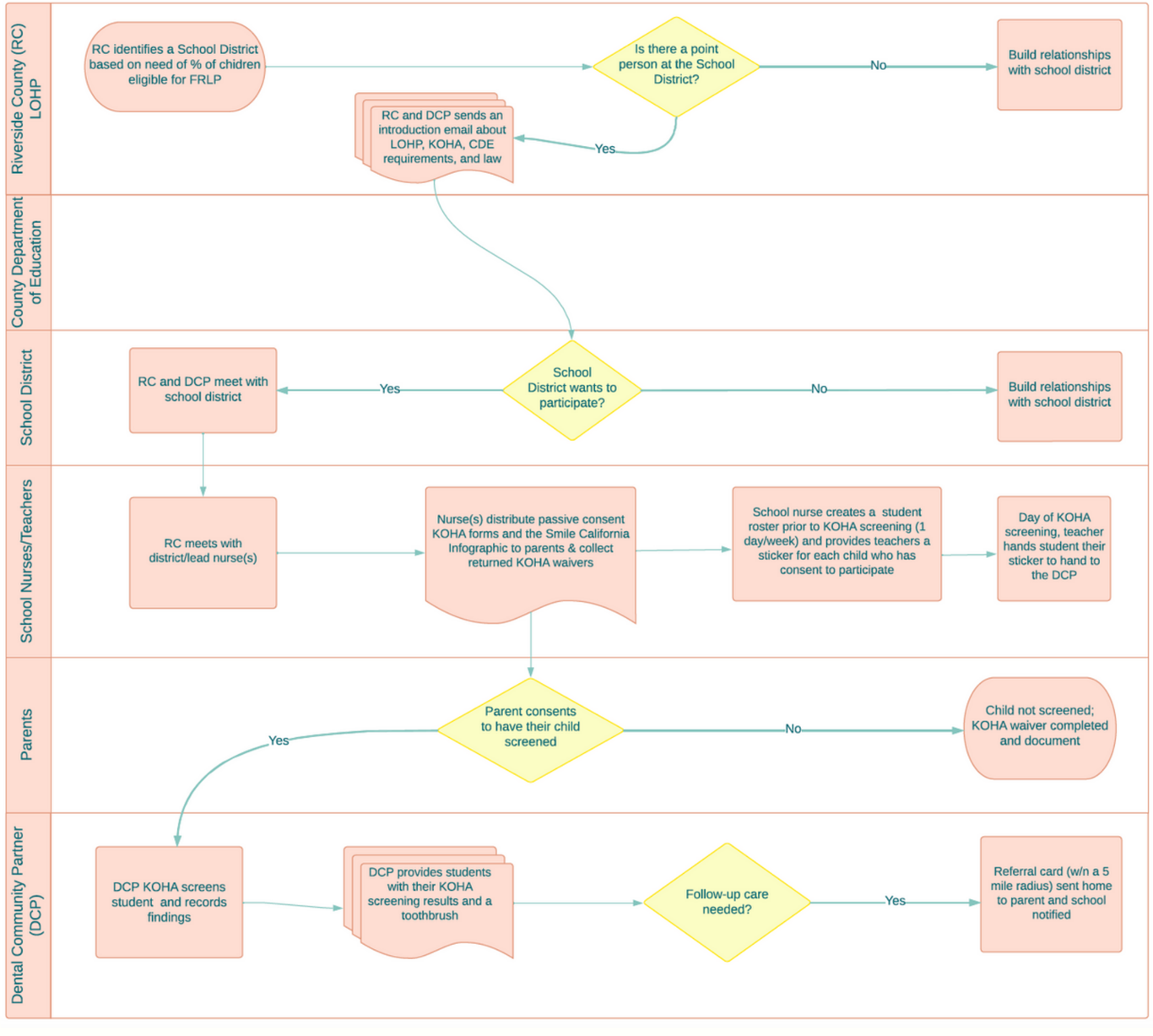
QUICK TIPS Assign all staff to participate in the RBA project early on.

