
SAN JOAQUIN COUNTY ORAL HEALTH PROGRAM EVALUATION PLAN 2019 - 2022



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Introduction

Evaluation Purpose

Program evaluation is necessary to ensure that activities are implemented in a timely and appropriate manner (process evaluation) and are effective in producing desired outcomes (outcome evaluation). Developed in collaboration with San Joaquin County Public Health Services (PHS) staff and the Oral Health Strategic Planning Steering Committee, this plan aligns with the goals, outcomes, and strategies outlined in the Oral Health Strategic Plan for San Joaquin County, including timelines, staffing, and metrics for each activity. The purpose of this evaluation plan is to provide guidelines for the periodic assessment and review of the San Joaquin County (SJC) Local Oral Health Program (LOHP) activities and Strategic Plan. The evaluation plan should be viewed as a living document, and therefore reviewed and updated in conjunction with the San Joaquin County Oral Health Strategic Plan.

Evaluation Team

This evaluation plan was developed by an internal workgroup, consisting of PHS staff and leadership.

- Evaluation Advisory Group Lead – Dr. Gordon Arakawa, Assistant Public Health Officer
- Oversight – Marisela Pineda, Health Education Program Coordinator
- Lead Evaluator – Theresa Fournier, Epidemiologist
- Team Member – Katelynn Peirce, Public Health Educator

Stakeholder Engagement Strategy

Stakeholders of the Strategic Plan consist of San Joaquin Treatment & Education for Everyone on Treatment & Health (SJ TEETH) Collaborative members, such as PHS, First 5 San Joaquin, Community Medical Centers (CMC), the Oral Health Awareness Society (OHAS), and Health Plan of San Joaquin (HPSJ). Stakeholders helped determine appropriate metrics and target populations during the program planning process. This allowed the evaluation team to develop an informed and relevant evaluation plan. The plan's stakeholders represent known vulnerable and underserved populations within the county, including low income, racial minority groups, homeless, and uninsured. Stakeholders were interested in determining how planned interventions

(programs and services) will affect the burden of oral health among the populations served. The outcomes of the evaluation will help stakeholders determine opportunities for improvement and next steps.

Program Stakeholders

Those involved in program operations	Those served or affected by program	The primary users of the evaluation
<ul style="list-style-type: none"> • SJ TEETH • PHS • First 5 San Joaquin • CMC • HPSJ • OHAS 	<ul style="list-style-type: none"> • Clients/patients • Community members • Community-based organizations • Program providers 	<ul style="list-style-type: none"> • SJ TEETH • PHS • First 5 San Joaquin

Intended Use and Users

Evaluation results will be shared with the plan’s stakeholders. An annual progress report will be created by the evaluation team and disseminated to the stakeholders through the SJ TEETH Collaborative. The annual progress report results will be used to educate stakeholders on the progress of planned activities outlined in the SJC Oral Health Strategic Plan.

Evaluation Resources

The Evaluation Advisory Group will lead the evaluation process, with input and guidance from the Strategic Task Force. This advisory group will act as a repository for data collected by strategic partner agencies. Primary and secondary data were collected during the needs assessment process. These data will be used as baseline measures for some of the outcomes outlined in this plan. Additional data collected includes, but is not limited to: oral health status and utilization of services; oral health knowledge, attitudes, and perceptions; Medi-Cal dental provider capacity; sources of care (facilities and services); and PHS programs with dental components.

Evaluation Budget

Approximately 10% of the LOHP budget will be allocated to evaluation. This budget includes the cost of an epidemiologist as the lead evaluator, analytics software and subscriptions, required travel, and/or any subcontracts necessary.

Background and Program Description

Program Overview

The SJC LOHP vision was developed in collaboration with the Oral Health Strategic Planning Steering Committee and is as follows:

“We envision a San Joaquin County where every person enjoys optimal oral health and is free of oral diseases. San Joaquin County is a place where:

- Every lay person and health professional understands the importance of oral health and its relationship to overall health and wellness; and,
- All residents have access to appropriate and affordable oral health promotion, prevention, early intervention, and treatment services.”

