Lassen County Oral Health Program Evaluation Plan For 2022-2027

Prepared by:
Cynthia Raschein, Director of Public Health
Jennifer Szostak, LVN, Oral Health Program Coordinator
Bahar Amanzadeh, DDS, MPH
Mayte Cruz, MPP

Funded by the California Department of Public Health, Moving California Oral Health Forward, Grant #22-10171

Table of Contents

1. Introduction

Evaluation Purpose

The primary goal of this evaluation is to monitor and assess the progress of the Lassen County Public Health Department's Local Oral Health Program (LOHP) in improving oral health care for all Lassen County residents. This evaluation plan outlines the framework that will guide the data collection, analysis, and interpretation of data to determine whether or not LOHP activities are meeting its intended goals and objectives. The Oral Health Advisory Committee (OHAC) of twenty-five members, along with the support of Dr. Bahar Amanzadeh (consultant), guided this process and helped develop the Vision and Guiding Principles of the LOHP. The OHAC and Dr. Amanzadeh also developed the Community Health Improvement Plan (CHIP) to guide the work of the LOHP in the County. This 5-year plan outlines the priorities for the County to facilitate access to oral health care.

Evaluation Team and Roles

The OHAC and Dr. Bahar Amanzadeh will guide the evaluation of the LOHP. This team boasts of experts and key players in the oral health care field, from community partners to public health department staff to dental providers. Appendix A provides a complete list of OHAC members.

Stakeholder Engagement

The stakeholders of Lassen County's LOHP include the Lassen County Department of Public Health, members of the OHAC, community partners, dental clinics, medical and dental care providers, and nonprofit organizations. These stakeholders guided the development and design of the CHIP and thus are familiar with the existing goals and objectives of the LOHP work. They will continue to be engaged in the LOHP by providing ongoing support and feedback on the implementation and the extent to which it is meeting its goals and objectives.

The LOHP will engage stakeholders who have extensive expertise in oral health care. Additionally, LOHP staff will solicit feedback from oral health care providers and relevant organizations who work with our priority populations. Stakeholders will be engaged on

an ongoing basis to keep them abreast of any updates and/or findings that surface from the evaluation.

Stakeholders are interested in learning what worked well from the LOHP work and identifying areas of improvement. The evaluation will help stakeholders reflect and strategize on collective solutions to improve service delivery for our priority populations in Lassen.

Those involved in program operations	Those served or affected by the program	The primary users of the evaluation
• CDPH – Office Oral Health • Local Oral Health Program • Schools and school districts • Community Clinics: ○ 3 or 4 clinics • Local Dentists: Dr. Barnie McCain, Dr. Frye • Early Childhood Education/Perinatal organizations (i.e., First 5, Head Start, WIC) • Partnering divisions within DPH: Child Health Disability Program (CHDP), CalFresh, Tobacco Use Reduction Program (TURP), Maternal Child Adolescent Health (MCAH), Child Safety Services (CCS), Health Education Advocate Resource Training Screenings (HEARTS)	• Children age 0 to 5 • School-aged children • Foster children and youth • Pregnant women • Underserved population and those who have Medi-Cal • Native American population	• OHAC (quarterly meetings) • LOHP staff • CDPH – OOH • Oral health workgroups • Agencies and organizations involved or affected by the LOHP

Intended Use and Users

The results of the LOHP evaluation will be shared with members of the OHAC, community partners, dental providers, and community members – with an emphasis on

populations who are impacted directly by the LOHP activities and nonprofit organizations. Additionally, the results will be shared with the California Department of Public Health, Office of Oral Health. Evaluation findings will be summarized and disseminated to relevant stakeholders through meetings, convenings, and email correspondence. The OHAC will use evaluation findings to measure the success of the LOHP. Furthermore, the indicators selected for the evaluation will provide a baseline against which to monitor and measure the progress of LOHP work as it is implemented.

Evaluation Resources

Lassen's LOHP will ensure that adequate resources and time is set aside for the evaluation. Existing resources include consulting services from Dr. Bahar Amanzadeh, the Lassen County Oral Health Needs Assessment Report, the OHAC, UCSF California Oral Health Technical Assistance Center, CDPH – OOH evaluation resources, and LOHP staff.

