SAN BERNARDINO COUNTY LOCAL ORAL HEALTH PROGRAM

Evaluation Plan 2019-2022

Local Oral Health
San Bernardino County Department of Public Health
info@smilesbc.org

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Prepared by:

Sahiti Bhaskara, BDS, MPH | Director of Public Policy Research
Center for Oral Health

Bonnie Flippin, MBA | Program Coordinator
Ndifreke Etim, MSPH | Statistical Analyst
San Bernardino County Local Oral Health Program

Table of Contents

INTRODUCTION

EVALUATION PURPOSE

The purpose of this evaluation is to assess the implementation of the San Bernardino County Local Oral Health Program (LOHP). The evaluation will be a combination of formative and summative evaluations of all LOHP objectives outlined in the San Bernardino County Strategic Plan for Oral Health 2019-2024. The evaluation will also assess the LOHP's role in supporting implementation of other stakeholder-led components of the strategic plan. The evaluation will be stakeholder-driven and iterative and will be conducted on an ongoing basis until the end of the current grant cycle (ending June 31, 2022). One annual evaluation report and four quarterly status updates will be published to disseminate findings of the evaluation. All evaluation findings will be interpreted in collaboration with the LOHP, San Bernardino Department of Public Health (SBDPH) Leadership, Local Oral Health Program Advisory Committee (AC) and other involved partners.

EVALUATION TEAM AND ROLES

The Statistical Analyst of the LOHP will be the evaluation lead. The LOHP will also identify an external consultant to support the evaluation lead and provide dental public health technical assistance to the LOHP. The LOHP will also be supported indirectly and as needed by the SBDPH Research, Assessment and Planning Unit. A surveillance and evaluation workgroup of the AC has been established and will meet every alternate month of the year starting in October 2019. This workgroup will advise all LOHP data, surveillance and evaluation activities. Further review and recommendations will be requested from the other workgroups and AC on an ongoing basis. Evaluation will be addressed as a standing item during all workgroup and AC meetings to build and maintain a culture of evaluation.

STAKEHOLDER ENGAGEMENT

The LOHP is the primary stakeholder in this evaluation. Additionally, several stakeholders have been and will continue to be engaged in the development, periodic review, implementation, communication and utilization of findings of the evaluation. Stakeholders will be engaged through several methods – AC, workgroups and the regional oral health coalition called the Oral Health Action Coalition of Inland Empire. Finally, and most importantly, community members/ beneficiaries of LOHP's services will be engaged in this evaluation. Community members have been engaged through interviews and focus groups to conduct the comprehensive oral health needs assessment that informed the development of the strategic plan and will continue to inform evaluation of the LOHP's activities.

In summary, the three key stakeholder categories are:

1. LOHP and the evaluation team
2. Partners and stakeholders (excluding service recipients)
3. Service recipients/ beneficiaries and community members

The key aspects/ perspectives of the evaluation that stakeholders are likely to be interested in are as follows:

1. Effectiveness of the LOHP in implementing its work plan
2. Strength of the network and extent of engagement of stakeholders and partners involved in LOHP activities.
3. Minimum duplication, suitable replication of best practices and maximum leveraging of existing programs, resources and partnerships.
4. Effectiveness of the components of the strategic plan implemented and addressed by the LOHP
5. Effectiveness of collaboration with and integration into other public health programs of SBDPH

List of stakeholders is as follows:
Note that this list is updated monthly, and several partners choose to support specific activities of the LOHP as feasible.

211/ United Way	Oral Health Action Coalition of Inland Empire
America's Tooth Fairy	Loma Linda University, School of Dentistry
Arrowhead Regional Medical Center	Kaiser Permanente
Assistance League of San Bernardino	Institute for Health Policy and Leadership, Loma Linda University
Autism Society Inland Empire	Molina Health
Black Infant Health Program, SBC-DPH	Morongo Basin Community Health Center
Borrego Health	Parktree Community Health Center
Center for Oral Health	Public Health Foundation Enterprises WIC Program
Children's Health and Disability Prevention Program, SBC-DPH	Nutrition Program, SBC-DPH
Clinic Operations Dental Services, SBC-DPH	Reach Out
Community Health Association Inland Southern Region	Riverside University Health System—Public Health, Local Oral Health Program
Community Members	SAC Health System
Community Outreach and Education, SBC-DPH	San Antonio Regional Hospital — Communities Institute
Crest Forest Senior Citizens Club	San Bernardino City Unified School District
Dentistry 4 Kids	San Bernardino County Department of Child Support Services
Dentistry 4 Kids of Fontana	San Bernardino County Department of Aging & Adult Services

