

Evaluation Plan Grid

Version 6: 07/01/2019

Primary Evaluation Question: Was the development and implementation of the Local Oral Health Program conducted as intended and effective in building infrastructure to address oral health in the County of Santa Clara?

Evaluation Sub-Question	Indicator/Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
<p>Were trainings and community organizing approaches to capacity building effective? <i>Objective 1</i></p>	<p><i>(Activity 1.5)</i> List of trainings, meetings, webinars, workshops, conferences attended</p> <p><i>(1.6)</i> AC membership list and descriptions of participants</p> <p><i>(1.7)</i> Advisory Committee (AC) schedule of meetings, number of meetings held, participant evaluations</p> <p><i>(1.9)</i> Summary of key informant (KI) interviews, focus groups, and/or Knowledge, Attitude, and Belief (KAB) surveys of key stakeholders to address common themes, challenges, and support of mission, vision, and values</p> <p><i>(1.E.1)</i> Summary of qualitative analyses performed to determine effectiveness of trainings and community organizing approaches to capacity building</p>	<p>List of training and convening titles and dates, collected at each convening</p> <p>AC member biographies/descriptions, collected at one time point</p> <p>AC meeting rosters and agendas, collected at each meeting</p> <p>AC participant evaluations, collected at each meeting</p> <p>County of Santa Clara internal documents, reports and summaries on capacity building activities</p>	<p>Quantitative and qualitative data collected through document review and surveys</p>	<p>Program Manager II</p> <p>Health Planning Specialist III</p>	<p>Qualitative examination of documents, reports and summaries to investigate efficacy of capacity building activities</p> <p>Descriptive statistics indicating number, types of stakeholders, and demographics of community partners involved in AC</p> <p>Descriptive statistics of quantitative AC participant evaluation and satisfaction survey measures</p>	<p>Program Manager II</p> <p>Epidemiology Team</p> <p>Quality Improvement (QI) Team</p>

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	(1.E.2) Analysis of satisfaction survey of AC membership which includes quantitative measures to assess network density or involvement and recommendations for improvement	AC membership satisfaction surveys, collected at one time point				
Does the Advisory Committee (AC) represent a network of diverse stakeholders? <i>Objective 1</i>	(1.6) AC membership list and descriptions of participants (1.7) Advisory Committee (AC) schedule of meetings, number of meetings held, participant evaluations	AC member biographies/ descriptions, collected at one time point AC meeting rosters and agendas, collected at each meeting AC participant evaluations, collected at each meeting	Qualitative data collected through document review and surveys	Program Manager II Health Planning Specialist III	Qualitative examination of documents to determine stakeholder representation in AC	Program Manager II Epidemiology Team Quality Improvement (QI) Team
Has the Advisory Committee (AC) equipped LOHP staff to better determine future directions of the LOHP and strategies to address challenges? <i>Objective 1</i>	(1.8) AC mission, vision, values, structure (1.10) Document defining goals and objectives for improving oral health (1.E.2) Analysis of satisfaction survey of AC membership which includes quantitative measures to assess network density or involvement and recommendations for improvement	County of Santa Clara internal documents, reports and summaries on AC activities and structure AC membership satisfaction surveys, collected at one time point	Quantitative and qualitative data collected through document review and surveys	Program Manager II Health Planning Specialist III	Qualitative examination of documents to determine efficacy of AC activities and structure Descriptive statistics of quantitative survey measures	Program Manager II Epidemiology Team Quality Improvement (QI) Team

<p>Has the Needs Assessment process successfully utilized existing data resources and identified data resources needed to fill in any gaps? <i>Objective 2</i></p>	<p>(2.4) Inventory of available primary and secondary data (2.6) Data resources identified to fill gaps (2.8) Work plan detailing collection of missing data</p>	<p>County of Santa Clara and consulting agency internal documents, reports and summaries on needs assessment data resources</p>	<p>Qualitative data collected through document review</p>	<p>Program Manager II Health Planning Specialist III</p>	<p>Qualitative examination of documents to determine effectiveness of needs assessment data identification and collection activities</p>	<p>Program Manager II Epidemiology Team Quality Improvement (QI) Team</p>
<p>Have assets and resources that will help address the oral health needs of the County of Santa Clara been identified with an emphasis on underserved areas and vulnerable population groups? <i>Objective 3</i></p>	<p>(3.2) Survey instrument; List of interviews and/or surveys conducted (3.3) Map of identified assets/resources (geo mapping) (3.3) List of identified gaps in assets/resources</p>	<p>Interviews and/or surveys of identified organizations, collected at one time point Geo map of identified assets/resources, collected at one time point County of Santa Clara internal documents, reports and summaries on identified assets/resources and gaps</p>	<p>Quantitative and qualitative data collected through document review, interviews and surveys</p>	<p>Program Manager II Health Planning Specialist III</p>	<p>Qualitative examination of documents to determine effectiveness of identification of assets/resources Descriptive statistics of quantitative survey measures</p>	<p>Program Manager II Epidemiology Team Quality Improvement (QI) Team</p>
<p>Does the Action Plan effectively address the priorities identified in the Community Health Improvement Plan</p>	<p>(4.3) Summary of CHIP objectives and strategies (4.6) Identified action steps of the Action Plan</p>	<p>CHIP, reviewed yearly Action Plan, reviewed yearly</p>	<p>Qualitative data collected through document review</p>	<p>Program Manager II Health Planning Specialist III</p>	<p>Qualitative examination of documents to determine appropriateness of</p>	<p>Program Manager II Epidemiology Team</p>