Based on the environmental scan conducted for the oral health needs assessment, Lassen has some baseline data that can be used for the evaluation. For example, Lassen DPH collects programmatic data internally and from partners (e.g., First 5 and Head Start) on oral health services provided to residents. Lassen also tracks and monitors Kindergartner Oral Health Assessment (KOHA) data from school districts.

Evaluation Budget

Lassen County DPH has dedicate adequate funds to conduct the evaluation of the LOHP-related work. This evaluation work is funded by the California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56).

2. Background and Description of the LOHP

Program Overview

Vision

Healthy Smiles for all in Lassen County.

Guiding Principles:

The Oral Health Advisory Committee identified the below guiding principles to guide the process of developing the Oral Health Community Health Assessment and its focus areas:

1. Focus on prevention and education
2. Community-informed and evidence-based services and approaches to care
3. Identifying and addressing the needs and gaps in the oral health of our underserved and rural population
4. Sustainability
5. Partnerships and collaboration

Lassen County's LOHP has identified the six main goals below as the main focus areas.

Goal 1: Increase the accessibility and utilization of preventive oral health services at the community level.

Objectives:

- By 2024 increase the number of community sites/outreaches that provide oral health screenings, fluoride varnish (FV), and education.
- By 2026 increase the number of schools that offer preventive oral health services (e.g., education, screenings, dental sealants, FV, care coordination)
- By 2025 increase the number of children who receive dental sealants
- BY 2026 increase the percentage of Medi-Cal enrolled children ages 1 to 20 who receive a preventive dental service.
- By 2025 increase the number of referrals to dental providers.
- By 2026 create dental homes for children who do not have regular access to dental providers.
- By 2023 Improve KOHA performance (at least back to before COVID)

Goal 2: Increase the knowledge of good oral health practices and dental benefits and services for the public and high-risk population.

Objectives:

- By 2023 increase the number of organizations (including schools) delivering consistent, effective, and culturally appropriate oral health messaging.
- By 2023 increase awareness on the importance of oral health and healthy behaviors.
- By 2023 improve the knowledge level of the population on oral health best practices and Medi-Cal eligibility.
- By 2023 increase access to oral health Information.
- By 2023 improve the oral health knowledge base of staff trained through train the trainer, including school staff/nurses.

Goal 3: Integrate oral health into pediatric and primary care and perinatal settings for ages 0-5, pregnant women, and breastfeeding mothers.

Objectives:

- By 2023, increase the knowledge, comfort, and competency of pediatric medical providers in integrating oral health into their settings through providing training and technical assistance.
- By 2025, Increase the number of pediatric primary care providers who integrate oral health screening, FV application, and referral to care into the well-child visit.
- By 2026, increase the number of pediatric and perinatal providers that have integrated oral health into their practice.

Goal 4: Develop and train a reliable workforce of oral health providers to serve the rural population of Lassen County and improve access to care for the priority population.

Objectives:

- By 2025, increase the retention of dental providers (dentists and RDHAPs) in the community.
- By 2026, increase the number and capacity of dental providers accepting Medi-Cal.
- By 2026, improve the engagement of dental providers in community health.
- By 2025, increase the capacity of safety net clinics to expand services to young children and vulnerable populations.

Goal 5: Develop a plan for community water fluoridation (CWF) and start fluoridating.

Objectives:

- By 2025, develop an implementable action plan for CWF in Lassen County.
- By 2023, create a strong group of champions to advocate for CWF.

Goal 6: Develop partnerships, strengthen the alignment among the leadership of organizations and county and coordinate the efforts to support the purposes of this plan.

Objectives:

- By 2023, create a network of internal and external organizational leaders committed to integrating oral health into their work and policies.
- By 2024, we are strengthening the infrastructure to support the plan's implementation.
- By 2024, creating alignment among partners and leadership to support the CHIP implementation.