Quality Improvement

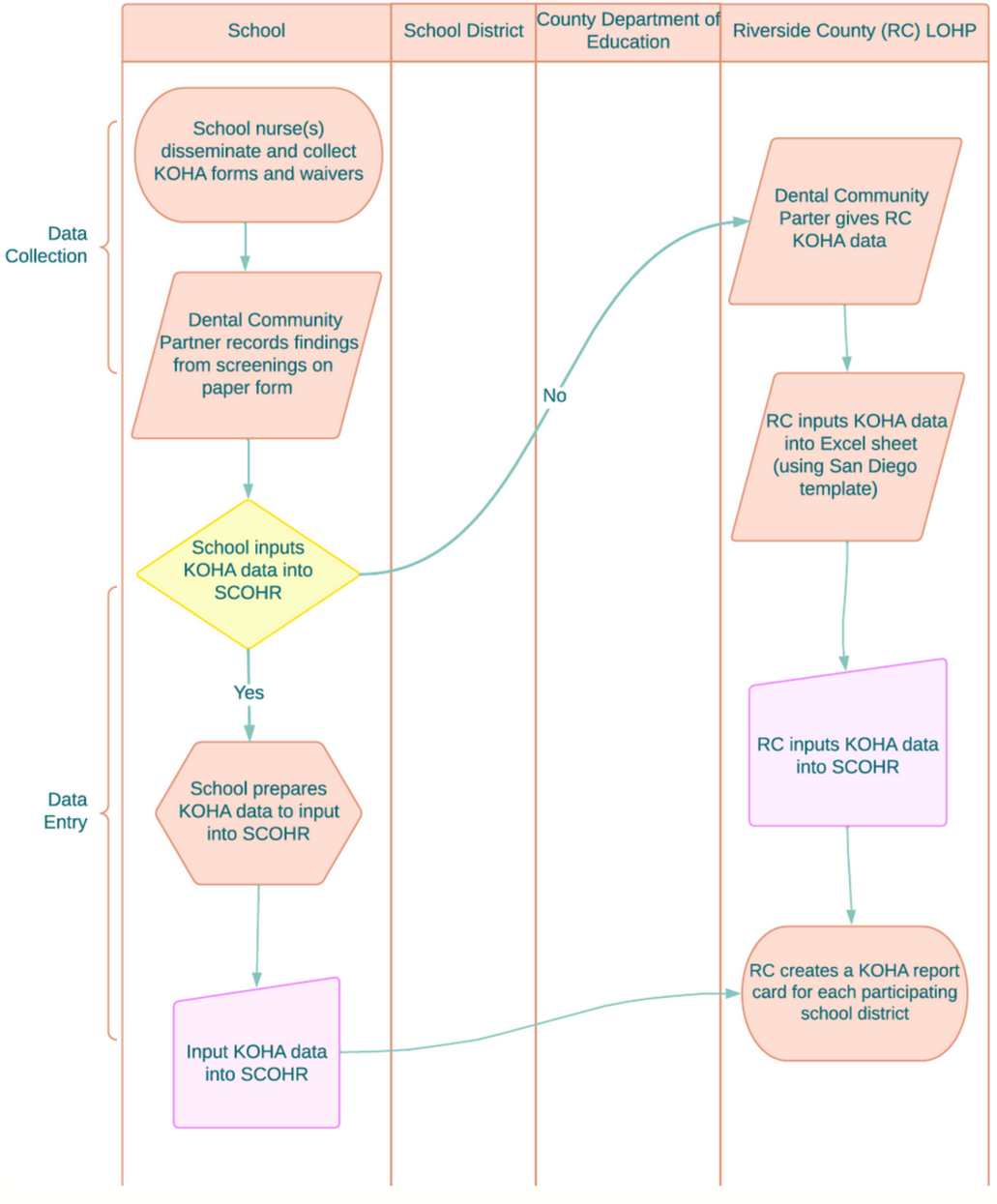
Workflow for a KOHA Program,
Workflow for Data Entry into SCOHR

Lucidchart

KOHA Program Workflow



Data Entry into SCOHR Workflow



RBA Phase Two (2)

Planning: KOHA RBA Turn-The Curve Session

- Ice breaker
- Determine points you want to cover.
- Reach out to potential guest speakers.
- Determine presentation length.
- Determine breakout room topics.
- Action Plan discussion questions
- Invitation Draft and list of attendees to invite.

KOHA Activities In Place

- Breakdown and Summarize KOHA Activities
- Tie RBA and KOHA together
- Intention for KOHA Turn-The-Curve Session (educate attendees on importance of KOHA, obtain input, brainstorm, etc.)