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(CHIP) by proposing feasible strategies to address vulnerable populations and achieve local and state oral health objectives? <i>Objective 4</i>		County of Santa Clara internal documents, reports and summaries on CHIP and Action Plan			Action Plan strategies	Quality Improvement (QI) Team
Does the Action Plan effectively consider organizational procedures, relationships with the community and stakeholders, and the strengths, weaknesses, challenges and opportunities that exist in the community and use them to inform the creation of feasible impact objectives and key indicators that will determine program progress? <i>Objective 4</i>	(4.E.1) Summary report on the Action Plan to identify flow of information between organization, community, and other stakeholders; identify how organizational procedures facilitate participation; and identify the strengths, weaknesses, challenges and opportunities that exist in the community to improve the health status of the community	County of Santa Clara internal documents, reports and summaries on Action Plan	Qualitative data collected through document review	Program Manager II Health Planning Specialist III	Qualitative examination of documents to determine effectiveness of Action Plan	Program Manager II Epidemiology Team Quality Improvement (QI) Team
Have surveillance activities effectively determined the baseline status of children’s oral health	(5.E.1) List of schools identified (5.E.1) # of children to be screened (5.E.1) List of coordination activities conducted	Identified school site data, collected at one time point County of Santa Clara and CDPH internal	Qualitative and quantitative data collected through document review	Program Manager II Health Planning Specialist III	Qualitative examination of documents to determine effectiveness of children’s oral	Program Manager II Epidemiology Team

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in the County of Santa Clara? <i>Objective 5</i>		documents, reports and summaries on children’s oral health surveillance activities			health surveillance activities Descriptive statistics of qualitative data, comparing baseline data to data in subsequent years	Quality Improvement (QI) Team
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Primary Evaluation Question: To what extent has the Local Oral Health Program achieved its intended intermediate outcomes and expanded capacity for improvements in the status of oral health in the County of Santa Clara?

Evaluation Sub-Question	Indicator/Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
Were target participation rates met for implemented school-based or school linked programs, including dental sealant, dental screening, oral health education, fluoride supplement, and community water fluoridation programs? <i>Objective 6</i>	<p>(6.1.1) List of number of referrals for dental sealants, number of children receiving sealants, number of sealants placed</p> <p>(6.1.7) Number of children screened using basic dental screening</p> <p>(6.1.9) Schedule of dental sealant events, number of children served, number of sealants provided</p> <p>(6.1.10) Number of children who received sealant retention checks</p>	<p>Program/site service and referral data, collected annually</p> <p>County of Santa Clara and CDPH internal documents, reports and summaries on school-based or school linked programs</p>	Qualitative and quantitative data collected through document review	<p>Program Manager II</p> <p>Health Planning Specialist III</p>	<p>Qualitative examination of documents to evaluate school-based or school linked programs and participation rates</p> <p>Descriptive statistics of qualitative data, comparing baseline data to data in subsequent years</p> <p>Descriptive statistics indicating</p>	<p>Program Manager II</p> <p>Epidemiology Team</p> <p>Quality Improvement (QI) Team</p>