Need

While data on oral health is limited, the OHAC and LOHP staff looked into different sources of local and state-level data to understand the level of oral health needs in Lassen. Based on analysis of existing data sources, the OHAC and LOHP staff found that:

- There is a high rate of dental caries, especially in children 0-5.
- The rate of Emergency Department Non-Traumatic Dental Conditions (NTDCs) are about three times higher than California average in all of the age groups, which indicates the high level of untreated and unmet dental needs.
- There is a low utilization rate of Medi-Cal dental preventive services for children.
    - Sealant rates are much lower than California average for children 6-9 years old.
    - The rate of preventive dental visits for young children 1-5 years old is lower than the state average.
- Primary care providers have a low rate of FV application for young children.

- The oral health literacy level of families on oral hygiene and practices is, in general, low.
- Access to affordable vegetables and fruits is limited, which indicates the importance of working with nutritional programs.
- Some prominent access to dental care barriers includes geographical distance, transportation, and difficulty finding a dentist.

Context

Lassen County is home to beautiful mountains, with the main town of Susanville as the center and the rural settings of the rest of the County. Government jobs employ most of Lassen County's workforce with County, City, School Districts, three prisons; California Correctional Center, High Desert State Prison and Herlong Federal Correctional Institution, and Sierra Army Depot as the major industries. Other larger private employers include Banner Lassen Medical Center, Northeastern Rural Health Clinic, Lassen Community College, Wal-Mart, Safeway, and Susanville Supermarket. The County also have several fast-food restaurants, privately owned restaurants, and other small retailers. Walkability in the county is limited due to rural roads with little to no shoulder, dangerous curves, rare sidewalks, and long distances between desired destinations. However, there are many miles of developed trails for recreational use, such as hiking, biking, and horseback riding.

Given its rural location, there are unique barriers in accessing the care that affects the population's oral health. Below are challenges specific to Lassen when it comes to the capacity of the dental providers:

- Few local dental providers and retention specialty in the clinics:
    - "Many of the dentists are retiring or leaving, and we are not getting new dentists."
- Lack of local Pediatric Dentists who can meet the high dental needs of the children; "some don't have the necessary materials."
- Low skills of local dental providers/clinics in treating children or hospital dentistry

- Lack of a local dental society or a "hub" for dentists to connect, get CEs, and form a provider community
- In some cases, low coordination among clinics and local private providers for referral to the appropriate care.

Target Population of the LOHP

The LOHP's vision is to provide healthy smiles to all Lassen County residents. Thus, the LOHP will focus on the priority populations below – which have been historically underserved and thus experienced poor health-related outcomes:

- Children 0-5 years old
- School-aged children
- Foster children and youth
- Pregnant women
- Underserved population and those who have Medi-Cal
- Native American population

Stage of Program Development

The LOHP is currently in its planning and implementation phase. Over the last year, LOHP staff have begun implementing LOHP activities. These activities include developing and implementing school-based oral health programs and strategies. The next grant cycle focuses on school oral health programs and efforts towards water fluoridation. Lassen County's LOHP is ahead of the game in collaborating with school districts and establishing school-based oral health programs to facilitate the delivery of preventive oral care services for children in the priority population.

Logic Model

The logic model (included as Appendix A of this evaluation plan) provides an overview of the work the LOHP staff in Lassen plans on developing and implementing over the next few years. It visualizes the key components of the LOHP and the relationship across inputs, activities, outputs, and intended short-, medium-, and long-term outcomes. As shown in the logic model, Lassen's LOHP related work will focus on: increasing access to and utilization of preventive oral health services within the community; increasing knowledge of oral health education and public awareness;

integrating dental and primary medical care for early childhood and perinatal populations; strengthening the dental workforce; and developing a plan for community water fluoridation.

3. Focus of the Evaluation

Stakeholder Needs

Lassen County Department of Public Health's LOHP staff will use the evaluation findings to make data-informed decisions. The evaluation findings will be shared with the OHAC to reflect on the LOHP's accomplishments and identify the next steps to continue to move this work forward. This work will help LOHP staff establish a baseline to monitor and measure progress as the work is implemented in Lassen County. The evaluation will help determine the extent to which the LOHP has accomplished its goals and objectives and guide ongoing planning to improve oral care for all Lassen County residents.