Content Creation

- Lucid Chart (workflow)
- County Email (Invitations)
- Whiteboard App (KOHA Action Plan)
- Canva (Presentation, flyers)
- Survey Monkey (Survey)
- Zoom (Meeting)

Prior to Kick-Off

- Send out Invitation emails and flyers
- obtain speaker presentation, notes, slides, etc.
- Finalize Presentation
- Practice with team utilizing Zoom

RBA Phase Three (3)

During Meeting

- Ice breaker
- Polls
- break-out rooms
- Surveys

Room For Improvement

- Break out room time was too short
- Outdated school contact information
- Overthinking
- Originally, entered too much data in Score Card
- Simplifying RBA terminology on flyers and emails

After The Meeting

- Brainstorm how RBA helps LOHP build relationships and gather data.
- Debrief with staff and Office of Oral Health
- Sent email with SCOHR training dates to participants.

What's Next

- Plan for future meetings
- Review Survey Feedback
- Create SWOT Analysis/Action Plan
- Scorecard Data Entry
- Prioritize KOHA-RBA in Advisory Meetings
- Incorporated KOHA education to RCOE Head Start oral health parent presentations.

RIVERSIDE RBA PILOT

Turn-the-Curve SWOT Analysis

S

Strengths

- Partnerships with providers
- Relationships with school personnel of principals, teachers, and parents
- Passive consent

W

Weaknesses

- **Limited rapport with school administrators to begin providing oral health education to students and staff**

O

Opportunities

- Build a pipeline of hygienists to provide screenings and services at schools
- Partner with the dental professional societies for dentists and hygienists
- Expanding to rural school districts

T

Threats

- Push back from parents and schools

Action Plan

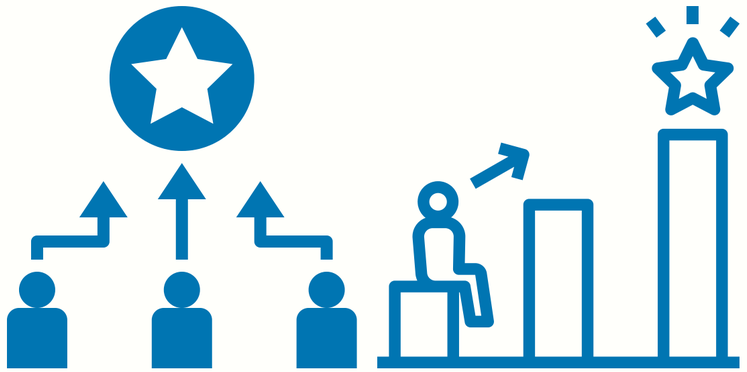
What is our action plan to turn the curve?

Do What?	By Whom?	By When?
Work with a provider to complete the screenings	OHP and Gerismiles	April/May of the upcoming school year
Partnership with Gersmiles	OHP and Dr. Travis Tramel	April/May of the upcoming school year
Educate district/school staff as to why the screening are important	OHP staff to educate District nurse, wellness department, student services, etc.	April/May of the upcoming school year

Results Based Accountability Impact

- Oversaw RC-OHP's performance.
- Identified strengths and weaknesses in the KOHA project.
- Helped LOHP, school staff and community partners work together.
- Develop an action plan to continue to address the needs of children and School Districts.
- Enhanced collaboration with Riverside County Office of Education (RCOE) and various non-reporting school districts.
- School nurse shared a KOHA success story.
- ·This meeting helped various school districts understand the importance of KOHA.

Accountability means taking responsibility for our actions and decisions. Results Based Accountability (RBA) provided the necessary tools to efficiently track our progress within our communities, strategize goals with our partners and set a plan into action.