El Sol Neighborhood Education Center	San Bernardino County Homeless Partnership
Family Health Services, SB-DPH	San Bernardino County Preschool Services Department
First 5 Riverside	San Bernardino County Superintendent of Schools
First 5 San Bernardino	Smile California; Delta Dental of California
Foothill AIDS Project	St. Mary's Medical Center
Geri Smiles Inc.	State Council on Developmental Disabilities
Healthy Fontana	TELACU Residential Management
Healthy Teeth for Kids	Tobacco Control Program, SBC-DPH
Hi-Desert Memorial Healthcare District	TODEC Legal Center
Home and More Mobile Dental	Transitional Age Youth Services, SBC-DPH
Indian Health Center, Yucca Valley	Tri-County Dental Society
Inland Empire Health Plan	Victor Valley Domestic Violence Inc. - A Better Way
Inland Regional Center	Vision y Compromiso
March of Dimes — Inland/ San Diego	Western University of Health Sciences, School of Dentistry
Maternal Child and Adolescent Health Program, SBC-DPH	Women, Infants and Children Program, SBC-DPH

INTENDED USE AND USERS

Evaluation findings will be used by the LOHP on an ongoing basis to make data and results-driven decisions regarding program improvement. Findings will also be used by the LOHP and SBDPH to expand oral health infrastructure, programs and integration into other systems/ services in the county.

The evaluation will be stakeholder-driven and iterative and will be conducted on an ongoing basis until the end of the current grant cycle (ending June 31, 2022). One annual evaluation report and four quarterly status updates will be published to disseminate findings of the evaluation. All evaluation findings will be interpreted in collaboration with the LOHP, SBDPH Leadership, the AC and other involved partners.

Findings will thus be used by partners, stakeholders and community members to learn from the LOHP, compare and contrast their own oral health efforts with LOHP to maximize learnings and advance favorable oral health policies and systems of care.

EVALUATION RESOURCES

New and existing evaluation resources that will be used to implement this evaluation plan are as follows:

1. **Community oral health needs assessment (NA):** A comprehensive countywide oral health needs assessment was completed in 2018. This NA informed the development of

the oral health strategic plan and its methods and findings will serve as a baseline resource for this evaluation.

2. **SBDPH data infrastructure:** There are several resources (tools, skilled professionals and best practice examples) within SBDPH that will support this evaluation and the LOHP's data needs. Examples of said resources include an interactive data visualizing and mapping platform called Socrata and survey platforms like Qualtrics.

3. **Surveillance and Epidemiology efforts:** SBDPH is currently conducting a countywide basic screening survey of kindergarten and 3rd grade students to establish a baseline of dental disease prevalence among the county's children. Several tools and methods were developed for the NA that will be implemented on an ongoing basis over the upcoming years. The LOHP will also be developing an oral health surveillance plan and system to support oral health efforts in the County.

4. **Community partners and experts:** The County is home to many community-based organizations, think tanks, universities, providers and primary care clinics and a regional oral health coalition who all possess expertise in dental and public health research, evaluation and epidemiology.

EVALUATION BUDGET

The LOHP has currently allocated $24,000 for evaluation activities that include development of the evaluation plan, conducting the basic screening survey and establishing key data processes (based on the NA) for ongoing implementation. The LOHP has also allocated an annual budget to staff a statistical analyst who will serve as the evaluation lead and will be allocating funds for consultant support related, in-part, to ongoing evaluation activities/assistance. The budget for FY 2019-2022 will be reviewed annually and evaluation resources will be allocated accordingly.

BACKGROUND AND DESCRIPTION OF THE SB-LOHP

Mission: To facilitate and coordinate a countywide oral health program to improve oral health of all San Bernardino County residents.

Vision: We envision a county where all individuals have equal opportunities and resources to achieve and maintain optimal oral health.