Evaluation Questions

1. To what extent has the oral health of the priority populations in Lassen County improved? (State objectives 2, 3 and 5)
2. What processes have been established to build infrastructure and partnerships to achieve LOHP goals? (State objective 1)
3. How successful has the LOHP been at implementing school oral health programs at increasing access to preventive dental services and linking to dental services? (State objective 2.1, 2.2, 2.3)
4. Have the approaches implemented increased KOHA reporting? (State objective 3)
5. To what extent have community advocacy efforts and outreach strategies effectively promoted oral health knowledge and preventive care practices in Lassen County? (State objective 4 and 5)

6. What was the LOHP able to achieve in terms of engaging providers (e.g., private dentists and Medi-Cal dental providers) and integrating dental and primary care for early childhood and perinatal population? (State objectives 5.2 and 6)

Indicators

To address our evaluation questions, Lassen County LOHP's success will be measured through quantitative and qualitative indicators. Indicators will help measure increased access to dental services for priority populations, the success of school-based oral health programs, integration of dental and primary care for early childhood and perinatal populations, and oral health outcomes for all residents in Lassen County.

The evaluation grid below shows that most of our indicators rely on primary and secondary data. While the majority of our indicators are quantitative, qualitative data, where relevant, will be collected to help contextualize quantitative findings.

Evaluation Methods

The LOHP will use a mixed-methods approach, combining qualitative and quantitative data to answer our evaluation questions and measure the progress of our LOHP-related work. This approach will help us quantify progress towards our goals and provide more depth in understanding the successes and challenges of implementing the LOHP.

Our evaluation approach and questions will answer the Results-Based-Accountability (RBA) questions: What did we do? How well did we do it? What difference did our program make in facilitating oral care for priority populations?

Evaluation Standards

The LOHP will ensure that the standards of effective evaluation (i.e., utility, feasibility, propriety, and accuracy) are applied throughout the evaluation. LOHP staff will engage stakeholders in an ongoing way to ensure that the utility of our evaluation will help answer our questions and make data-driven decisions to improve programming. The feasibility standards will be addressed by ensuring that our evaluation is realistic and not overly ambitious. LOHP staff will ensure that propriety standards are addressed by conducting an ethical evaluation that is mindful of those involved in the evaluation

and/or affected by its results. And lastly, accuracy standards will be addressed by ensuring that the data collected are reliable and that interpretation of data is impartial.

4. Gathering Credible Evidence: Data Collection

Data Collection

Overall, the evaluation relies on primary and secondary data sources. LOHP staff will collect data from multiple sources, including surveys, surveillance systems, utilization data from the Department of Health Care Services, programmatic data collected internally and from community-based organizations as available. LOHP staff will also collect process data on the number of OHAC meetings held, number of workgroups established, etc. Qualitative data will also be collected throughout the evaluation to help contextualize findings from quantitative data. For example, key informant stakeholders will be interviewed to assess any successes or barriers to improving access to oral health for priority populations.

Depending on the frequency of activities, data will be collected yearly or one time. The evaluation grid below provides more details on how often the data will be collected. The Oral Health Program Coordinator will be responsible for collecting data throughout the evaluation period. Data will be stored in a centralized location that will only be accessible by Lassen LOHP staff.

Evaluation Plan Grid

Evaluation Question	Indicator/Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Collection	A v
1. **To what extent has the oral health of the priority populations in Lassen County improved? (State objectives 2, 3 and 5)**	1. % of kindergarteners with caries experience 2. % of third graders with caries experience 3. % of third graders with untreated caries 4. % of children ages 6-9 on Medi-Cal insurance who received dental sealant on at least one molar 5. % of children ages 0-20 on Medi-Cal who have had a preventive dental visit 6. % of adults ages 21+ on Medi-Cal insurance who have had an annual dental visit 7. % of pregnant women with a dental visit during pregnancy	1, 2 & 3. Oral health census collected three years into the evaluation to measure change over time 4, 5 & 6. Medi-Cal utilization collected annually to measure change over time 7. Maternal and Infant Health Assessment (MIHA) regional data as proxy for Lassen County, collected annually to measure change over time	Quantitative data collected through screenings, publicly available data (i.e., Medi-Cal utilization data), and data requests from local and state entities	Oral Health Program Coordinator	D in o c d s in a d ra g e a
2. **What processes have been established to build infrastructure and**	1. LOHP staffing at DPH 2. # of workgroups established	1, 2, 3, 4, & 5. Documentation of activities, ongoing	Quantitative data from publicly available sources	Oral Health Program Coordinator	Q a w es