Thank You

E-Mail Address

rc-ohp@ruhealth.org

Riverside University HEALTH SYSTEM

Public Health

Oral Health Program

RBA Resources

California Oral Health
Technical Assistance Center

UCSF

California Oral Health
Technical Assistance Center

CDPH Office of Oral Health | Toolkits | Our Programs | Resources | News & Events | About Us

- School Oral Health Programs & KOHA
- Results-Based Accountability (RBA)
- Tobacco Cessation
- Water Fluoridation

Lunch & Learn: Advancing KOHA through Quality Improvement

Join us on March 16, 2023

LEARN MORE

1 of 5

https://oralhealthsupport.ucsf.edu

UCSF

https://oralhealthsupport.ucsf.edu/RBA

California Oral Health
Technical Assistance Center

CDPH Office of Oral Health ▾ | Toolkits ▾ | Our Programs ▾ | Resources

Home > Our Programs > Results-Based Accountability (RBA)

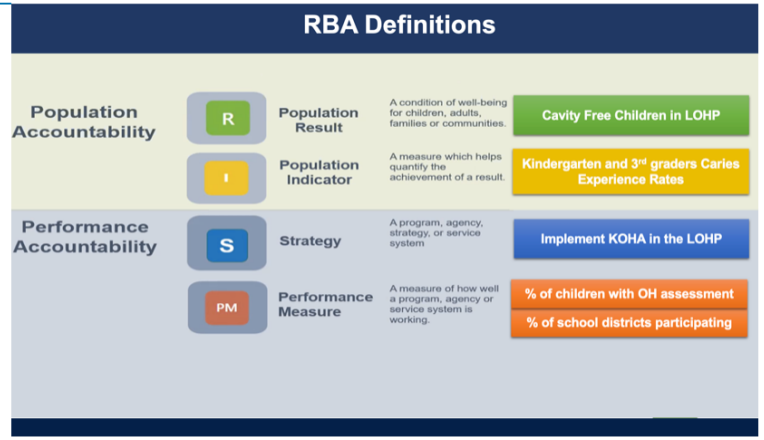
Results-Based Accountability (RBA)

Results-Based Accountability (RBA) is used around the world as a community approach to address complex social problems. Widely implemented in organizations and health departments, RBA is a tool to get your foot in the door to actively listen, streamline data, and promote action steps to improve community health.

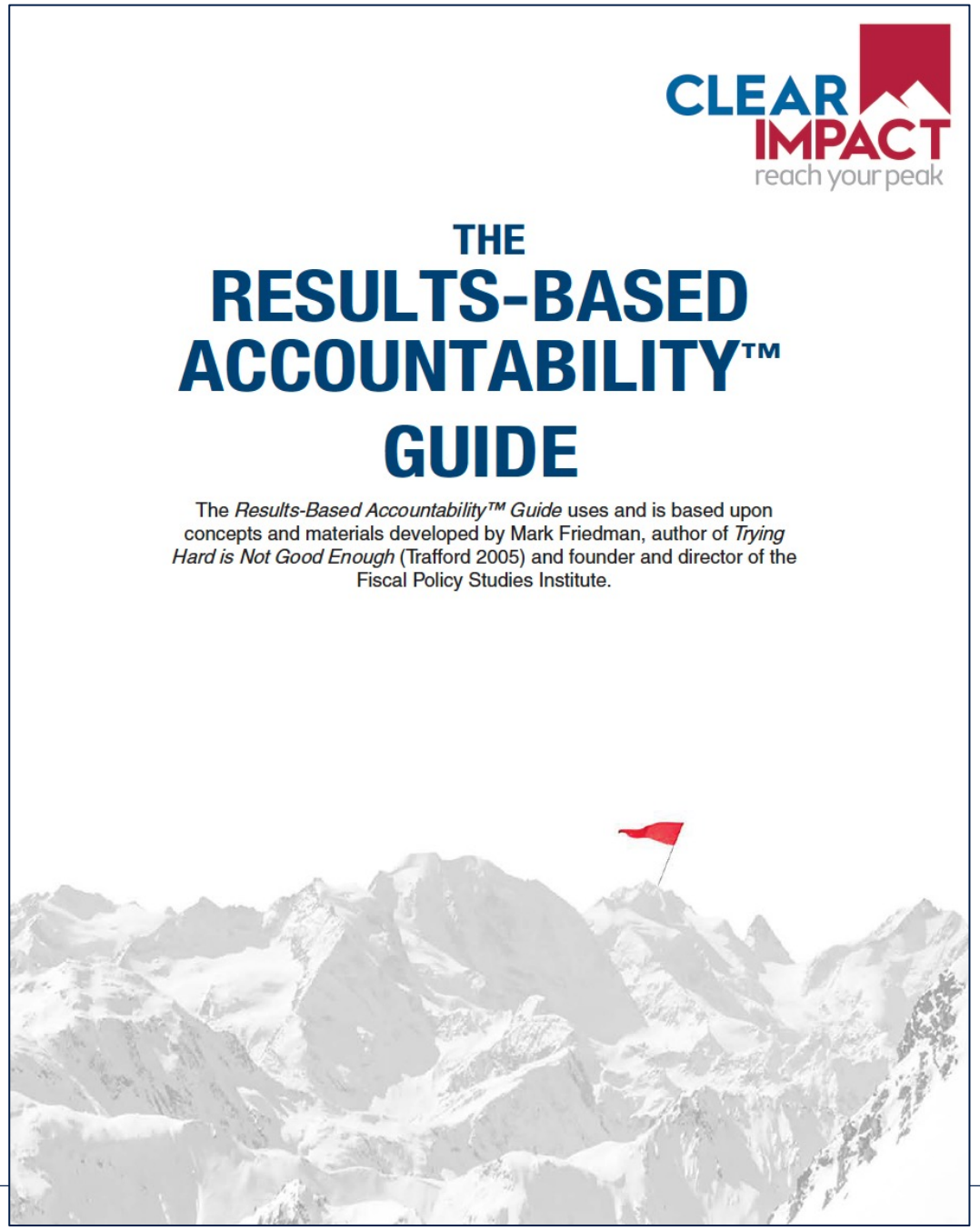
California's Vision of Cavity-Free Children