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	<p>(6.1.11) List of schools identified to participate in oral health education, number of children receiving education</p> <p>(6.2.0) List of children identified to receive fluoride supplements</p> <p>(6.2.4) Distribution list for fluoride educational materials and/or educational sessions</p> <p>(6.2.6) # of children referred for fluoride supplements or # of children receiving fluoride supplements on site</p> <p>(6.2.7) # of children receiving fluoride varnish at school fluoride varnish event</p> <p>(6.2.9) Total # of children who received fluoride treatment</p> <p>(6.3.1) List of participants in community water fluoridation training for community members/partners/stakeholders</p> <p>(6.3.2) List of participants in community water fluoridation training for Regional Water District engineers/operators</p> <p>(6.E.1) Evaluation report examining process and</p>				<p>number of children receiving dental sealants</p> <p>Descriptive statistics indicating number of children receiving basic dental screening</p> <p>Descriptive statistics indicating number of schools, children, and parents receiving oral health education</p> <p>Descriptive statistics indicating number of children receiving fluoride supplements</p> <p>Descriptive statistics indicating number of community members and stakeholders receiving training on community water fluoridation</p>	
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	qualitative indicators for school-based or school-linked programs to identify if target participation rate was met					
Were target participation rates met for activities and strategies to increase the number of Kindergarten Assessments? <i>Objective 7</i>	<p>(7.9) List of champions provided with tools and/or training on educating school board members to pass supporting resolutions</p> <p>(7.10) # of schools receiving guidance documents for implementation of Kindergarten Assessment</p> <p>(7.11) List of key partners and schedule of meetings held</p> <p>(7.E.1) Progress report summaries of successes, challenges, lessons learned, and recommendations</p> <p>(7.E.1) # of new schools participating in the Kindergarten Assessment</p>	<p>Training rosters and agendas, collected quarterly</p> <p>Program/site service and referral data, collected annually</p> <p>List of convening titles and dates, collected at each convening</p> <p>County of Santa Clara and CDPH internal documents, reports and summaries on Kindergarten Assessment-related activities</p> <p>County Office of Education, collected at one time point</p>	<p>Qualitative and quantitative data collected through document review</p>	<p>Program Manager II</p> <p>Health Planning Specialist III</p>	<p>Qualitative examination of documents to determine effectiveness of Kindergarten Assessment-related activities and strategies</p> <p>Descriptive statistics of qualitative data, comparing baseline data to data in subsequent years</p> <p>Descriptive statistics indicating number of champions provided with policy-related tools or training</p> <p>Descriptive statistics indicating number of schools provided with guidance documents, compared to total number of schools</p>	<p>Program Manager II</p> <p>Epidemiology Team</p> <p>Quality Improvement (QI) Team</p>

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					<p>in the county eligible to receive such guidance</p> <p>Descriptive statistics indicating number of new schools participating in the Kindergarten Assessment, compared to total number of non-participating schools in the county</p>	
<p>Has priority populations' knowledge of oral health care and practices increased and translated into an increase in service utilization?</p>	<p># of community-based organizations serving priority populations which have received standardized oral health education training and capacity building</p> <p># of community-based organizations providing oral health education to members of priority populations (Orange)</p> <p>Level of oral health knowledge among members of priority populations who attend workshops/outreach events (Orange)</p> <p># of members of priority populations who received oral health education (Orange)</p>	<p>Training rosters and agendas, collected quarterly</p> <p>Participant surveys collected at each training (Orange)</p> <p>Participant follow-up questionnaires, collected six months after each training (Orange)</p> <p>Program/site service and referral data, collected annually</p>	<p>Quantitative data collected through document review and surveys</p>	<p>Program Manager II</p> <p>Health Planning Specialist III</p>	<p>Descriptive statistics of service providers receiving training, compared to total service providers in the county serving priority populations</p> <p>Descriptive statistics indicating change in knowledge and service utilization among members of priority populations before and after attending trainings/ educational events</p>	<p>Program Manager II</p> <p>Epidemiology Team</p> <p>Quality Improvement (QI) Team</p>

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	# of members of priority populations who access oral health services, including scheduling a dental appointment, after attending workshops/outreach events (Orange)				Descriptive statistics indicating number of priority population members receiving oral health education	
Are medical providers integrating oral health care services into patient visits?	# pediatric medical providers and OB/GYNs who receive training on integrating oral health into patient visits # of pediatric medical providers and OB/GYNs who integrate oral health services and referrals into patient visits following training (Orange)	Training rosters and agendas, collected quarterly Survey of pediatric medical providers and OB/GYNs, collected yearly beginning six months after each training (Orange)	Quantitative data collected through document review and surveys	Program Manager II Health Planning Specialist III	Descriptive statistics indicating number of providers receiving training compared to total number of providers in the county Descriptive statistics indicating change in oral health services and referrals provided at patients' medical visits over time	Program Manager II Epidemiology Team Quality Improvement (QI) Team
Does the County of Santa Clara have infrastructure, a surveillance system, and a policy agenda in place to support oral health?	Amount of funding/in-kind resources dedicated to supporting the oral health plan # and type of stakeholders and community partners Schedule of stakeholder convenings	Program budget, reviewed yearly Stakeholder convening rosters and agendas, collected at each convening Stakeholder and community partner biographies/descri	Quantitative and qualitative data collected through document review Qualitative data collected through interviews	Program Manager II Health Planning Specialist III	Qualitative examination of documents to verify creation of infrastructure, surveillance plan, evaluation plan and policy agenda Qualitative analysis of implementation process	Program Manager II Epidemiology Team Quality Improvement (QI) Team