Evaluation Question	Indicator/Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Collection	A
partnerships to achieve LOHP goals? (State objective 1)	3. # of collaborative workgroup meetings 4. # of OHAC meetings 5. List of partners 6. Development of CHIP and evaluation plan (once every five years) 7. Completing progress reports (bi-annually) 8. Identifying needs and resources to improve oral health of vulnerable populations	6. CHIP plan developed 7. Documentation of bi-annual progress reports 8. Interviewing/ gathering information from community partners on oral health needs of priority populations and any successes, yearly	List of workgroups, annually List of collaborative workgroup meetings List of OHAC meetings Qualitative data from bi-annual progress reports and community partners		ti o m Q o c a in y
3. How successful has the LOHP been at implementing school oral health programs at increasing access to preventive dental services and linking to dental services? (State objective 2.1, 2.2, 2.3)	1. # of new school-based oral health programs established in public elementary schools 2. # of children receiving a dental assessment in new school-based oral health programs, annually 3. # of children receiving preventive dental services (i.e., sealants, fluoride varnish, fluoride education) in new school-	1-6. programmatic data collected during dental assessments and event at school sites, annually 7. Developing oral health data sheet to gather and track information by school, ongoing	Quantitative data collected from school-based oral health events	Oral Health Program Coordinator	D th fr o p a d th s h

Evaluation Question	Indicator/Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Collection	A v
	based oral health programs, annually 4. # of children referred to a dental clinic 5. # of children accepted referral 6. # of children whose dental needs were addressed 7. Success of implementation of referral management system 8. Written care coordination protocol				
4. Have the approaches implemented increased KOHA reporting? (State objective 3)	# of KOHAs at baseline # of KOHAs collected over time # barriers identified # of strategies implemented to improve KOHA reporting # of oral health assessment activities	Data entered by school districts in the System for California Oral Health Reporting (SCOHR), and internal programmatic data and documentation of outreach strategies	Quantitative data from school districts entered in SCOHR data system and internal programmatic data	Oral Health Program Coordinator	Q a a d c

Evaluation Question	Indicator/Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Collection	A
	# of assessment events Providing assistance/helping them understand KOHA requirement.				
5. **To what extent have community advocacy efforts and outreach strategies effectively promoted oral health knowledge and preventive care practices in Lassen County? (State objective 4 and 5)**	1. Development of communication plan 2. Health literacy campaign plan 3. Implementation of communication plan 4. # of educational activities through LOHP as well as partnering agencies (e.g., rethink your drink), as well as other health literacy for parents and caregivers 5. # of resources shared with providers on SDF benefits and application 6. # of oral hygiene tool kits distributed 7. # of community trainings and/or advocacy	1-3. Documentation of finalized community plan and health literacy campaign, once 4-7. Internal programmatic data, records of educational/advocacy activities, resources shared, list of partners to whom resources shared, yearly	Quantitative data – mainly programmatic data Qualitative data to assess implementation of communication plan	Oral Health Program Coordinator	A q q m

Evaluation Question	Indicator/Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Collection	A V
	activities to promote community water fluoridation				
6. What was the LOHP able to achieve in terms of engaging providers (e.g., private dentists and Medi-Cal dental providers) and integrating dental and primary care for early childhood and perinatal population? (State objectives 5.2 and 6)?	1. List of identified areas of additional training needs 2. List of OH training topics 3. # of FQHC providers trained on oral health and using an active referral list 4. # of perinatal classes that have incorporated oral health 5. # of pediatric medical providers and OB/GYNs who will integrate oral health services and referrals into patient visits 6. Identifying challenges and successes with integrating dental and primary care for early childhood and perinatal population	1. Communication with providers and organizational leaders 2-5. Documentation of meeting minutes, training sign-in sheets, satisfaction survey after each training 6. Interviews with dentists and PCPs who serve the perinatal population and young children	Quantitative – internal programmatic data (e.g., sign-in sheets, satisfaction survey) Qualitative data to identify challenges and successes of integrating dental and primary care	Oral Health Program Coordinator	

Timeline of Evaluation Activities

Evaluation activities will occur from 2022 to 2027. During this five-year period, there will be a mid-point evaluation to allow LOHP staff and stakeholders to review accomplishments, identify ongoing challenges and barriers, and make any modifications to improve the implementation of LOHP activities. Evaluation progress will be reported to CDPH's Office of Oral Health via the bi-annual progress reports.