There are six goals of the Strategic Plan, with each goal aligning to a focus area. The goals are:

- Build capacity of the oral health workforce to serve priority populations.
- Increase awareness of the importance of oral health, how to access services, and how to maintain good oral health.
- Improve access to dental services through co-location of services, care coordination, and addressing barriers to care.
- Integrate oral health screening, education, preventive services, and dental referrals into medical services.
- Establish a countywide infrastructure and policies to support the implementation of the Strategic Plan.
- Develop a surveillance and evaluation plan to assess the impact of planned activities and inform the modification of the Strategic Plan’s strategies.

The Strategic Plan is grounded in the socio ecological model. This theory of change recognizes the multifaceted challenges and barriers to access and use of oral health services among the County’s most vulnerable and underserved population. The Plan focuses on prevention and education at the individual, community, and system levels. It aims to enhance the oral health of San Joaquin County’s residents by increasing access to low-cost dental services, integrating oral health into the medical setting, and increasing knowledge about dental services and other preventive measures.

Needs Assessment Overview

The SJC Oral Health Needs Assessment revealed that San Joaquin County residents experience many challenges in accessing oral health care. The findings highlight the need for well-designed, culturally appropriate programs that focus on increasing access to, and utilization of, preventive services to improve local oral health outcomes. The needs assessment provided basis and data upon which the SJC Oral Health Strategic Plan and evaluation plan were developed.

Context

Environmental factors in San Joaquin County, such as the lack of dental providers to serve the Medi-Cal population, underutilization of preventive dental services among Medi-Cal adults, and the lack of fluoridated community water systems produces a unique climate for the implementation of the County's Oral Health Strategic Plan.

Priority Population

The target populations of the Strategic Plan include pregnant women, young children, children in foster care, older adults, and persons with disabilities. In addition, the program will reach dental and medical professionals, and community-based organizations. Stakeholders estimate reaching 10,000 individuals through targeted events and outreach activities.

Stage of Program Development

In 2018, an oral health needs assessment was conducted and presented to stakeholders during a one-day Oral Health Strategic Planning Retreat. This retreat initiated the strategic planning process for the County. The SJC Oral Health Strategic Plan was developed in the summer and fall of 2018, in conjunction with the development of the evaluation plan. The following year (2019), the implementation phase began. The majority of planned activities will be conducted in 2019 and 2020.

Logic Model

The Evaluation Advisory Group developed a logic model, which contains the hypothesized chain of events that will lead to a reduction of oral health disease burden in San Joaquin County. It also serves as a conceptual model for execution of the planned activities. The Strategic Plan Logic Model is available in [Appendix 1](#).

Evaluation Focus

Stakeholder Needs

An annual program evaluation and progress report will be provided to SJ TEETH Collaborative stakeholders. The report's findings will serve various purposes; however, its primary role will be to assess the efficacy of coordinated efforts through SJ TEETH Collaboration stakeholders. Stakeholders will gain greater insight on how their activities affect target populations and this may be used to inform future interventions.

Furthermore, stakeholders can use this timely evaluation to ensure appropriate use of resources, assess overall impact, secure future funding sources, and continue to provide needed services to target populations.

Evaluation Questions

1. Has the capacity of the oral health workforce, who serve vulnerable and underserved populations, increased?
2. Has awareness on the importance of oral health and general oral hygiene, and how to access services been increased?
3. Has access to dental services improved for vulnerable and underserved populations?
4. Have preventive dental services been integrated into the medical setting?
5. Has countywide infrastructure and policies been established to support the implementation of the San Joaquin County Oral Health Strategic Plan?

Annual evaluation allows for continual review and assessment of the SJ TEETH Collaborative stakeholders' coordinated activities and progress.

Indicators

Overall success will be measured by the ability to achieve the measurable outcomes defined as the SJC Oral Health Strategic Plan Primary Indicators, located in [Appendix 2](#). Primary indicators that serve as measurable and observable elements of the evaluation plan and its effects include: caries experience and untreated decay among kindergarten and 3rd grade children, sealants on Medi-Cal children age 6-9 years, and receipt of a preventive dental care visit among children (0-20 years), older adults (65 years and older), and pregnant women.