Values/ Foundational Principles:

The LOHP activities and strategic plan efforts will:

1. Be evidence-based and/or evidence-informed; aligned with established best practices (key reports and frameworks).
2. Be driven and informed by subject-matter experts, service providers and key stakeholders.
3. Be informed by community needs and participatory input from members of the community at all stages.
4. Align with concepts of collective impact and leadership:
    a. Common agenda
    b. Shared measurement practices (includes evaluation)
    c. Mutually reinforcing activities
    d. Continuous communication
    e. Ongoing guidance from the AC
5. Align closely with and be informed by the California State Oral Health Plan.
6. Focus on ensuring programs and initiatives are driven by sustainability.
7. Be interprofessional and collaborative — address common risk factors.
8. Focus on prevention but will not exclude treatment needs.
9. Be culturally and linguistically sensitive and competent.
10. Address socio-demographic determinants across the board.
11. Inform with public policy and foster systems-level change which will be tracked and addressed across all areas of the plan.
12. Address unique needs of underserved and vulnerable populations.

GOALS AND OBJECTIVES

Detailed list on Page 27 – Appendix B

The Strategic Plan for Oral Health 2019-2024 outlines several goals, strategies and objectives for improving oral health of San Bernardino County. This strategic plan is a countywide collaborative plan, i.e. LOHP will not take the lead on implementing all strategies. Strategies fall into one of the following three categories of implementation (*terms only for internal use*):

LOHP total: Strategies to be implemented in totality by the LOHP.

LOHP partial: Strategies to be implemented by multiple partners including the LOHP

Non-LOHP: Strategies to be implemented by partners other than LOHP.

It is important to note that the LOHP will continue to foster partnerships and promote/ support implementation of all strategies. Similarly, the AC and other community partners will continue to advise all activities of the LOHP.

This evaluation plan covers only those strategies that will be implemented either fully or partially by the LOHP. The LOHP's leadership and convening role in supporting implementation of other strategies will also be evaluated, but specific objectives will not be evaluated under this evaluation plan.

In the summer of 2019, a collaborative implementation will be developed by the AC and workgroups. During this process and in workgroups, evaluation of 'Non-LOHP' strategies will be planned.

NEED

There is a strong need for the LOHP in San Bernardino. Through a comprehensive needs assessment, several key oral health care needs were identified.

Dental disease is prevalent in San Bernardino County's children. More than 30% of the low-income children ages 0–5 years (as defined by enrollment in Head Start programs) suffer from untreated tooth decay. Several children ages 0 to 18 years use the emergency department for non-traumatic dental conditions, with the rate of visits being highest among 6-9 year old children.

While data on utilization of dental services by the general population is scarce (identified as a data gap), utilization of services by Medi-Cal eligible children is lower than California average. In San Bernardino County, while there has been a steady increase over the last four years in the percentage of children ages 0-20 years who visit the dentist at least once a year or receive preventive dental services, more than half the children did not have a dental visit in 2016. Rate of utilization of any dental service by children 0-20 years of age was 43.3% in 2015, 43.1% in 2016 and 45.1% in 2017 (calendar year).

Rate of utilization of an annual dental service by Medi-Cal eligible adults in San Bernardino County (17.0%) was lower than California average (21.5%) in 2017. Medi-Cal eligible adults in San Bernardino County utilize preventive dental services at a rate similar to the California average (12.4% compared to 11.9% in San Bernardino County).

Pregnant women in San Bernardino County utilize dental services during pregnancy at a significantly lower rate (33.2%) than California average (43.0%). Younger women, those with lower family incomes and education attainment, and those insured by Medi-Cal have lower than average rate of dental services use during pregnancy.

Older adults ages 65 and above have unique oral health care needs and more than 40% of older adults surveyed in a convenience sample reported not visiting the dentist in over 12 months. Statewide data shows that older adults, especially those residing in skilled nursing homes have a significant level of unmet dental needs. The key barrier faced by older adults to

accessing timely and needed dental care is the inability to pay or lack of appropriate insurance coverage.

While key informants (e.g. service providers and public health care providers) reported that lack of awareness and knowledge were driving the community's poor oral health, focus group participants (community members) reported otherwise. Several focus group participants reported that they were aware of the recommended oral hygiene routines, knew they should visit a dentist annually, and understood the connection between oral and overall health. However, oral health was not a priority for many who had other, more pressing issues to deal with, including social determinants like employment and poverty.

The knowledge gaps that were reported by focus group participants pertained to more specific oral health recommendations, including: A child's first visit should be by his/her first birthday or when the first tooth comes, whichever happens first.