5. Justifying Conclusions: Analysis and Interpretation

Analysis

We will use a mixed-methods approach to analyze the quantitative and qualitative data collected. In the first year of our evaluation, data collected will help establish a baseline by which the LOHP and stakeholders can gauge progress as LOHP activities are implemented. For example, we will use the KOHA data to determine where school districts where in reporting data in SCOHR during the first year of the evaluation and whether there were increases or decreases by the end of the evaluation. Where applicable, qualitative data collected from interviews will help identify what worked best and what did not work so well. For utilization data, we will analyze trends to evaluate population-level indicators.

Interpretation

LOHP staff, the OHAC, and key stakeholders will analyze and interpret the data collected for this evaluation. If the budget allows, the LOHP may consult an evaluator to help interpret the data. The Oral Health Program Coordinator will oversee the implementation of LOHP activities and will also be the lead in ensuring that data is collected consistently and accurately throughout the evaluation period. If the Oral Health Program Coordinator notices a gap in the data, they will consult with the team to identify alternative data sources.

6. Ensuring Use and Sharing Lessons Learned: Report and Dissemination

Dissemination

Findings from the LOHP evaluation will be shared with stakeholders outlined in this evaluation plan. The program coordinator will share findings verbally via a PowerPoint presentation (e.g., quarterly OHAC meetings, workgroup meetings, etc.). The final evaluation findings will be shared with stakeholders and Lassen County residents. Additionally, we will circulate evaluation findings over email and potentially social media for individuals who cannot join workgroups or OHAC meetings. Through our dissemination plan, we want to make sure that lessons learned are elevated and help inform next steps for the LOHP.

Audiences	How Results will be Shared
• OHAC members • Community Partners and Stakeholders • Board of Supervisors • Lassen residents • CDPH – Office of Oral Health	• Workgroup meetings via PowerPoint presentation • Email – share presentation of evaluation findings • Bi-annual progress reports

Use

The evaluation findings will be used to measure the LOHP's progress toward meetings its goals and objectives. This evaluation can also be used as a tool to inform Quality Improvement (QI) efforts. For instance, as the LOHP establishes and expands school oral health services, the evaluation will help elevate what's working well and what's not working so well for schools on an ongoing basis.

As LOHP activities are implemented and services are expanded through partner organizations, the question of sustainability (that is, how can we sustain this work?) will be one of the leading conversations following the implementation of the activities.

Lastly, findings from this evaluation can also provide insights for other counties, specifically rural counties, seeking to implement their own oral health program.

7. Appendix

Lassen County Evaluation Plan's Alignment with State Objectives		
Evaluation question	**State Objective**	**Timeframe**
1. To what extent has the oral health of the priority populations in Lassen County improved?	Objectives 2 and 3	2022-2027
2. What processes have been established to build infrastructure and partnerships to achieve LOHP goals?	Objective 1	2022-2027
3. How successful has the LOHP been at implementing school oral health programs at increasing access to preventive dental services and linking to dental services?	Objective 2.1, 2.2, 2.3	2022-2027
4. Have the approaches implemented increased KOHA reporting?	Objective 3	2022-2027
5. To what extent have community advocacy efforts and outreach strategies effectively promoted oral health knowledge and preventive care practices in Lassen County?	Objective 4	2022-2027
6. What was the LOHP able to achieve in terms of engaging providers (e.g., private dentists and Medi-Cal dental providers) and integrating dental and primary care for early childhood and perinatal population?	Objectives 3	2022-2027

Lassen County Local Oral Health Program Logic Model

Inputs

Existing Infrastructure
- Lassen County Department of Public Health
- LOHP funding and staff