Evaluation Methods

The Evaluation Advisory Group will utilize longitudinal data, points of comparison, mixed methods, and primary and secondary data collected from stakeholders and public data sources. These evaluation methods will be used to analyze the data and create annual summary reports for SJ TEETH Collaborative stakeholders. A comprehensive evaluation report of program activities will be complete by December 2022.

Evaluation Standards

Stakeholders will use consistent reporting methods by utilizing data reporting tools created by the SJC Evaluation Advisory Group. This will allow for a streamlined reporting process that provides reliable and consistent data over the course of the evaluation plan.

Gathering Credible Evidence: Data Collection

Data Collection

Data collection will employ both quantitative and qualitative methods. Together, these methods create a robust data collection process that allows for accurate and thorough evaluation. Data will be collected regularly by the stakeholder agencies carrying out the planned activities and shared with PHS annually. PHS will act as the central repository and provide secure storage of the data. PHS will create annual progress reports that provide feedback to members of the Strategic Task Force and SJ TEETH. The Evaluation Plan Grid is located in [Appendix 3](#) and the Timeline of Evaluation Activities is located in [Appendix 4](#).

Justifying Conclusions

Analysis

Mixed methods of qualitative and quantitative comparative analysis will be used to report progress. Quantitative comparative analyses will be conducted with baseline metrics established during the planning phase of the Strategic Plan.

Interpretation

The lead evaluator and team member will be responsible for analyzing and interpreting the data. The Evaluation Advisory Group and the Strategic Task Force will review, confirm, and disseminate data results.

Ensuring Use and Sharing Lessons Learned: Report and Dissemination

Dissemination

The evaluation results will be annually shared with stakeholders during SJ TEETH Collaborative meetings. The Evaluation Advisory Group lead will present the findings of the annual review during the first quarterly meeting of each calendar year. Results will be disseminated through an oral slide presentation that will be available electronically and in print.

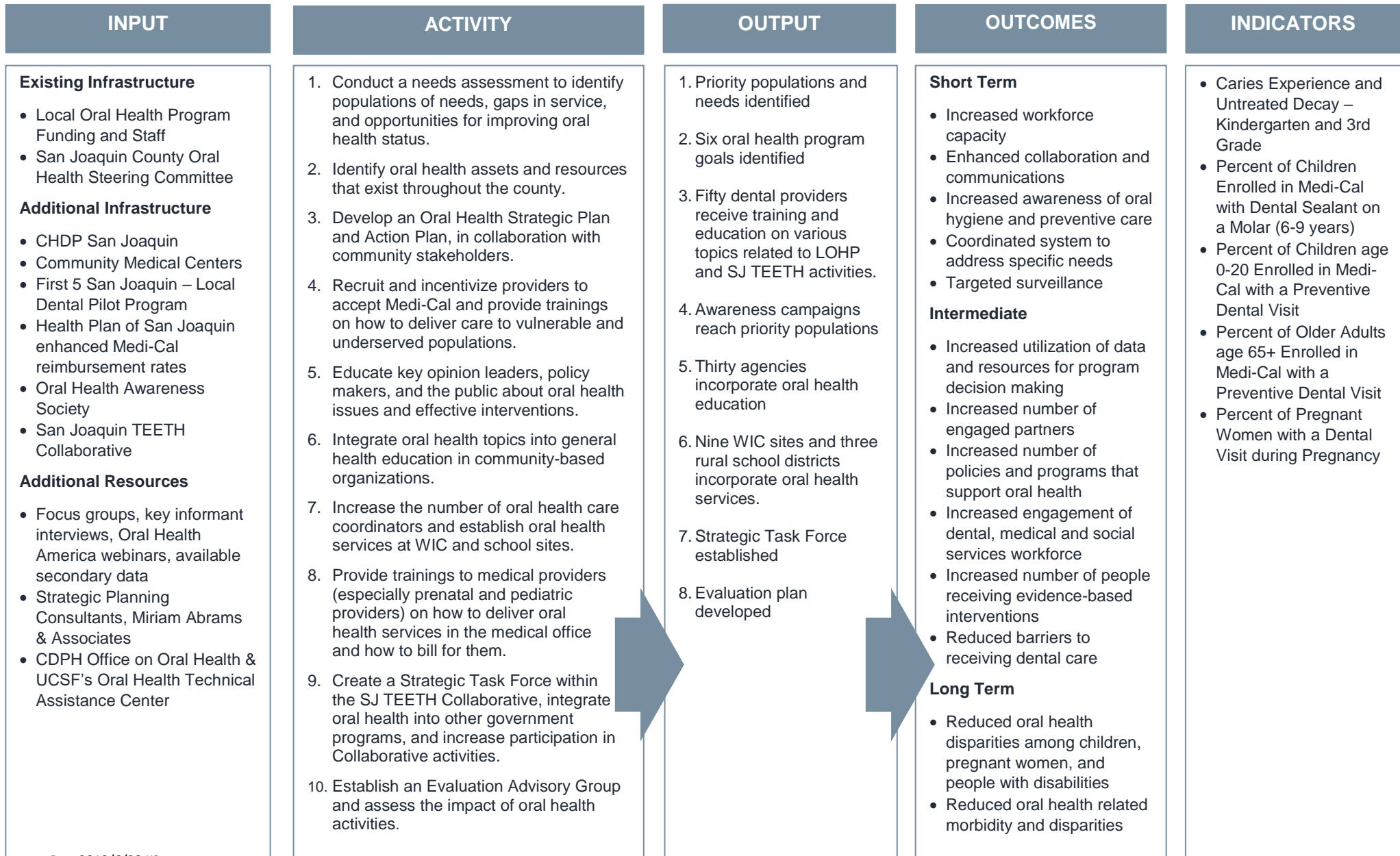
Audiences	How Results will be Shared
<ul style="list-style-type: none">Evaluation Advisory Group	<ul style="list-style-type: none">Oral slide presentation and email (PowerPoint and Print)
<ul style="list-style-type: none">Strategic Task Force	<ul style="list-style-type: none">Oral slide presentation (PowerPoint and Print)
<ul style="list-style-type: none">SJ TEETH Collaborative	<ul style="list-style-type: none">Oral slide presentation (PowerPoint & Print)