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	<p>Documentation establishing County Office of Oral Health, including staffing</p> <p>Documentation of policy agenda supporting oral health</p> <p>Documentation of surveillance plan and evaluation plan implementation</p> <p>Documentation of strategic plan revision process</p> <p># of wells in San Jose with fluoridated water (Orange)</p>	<p>ptions, collected at one time point</p> <p>Office of Oral Health documents, including staffing plan, collected at one time point</p> <p>Oral Health Policy Agenda for the County of Santa Clara, reviewed yearly</p> <p>Surveillance plan, reviewed yearly</p> <p>Strategic plan, reviewed yearly</p> <p>Interviews with key stakeholders, yearly</p> <p>Interviews with County of Santa Clara staff, yearly</p> <p>Interviews with Santa Clara County Water District, every two years (Orange)</p>			<p>Cost effectiveness analysis of program budget to proposed program activities and expenses, projected over the life of the program</p> <p>Descriptive statistics indicating number, types of stakeholders, and demographics of community partners involved in convenings</p>	
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Primary Evaluation Question: To what extent has the Local Oral Health Program achieved its intended long-term outcomes and improved the status of oral health in the County of Santa Clara?

Evaluation Sub-Question	Indicator/Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Collection	Analysis Method with Standard of Comparison	Staff Responsible for Analysis
Has the oral health status of children in the County of Santa Clara improved?	% of kindergartners with caries experience (Orange)	Basic Screening Survey (BSS), collected annually to measure change over time (Orange)	Quantitative data collected through screening modules, field surveys, and data requests from local and state entities	Program Manager II Health Planning Specialist III	Descriptive statistics indicating change over time, comparing baseline data to data in subsequent years, including analysis stratified by demographic characteristics of interest (race/ethnicity, age group, income level, educational attainment)	Program Manager II Epidemiology Team Quality Improvement (QI) Team
	% of third graders with caries experience (Orange)					
	% of third graders with untreated caries (Orange)	Medi-Cal, collected annually to measure change over time (Orange)				
	% of children ages 6-9 years with dental sealant on at least one molar (Orange)	California Dental Association (CDA) Kindergarten Assessment data, collected annually				
	% of children ages 6-9 on Medi-Cal insurance with dental sealant on at least one molar (Orange)					
	% of children ages 0-20 on Medi-Cal insurance who complete a preventive dental visit (Orange)					
	% of children in schools participating in Kindergarten Assessment with untreated caries					
Has the oral health status of adults in the	% of adults with untreated tooth decay	Behavioral Risk Factor Surveillance System (BRFSS)	Quantitative data collected through	Program Manager II	Descriptive statistics indicating change over time,	Program Manager II

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<p>County of Santa Clara improved?</p>	<p>% of adults with untreated periodontal care needs</p> <p>% of older adults ages 65+ on Medi-Cal insurance who complete an annual dental visit (Orange)</p> <p>% of pregnant women with a dental visit during pregnancy (Orange)</p>	<p>survey, collected every 5 years</p> <p>Medi-Cal, collected annually to measure change over time (Orange)</p> <p>Maternal and Infant Health Assessment (MIHA), collected annually to measure change over time (Orange)</p>	<p>screening modules, field surveys, and data requests from local and state entities</p>	<p>Health Planning Specialist III</p>	<p>comparing baseline data to data in subsequent years, including analysis stratified by demographic characteristics of interest (race/ethnicity, age group, income level, educational attainment)</p>	<p>Epidemiology Team</p> <p>Quality Improvement (QI) Team</p>
<p>Has there been a reduction in identified racial/ethnic disparities in the status of oral health in the County of Santa Clara?</p>	<p>% of kindergartners with caries experience, stratified by race/ethnicity</p> <p>% of third graders with caries experience, stratified by race/ethnicity</p> <p>% of third graders with untreated caries, stratified by race/ethnicity</p> <p>% of adults with untreated tooth decay, stratified by race/ethnicity</p> <p>% of adults with untreated periodontal care needs, stratified by race/ethnicity</p> <p>% of pregnant women with a dental visit during pregnancy, stratified by race/ethnicity</p>	<p>Basic Screening Survey (BSS), collected annually to measure change over time (Orange)</p> <p>Behavioral Risk Factor Surveillance System (BRFSS) survey, collected every 5 years</p> <p>Maternal and Infant Health Assessment (MIHA), collected annually to measure change over time (Orange)</p>	<p>Quantitative data collected through screening modules and field surveys</p>	<p>Program Manager II</p> <p>Health Planning Specialist III</p>	<p>Descriptive statistics indicating change over time, comparing baseline data to data in subsequent years, stratified by race/ethnicity</p>	<p>Program Manager II</p> <p>Epidemiology Team</p> <p>Quality Improvement (QI) Team</p>

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