Additional Infrastructure
- 2022-2027 Oral Health Improvement Plan
- Oral Health Advisory Committee
- Community Partners and Stakeholders (e.g., First 5 Lassen, Head Start, WIC, MCAH)
- CDPH – OOH
- Kindergarten Days
- Dental providers
- Dental clinics
- Dental and medical providers who accept Medi-Cal
- Child Health and Disability Program (CHDP)
- Lassen County Office of Education
- Kindergarten Round Upe
- Lassen County Health & Social Services

Additional resources as they become available
- Dental providers, particularly those who accept Medi-Cal
- Community partners willing to partner in OH work
- Additional publicly available data
- Strong partnerships with community members/organizations
- School-based sealant program

KOHA = Kindergarten Oral Health Assessment
OH = Oral Health
PPs = Priority Populations
FV= Fluoride Varnish
HER = Electronic Health Record

Activities

Access to Community-Based Prevention & Outreach
- Expand OH screening, FV application, and community education
- Strengthen referrals via EHR
- Establish school-linked/based services
- Expand LOHP activities and partnerships
- Increase awareness of existing resources through partnership with Lassen Links

Education & Public Awareness
- Develop an OH public health campaign
- Develop and distribute materials on OH (e.g., Denti-Cal benefits and how nutrition affects OH)
- Provide training resources on OH
- Implement school interventions

Integration of Dental & Primary Care for Early Childhood & Perinatal Population
- Engage pediatric PCPs from community clinics and private providers
- Identify perinatal providers in Lassen
- Train pediatric PCPs on OH assessment, FV application, and OH education
- Partner with WIC and MCAH

Dental Workforce & Access to Care
- Develop tools to attract dental providers and expand skills
- Engage with dental providers to address existing barriers
- Explore innovative ways to improve the workforce
- Improve accessibility of OH surgery for PPs
- Hire care coordinator to facilitate service access

Community Water Fluoridation
- Establish a workgroup
- Engage advocacy organizations and policymakers

Partnerships, Leaderships, & Coordination of Countywide Efforts
- Identify OH best practices to replicate
- Participate in workgroups
- Engage decision-makers to enact OH agenda
- Participate in Board of Supervisor meetings

Outputs

Access to Community-Based Prevention & Outreach
- Increase community and school outreach
- Development of school OH plans
- Increase OH screenings of kindergarteners and 3rd graders at eligible schools
- Establish more partnerships with schools and community partners to provide OH screenings and FV application

Education & Public Awareness
- Communication plan developed
- Reach PP though public OH campaign
- Select appropriate OH education materials and feasible strategies to distribute materials

Integration of Dental & Primary Care for Early Childhood & Perinatal Population
- Engage pediatric PCPs from community and private clinics to provide OH services
- Assess training needs of pediatric PCPs and appropriate trainings provided
- Train pediatric PCPs on integrating OH into their practice
- Strengthen partnerships with stakeholders (WIC and MCAH)

Dental Workforce & Access to Care
- Strategies identified to increase Medi-Cal Dental providers and private dentists working with PPs
- Trainings provided to OH workforce
- Keeping providers up to date on current or existing services

Community Water Fluoridation
- CWF workgroup members
- Visible action plan for water fluoridation

Partnerships, Leaderships, & Coordination of Countywide Efforts
- Quarterly OHAC meetings
- OH workgroups established
- Ongoing workgroup meetings throughout the year attended within and outside of DPH

Expect

Short Term:
- Increase % of and entering
- Increase acce PPs
- Increase OH

Intermediate:
- Increase know eligibility amo
- Increase % of Medi-Cal who services
- Increase % of referred and e
- Increase % of preventive OH
- Increase % of providers inte
- Increase refer dentists worki
- Engage decisi leaders to cre

Long Term:
- Increase % of
- Implement act
- Reduce % of graders with d caries
- Reduce % of dental caries
- Increase % of who have rec

State Oral

8. References

Centers for Disease Control and Prevention. *A framework for program evaluation* [Internet]. Atlanta, GA: CDC; [last updated 2017 May 15]. Available from: https://www.cdc.gov/eval/framework/index.htm

Centers for Disease Control and Prevention. *Evaluation Standards*. Available from: https://www.cdc.gov/evaluation/standards/index.htm