Use

Partner agencies will use evaluation findings to inform stakeholders and community members of the LOHP and SJ TEETH Collaborative program activity outcomes. Findings will be used to inform and implement policy, systems, and environmental changes throughout San Joaquin County's partner agencies, community-based organizations, and dental providers. Program stakeholders will also be responsible for reviewing the action plan progress and guiding the implementation of evaluation activities. Lessons learned will be identified as part of annual progress reporting to the SJ TEETH Collaborative. These lessons will be used for planning future activities and guiding strategies.

Appendix 1: Logic Model

San Joaquin County Oral Health Program Strategic Plan Logic Model, 2018 – 2022



Appendix 2: Indicators

San Joaquin County Oral Health Program Strategic Plan Primary Indicators

Primary Indicators						
	Indicator	Frequency of Reporting	Source	Baseline		Metrics / 5 Year Goal
				California	San Joaquin County	
1	Caries experience a) Kindergarteners b) 3 rd grade (6-9 years)	Annually Every 5 Years	<ul style="list-style-type: none"> California Dental Association, AB1433 results LOHP 	<ul style="list-style-type: none"> 2004-2005: 53.6% Kindergarteners 2004-2005: 70.9% 3rd Graders 	<ul style="list-style-type: none"> N/A *Baseline to be established by 2020 	<ul style="list-style-type: none"> Kindergarteners decrease by 8% 3rd Grade decrease by 10%
2	Untreated Dental Decay a) Kindergarteners b) 3 rd grade (6-9 years)	Annually Every 5 Years	<ul style="list-style-type: none"> California Dental Association, AB1433 results LOHP 	<ul style="list-style-type: none"> 2004-2005: 27.9% kindergarteners 2004-2005: 28.7% 3rd Graders 	<ul style="list-style-type: none"> 2017: 18.1% *Baseline to be established by 2020 	<ul style="list-style-type: none"> Kindergarteners decrease by 8% 3rd Grade decrease by 8%
3	Children enrolled in Medi-Cal with dental sealant on a molar (6 - 9 years)	Annually	Department of Health Care Services, Dental Utilization Measures and Sealant Data	<ul style="list-style-type: none"> 2016: 17.19% 	<ul style="list-style-type: none"> 2016: 15.2% 	Increase to 18% or more
4	Preventive dental visit among children 0 -20 years of age enrolled in Medi-Cal	Annually	Department of Health Care Services, Dental Utilization Measures and Sealant Data	<ul style="list-style-type: none"> 2016: 40.8% 	<ul style="list-style-type: none"> 2016: 33.5% 	Increase to 43% or more
5	Preventive dental visit among older adults 65+ enrolled in Medi-Cal	Annually	Department of Health Care Services, Dental Utilization Measures and Sealant Data	<ul style="list-style-type: none"> 2016: 10.8% 	<ul style="list-style-type: none"> 2016: 6.6% 	Increase to 8% or more
6	Pregnant women with dental visit during pregnancy	Annually	California Department of Public Health, Maternal and Infant Health Assessment (MIHA)	<ul style="list-style-type: none"> 2015 – 2016: 43.0% 	<ul style="list-style-type: none"> 2015 – 2016: 29.1% 	Increase to 40% or more