- Several preventive oral health services can be safely provided in schools and community settings.
- Medi-Cal insurance comes with coverage for dental care (Denti-Cal).
- It is safe and important to have a dental cleaning and assessment at least once during pregnancy.
- A primary care clinician can perform a caries risk assessment, apply fluoride varnish and prescribe fluoride supplementation if needed for children during their well-child visits.

Qualitative data collected during focus group discussions also revealed the need for: A unified message on the importance of oral health and the preventive nature of most dental diseases.

- Better, more accessible and periodically updated oral health resources for various populations.
- A simple, user-friendly and easily-accessible referral system for dental care.
- Guides for advocating for one's own or a family members' oral health, especially for individuals with intellectual and developmental disabilities (I/DDs) and older adults.

While San Bernardino County has several professionally active dental providers, there is a significant need to build capacity for an increase in pediatric dentists and for them to service younger children 0-3 years old, serve children and adults with I/DDs, and accept Medi-Cal.

Nearly 30% of all public schools with grades K-6 reported having an oral health program serving their students. Of these, 69% of schools reported that their oral health program included delivery of preventive services, which may include dental sealant application for eligible students.

There is great potential for better integration of dental services into medical, social and community services. Poor integration of dental and medical care or social services and a siloed approach to dental service delivery was noted as a barrier by several key informants and focus groups participants.

San Bernardino County has several strong programs, providers and organizations who are very engaged and committed to improving population oral health. The county is also one of few that works closely with surrounding counties, implemented projects in consortia, has a regional oral health coalition and focuses on collaboration for collective impact.

CONTEXT

Oral health is an integral part of an individual's overall health and well-being. Poor oral health can affect individuals at all life stages, from infancy to older adulthood. While dental disease is largely preventable and treatable, several population groups including children from low-income families, older adults (age 65 and older), racial and ethnic minorities, low-income pregnant women, people with special health care needs and people living in rural or remote communities struggle to gain access to quality dental care. Untreated tooth decay (dental caries) and periodontal diseases lead to unnecessary pain, infection and tooth loss. They also contribute to poor quality of life, poor health outcomes and share common risk factors with other medical conditions such as diabetes, heart disease and poor reproductive/ birth outcomes. Improving access to dental care and preventing dental diseases are also Healthy People 2020 goals.

The California Oral Health Plan 2018-2028 was published in early 2018 under the leadership of the State Dental Director and the Office of Oral Health of the California Department of Public Health. This plan is a 10-year framework for addressing oral health disparities in local communities and statewide and is built to align with the four focus areas of the California Wellness Plan: healthy communities; optimal health systems linked with community prevention; accessible and usable health information; and prevention sustainability and capacity. The program is funded by tax dollars generated as a result of passage of the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56 Tobacco Tax).

In January 2018, with funding from the California Department of Public Health and guided by the California Oral Health Plan, a Local Oral Health Program (LOHP) was established within the San Bernardino County Department of Public Health (SBC-DPH). The LOHP was tasked to conduct a comprehensive oral health needs assessment and engage stakeholders to develop an oral health strategic plan. To facilitate this process, the LOHP hired the Center for Oral Health (COH), a non-profit organization with a mission to improve oral health, especially of vulnerable populations. The LOHP in collaboration with COH, then established the LOHP Advisory Committee (AC) that is comprised of individuals representing various sectors in the county: Universities and dental schools, community-based organizations, SBC-DPH leadership, other public health and social support programs, community clinics, individual dental and medical providers, hospital systems and managed care plans, among several others. This committee has been instrumental in ensuring that the needs assessment was conducted in a stakeholder-driven and community-participatory manner and provided input during every step of the process.

The strategic plan builds on the expertise of stakeholders across the county and takes into consideration existing programs, policies, best practices and environmental factors. Through coordination and expansion of strategies that increase accessibility and utilization of oral health services, increased awareness of the importance of oral health as part of overall health, a stronger oral health workforce and quality data and surveillance, this plan provides a comprehensive roadmap for improving the oral health of all San Bernardino County communities.