1 in 2 children entering Kindergarten have experienced tooth decay (cavity).

Local Oral Health Programs (LOHPs) can use RBA to improve our children's oral health by using the RBA definitions and framework to measure how much we are doing, how we are doing, and is anyone better off?



UCSF



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2. How are we doing? 3
3. What is the story behind the curve? 4
4. Who are partners who have a role to play in turning the curve? 4
5. What works to turn the curve? 4
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https://clearimpact.com/resources/publications/results-based-accountability-guide/?hsCtaTracking=e340ba3e-896c-47ca-9010-56621256d055%7Cd6305ebc-261e-45ed-974a-82ed6ab43a7f

Turn the Curve Thinking

Once you identify the most powerful measures to improve, Results-Based Accountability provides a step-by-step process to get from ends to means. This is called "Turn the Curve" thinking and involves five steps:

Step 1: Graph the measure you have chosen including a history and a forecast of where you think this measure is going if you do nothing differently. The Clear Impact Scorecard can assist in the process. The Scorecard automatically graphs the data for each measure in the software.

Step 2: Analyze the "story behind the data". This involves analyzing the factors that contribute to the data history and forecast. It is a very important step that is often ignored in other accountability structures. This is similar to a diagnosis from a doctor prior to treatment. It is important to dig deep as you look at the data to identify root causes that underlie the status of conditions in your community and/or organization.