Appendix 3: Evaluation Grid

San Joaquin County Oral Health Program Evaluation Plan Grid

Evaluation Question 1 Has the capacity of the oral health workforce, who serve vulnerable and underserved populations, increased? (Grantee Objective 8)					
Indicator/Measure	Data source(s) and Frequency	Evaluation Method	Staff Responsible for Collection	Analysis Method	Staff Responsible for Analysis
<ul style="list-style-type: none"> • # of FQHC dental clinics • FTE of FQHC dental providers • FTE of RDH/RDHAPs • # of private dentists accepting Medi-Cal • # of dentists trained on various topics related to LOHP and SJ TEETH 	<ul style="list-style-type: none"> • FQHC, dentist, and RDH/RDHAP data from partner organizations, annually • Training attendance, annually 	Mixed Methods, including quantitative FQHC data, program records, and attendance logs, and qualitative data through training satisfaction surveys	Lead Evaluator, Team Member	<u>Quantitative:</u> <ul style="list-style-type: none"> • # of FQHC clinics over time • Increase in RDH/ RDHAP FTE over time • # of Medi-Cal DDS over time • # of DDS trained over time <u>Qualitative:</u> <ul style="list-style-type: none"> • Increase in dental provider knowledge over time 	Evaluation Advisory Group
Evaluation Question 2 Has awareness on the importance of oral health and general oral hygiene, and how to access services been increased? (Grantee Objectives 6,7,8,11)					
Indicator/Measure	Data source(s) and Frequency	Evaluation Method	Staff Responsible for Collection	Analysis Method	Staff Responsible for Analysis
<ul style="list-style-type: none"> • # of campaign materials created and/or adapted • Method of dissemination by partner organizations • Location of media placements • # of organizations disseminating materials • # of organizations using uniform oral health messages 	<ul style="list-style-type: none"> • Campaign impressions and reports from program and partner organizations, annually • Partner organization surveys, annually • Community surveys, annually 	Mixed methods; including quantitative data collected through program media reporting and partner and community surveys, and qualitative data through partner and community surveys	Lead Evaluator, Team Member	<u>Quantitative:</u> <ul style="list-style-type: none"> • # of campaign materials over time • # of organizations disseminating uniform messaging over time • Duration of campaign dissemination, over time <u>Qualitative:</u> <ul style="list-style-type: none"> • Increase in community awareness over time • Location of media placement over time 	Evaluation Advisory Group

Evaluation Question 3
 Has access to dental services improved for vulnerable and underserved populations?
 (Grantee Objectives 6,7)