https://clearimpact.com/results-based-accountability/turn-the-curve-thinking/

Riverside University HEALTH SYSTEM

Public Health

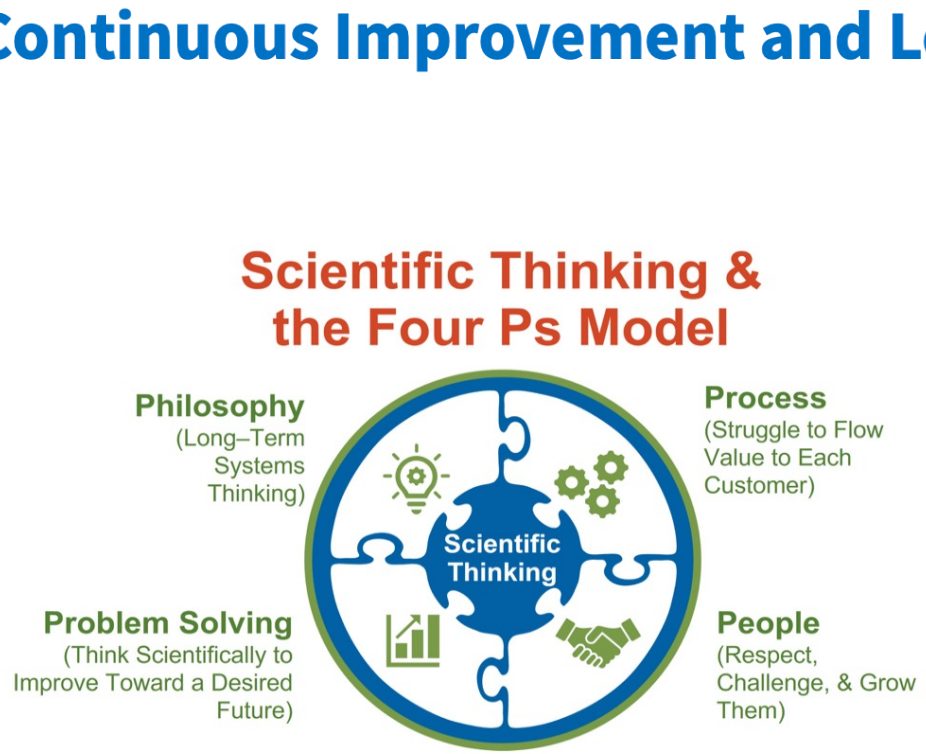
RIVERSIDE COUNTY ORAL HEALTH PROGRAM

Advancing the Kindergarten Oral Health Partnership

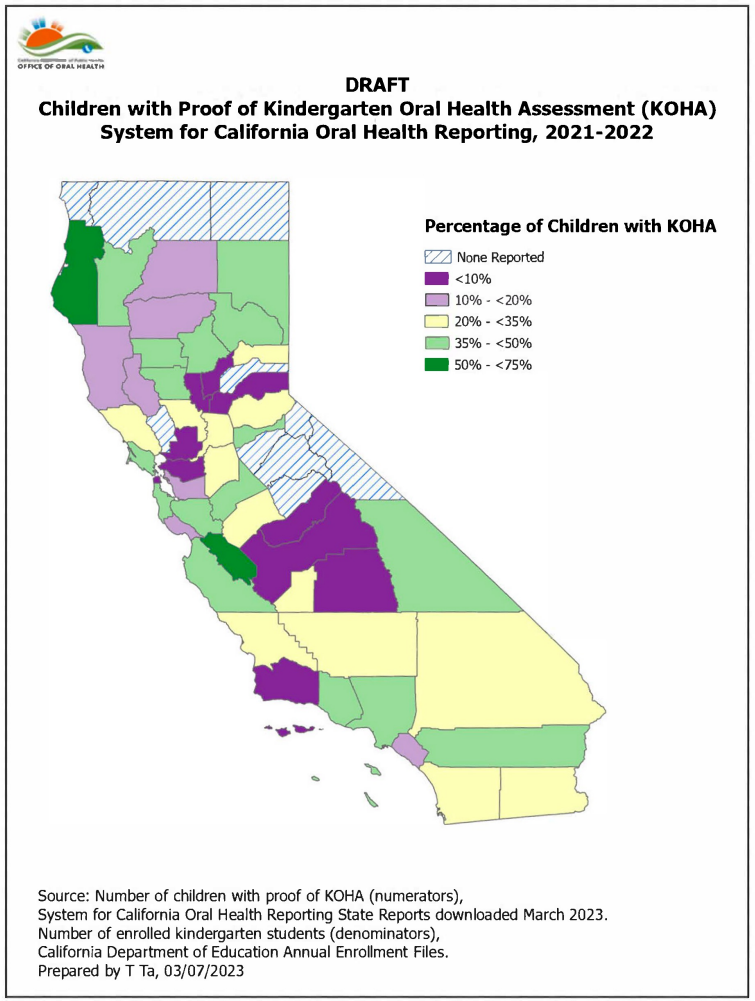
https://www.canva.com/design/DAFdUnfVEEs/dal3ox1AaTmUIYBgsTE8Xw/view?utm_content=DAFdUnfVEEs&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink

List of Quality Improvement Strategies

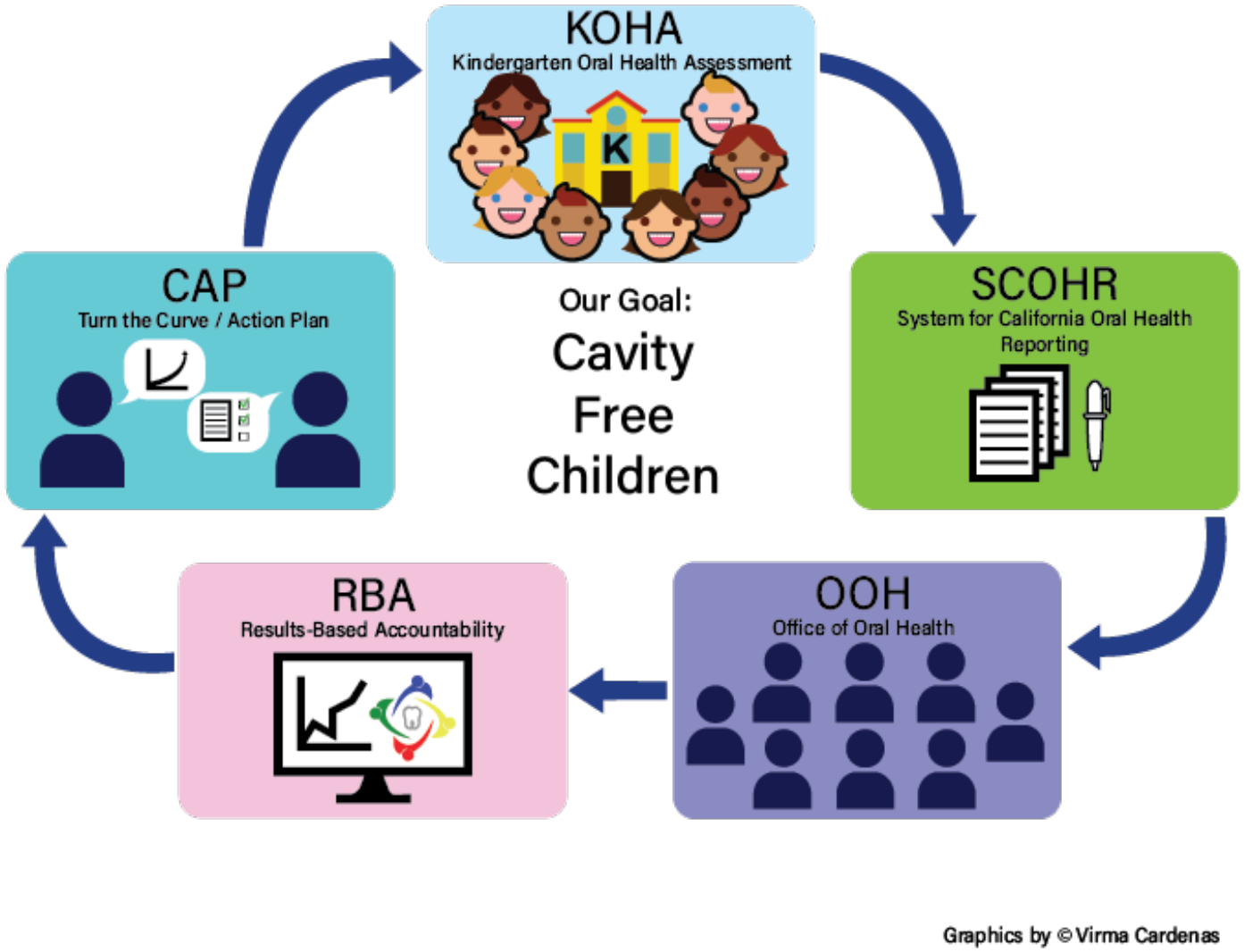
- Lean
- Process Map
- Root Cause Analysis