Indicator/Measure	Data source(s) and Frequency	Evaluation Method	Staff Responsible for Collection	Analysis Method	Staff Responsible for Analysis
<ul style="list-style-type: none"> • # of oral health care coordinators • List of priority populations served • # of Women, Infant and Children (WIC) sites • # of school-based or school-linked dental programs in schools • # of on-site sealants placed and number of children receiving sealants • # of children receiving fluoride treatments on-site • # of on-site children referred for fluoride supplements or sealants • List of schools participating in KOHA activities 	<ul style="list-style-type: none"> • Program and partner organization reports, annually • Dental Transformation Initiative (DTI) progress reports, annually • School-based or school-linked program progress reports, quarterly • Summary of participation in KOHA activities 	Quantitative data collected through oral health consultant and DTI progress reports and partner organization reports	Lead Evaluator, Team Member, Oral Health Consultant	<u>Quantitative:</u> <ul style="list-style-type: none"> • Increase in # of oral health care coordinators • # of WIC sites that providing preventing oral health services over time • # of school-based or school-linked dental programs over time • # of children receiving fluoride treatment at school sites over time • # of children receiving sealants at school sites over time • # of sealants placed over time 	Evaluation Advisory Group

Evaluation Question 4
 Have preventive dental services been integrated into the medical setting?

Indicator/Measure	Data source(s) and Frequency	Evaluation Method	Staff Responsible for Collection	Analysis Method	Staff Responsible for Analysis
<ul style="list-style-type: none"> • # of prenatal providers receiving training • # of Primary Care Providers (PCP) incorporating oral health education and fluoride varnish 	<ul style="list-style-type: none"> • Partner organization reports, annually • Training records, annually 	Quantitative data collected through partner organization reports	Partner organizations, Lead Evaluator	<u>Quantitative:</u> <ul style="list-style-type: none"> • # of prenatal providers trained over time • Increase the # of PCPs incorporating oral health education and fluoride varnish 	Evaluation Advisory Group

Evaluation Question 5

Has countywide infrastructure and policies been established to support the implementation of the San Joaquin County Oral Health Strategic Plan?
(Grantee Objective 1,2,3,4,5,7,11)

Indicator/ Measure	Data source(s) and Frequency	Evaluation Method	Staff Responsible for Collection	Analysis Method	Staff Responsible for Analysis
<ul style="list-style-type: none"> • # of Strategic Task Force members • # of attendees at Task Force meetings • An action plan and communication plan • # of oral health related policies adopted 	<ul style="list-style-type: none"> • Task Force meeting dates, agendas, and minutes , quarterly • Meeting attendance, Quarterly • Action plan and communications plan, once • Program and partner organization reports, annually 	<p>Qualitative data collected through program records, attendance logs, partner organization reports, action plan, and communication plan</p>	<p>Lead Evaluator, Team Member, Oral Health Consultant</p>	<p><u>Quantitative:</u></p> <ul style="list-style-type: none"> • Strategic Task Force attendance over time • Development of action plan and communication plan • # of partner organizations adopting oral health related policy over time 	<p>Evaluation Advisory Group</p>

Appendix 4: Evaluation Timeline

San Joaquin County Oral Health Program Timeline of Evaluation Activities

Activity	2018	2019	2020	2021	2022
Phase I: Planning					
Form Oral Health Strategic Planning Steering Committee	Apr				
Needs Assessment	Mar – Jun				
Strategic Planning Retreat	Jul				
Strategic Planning Workgroups	Aug – Oct				
Final Action Plan	Nov				
Final Strategic Plan	Dec				
Final Evaluation Plan		Jun			
Phase II: Implementation					
Action Work Group Meetings		Quarterly, or as needed	Quarterly, or as needed	Quarterly, or as needed	Quarterly, or as needed
Strategic Taskforce Meetings		Quarterly	Quarterly	Quarterly	Quarterly
SJ TEETH Collaborative Meetings		Quarterly	Quarterly	Quarterly	Quarterly
Evaluation					
Develop/Adapt Data Collection Tools	April – Dec	Jan – Dec			
Pilot Data Collection Tools		Aug – Dec			
Semi-Annual LOHP Data Collected		Dec, Jun	Dec, Jun	Dec, Jun	Dec, Jun
Semi-Annual LOHP Data Reported		Jan, Jul	Jan, Jul	Jan, Jul	Jan, Jul
Annual Data Collected from Partner Agencies	Oct – Dec	Oct – Dec	Oct – Dec	Oct – Dec	Oct – Dec
Data Analysis and Interpretation		Dec	Jan / Dec	Jan / Dec	Jan / Dec
Annual Evaluation Results Reported to Partners			Feb	Feb	Feb
Comprehensive Program Evaluation Reported					July