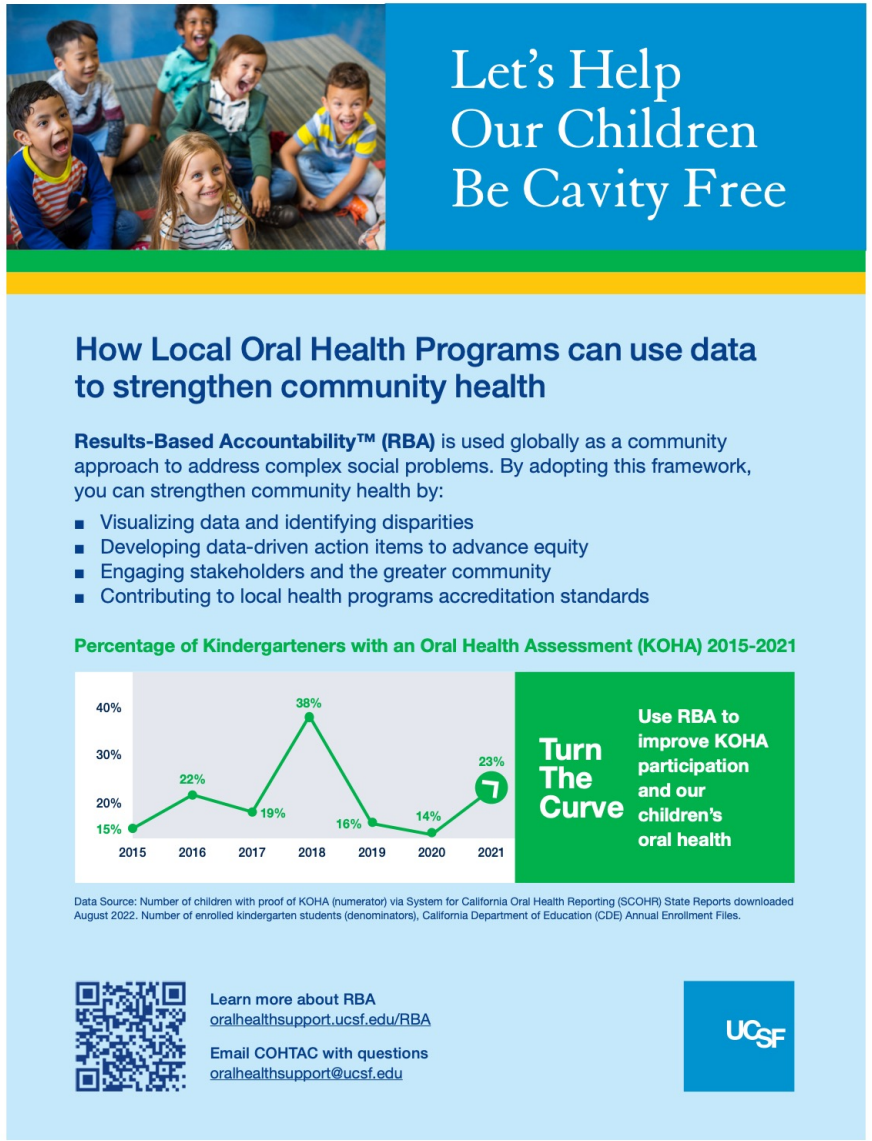


https://oralhealthsupport.ucsf.edu/sites/g/files/tkssra861/f/wysiwyg/QI%20Resoures%20for%20RBA%20.pdf



https://oralhealthsupport.ucsf.edu/sites/g/files/tkssra861/f/wysiwyg/DRAFT%20MAP%20SCOHR%20Oral%20Health%20Assessment%20Data%20By%20County%2003062023.pdf


KOHA
Kindergarten Oral Health Assessment
K
SCOHR
System for California Oral Health Reporting
OOH
Office of Oral Health
RBA
Results-Based Accountability
CAP
Turn the Curve / Action Plan
Our Goal:
Cavity
Free
Children
Graphics by © Virma Cardenas



https://oralhealthsupport.ucsf.edu/sites/g/files/tkssra861/f/wysiwyg/3.16_B_Kindergarten_Oral_Health_Handout.pdf

Sign-up for an RBA 101 Virtual Training

To get started with RBA:

1. Attend the March 16th Lunch and Learn (or watch the recording)
2. Sign-up for an RBA 101 Virtual Training
    - Link to sign-up for RBA 101 Virtual Training on 4/20/2023
    - Link to sign-up for RBA 101 Virtual Training on 5/16/2023
    - Link to sign-up for RBA 101 Virtual Training on 6/15/2023
1. Email oralhealthsupport@ucsf.edu, after attending the Clear Impact RBA 101 Virtual Training, to recieve access to your scorecard
    1. Scorecards include:
        1. Two KOHA Performance Measures
        2. Data from SCOHR and CDE
2. Attend open hours to ask questions

UCSF

UCSF

University of California
San Francisco

California Department of Public Health
OFFICE OF ORAL HEALTH

Thank You

- Follow up materials and a link to the recording will be sent afterwards
- Please take a minute to complete the evaluation survey (poll & link in chat)
- Send questions or requests to: oralhealthsupport@ucsf.edu