TARGET POPULATION

The LOHP serves all ages as well as foster children, pregnant women, individuals with intellectual and developmental disabilities, homeless individuals and families, individuals living with HIV/AIDS, individuals with chronic diseases, current smokers and tobacco users, rural communities, immigrants and refugees, and many more. The primary emphasis will be on children 0-5 years of age and school-aged children to establish good oral health practices and prevent the development of oral health problems early on. However, the unique needs and challenges faced by young adults, middle-aged adults, and older adults will also be addressed to ensure efforts improve the status of oral health for all residents in the county.

STAGE OF DEVELOPMENT

The LOHP is a new program which was established in January 2018. The program has been in a planning phase until June 2019. The LOHP is currently in the implementation phase and hence, the evaluation will be formative with some summative/ outcome evaluation components.

THEORY OF CHANGE

Oral health is an integral component of overall health and well-being and dental disease is 99% preventable. Dental disease can impact individuals across the life span. Oral health disparities by income, race/ ethnicity, geographic location (rurality of residence), disability status and other similar factors are prevalent in San Bernardino County. There are also several service providers, partners, resources and community champions who identify oral health needs of their communities, have expertise in dental public health and are deeply invested in this issue area. Upstream approaches with a prevention focus, collaborative mindset and a culture of evaluation must be central to all oral health efforts. Through a data-driven, evidence-based or evidence-informed, multi-pronged, stakeholder and community-informed approach, oral health of San Bernardino County can be improved.

LOGIC MODEL

See table on next page.

INPUTS	ACTIVITIES	OUTPUT	OUTCOMES
Staffing and Funding • Prop 56 Funding from CDPH Office of Oral Health • SB Local Oral Health Program (Specific staff may vary) • Consultants /Evaluators: TDB **Other Infrastructure** • Other divisions in SBDPH – e.g. Nutrition, Tobacco Control, Health Education, Vital Signs, Maternal, Child and Adolescent Health, Epidemiology and Surveillance • IT resources (as needed) **Partners and Oral Health Collaborative** • SB LOHP Advisory Committee • First 5 San Bernardino • CDPH Office of Oral Health • CA Department of Health Care Services • San Bernardino County Public Schools • Oral Health Action Coalition of Inland Empire • Managed Care Plans – Inland Empire Health Plan, Molina, etc. • Community-based organizations • Professional Associations • Universities and Academic Partners • Dental and non-dental providers, Dental clinics • National, State and Local Partners • Other stakeholders and community programs • Other Funders • Community champions and members	**Collaborate** • Establish and maintain an Advisory Committee • Establish and maintain workgroups for each focus area of the strategic plan • Engage with other collaborative and with other initiatives like the Dental Transformative Initiative **Assess** • Conduct an oral needs assessment and update relevant oral health data annually • Collect, aggregate, analyze and interpret oral health data on an ongoing basis to inform programs and policies • Develop and maintain an oral health surveillance plan and system **Implement** • Design, implement and maintain efforts/initiatives/projects related to oral health education, integration of medical and dental care and strengthening of the oral health workforce • Increase access to care and minimize barriers through innovative approaches **Evaluate** • Develop and implement an evaluation plan • Evaluate the program annually and make necessary updates and improvement • Consistently engage stakeholders in the evaluation process	• SB LOHP Advisory Committee that meets quarterly • Workgroups that meets on an ongoing basis (*Specific names and meeting frequency TBD*) • Strategic Plan for Oral Health 2019-2024 • Oral Health Needs Assessment • Local Oral Health Program Evaluation Plan • SB County Oral Health Surveillance Plan • Annual data updates (data points to be determined by collaborative) • Publicly available data with interpretations, trend analysis and limitations • Data tables and ad-hoc reports as needed • Annual LOHP evaluation report and individual project evaluation reports • Project protocol toolkits and descriptions • LOHP interactive website with educational materials • County-wide public awareness campaign (print and digital)	**Short Term:** • Increase capacity • Enhanced collaboration • Targeted surveillance • Collaborative communications • Coordinated system to address specific needs **Intermediate:** • Increased utilization of data and resources for program decision making • Increased number of engaged partners • Increased number of policies and programs that support oral health • Increased engagement of dental, medical and social services workforce • Increased number of people receiving evidence-based interventions **Long Term:** Reduction in • Dental caries prevalence and untreated caries as measures in kindergarten and third grade children • Unmet dental needs among low-income (Medi-Cal eligible) individuals • Oral & pharyngeal cancers • Emergency room visits • Health disparities

FOCUS OF THE EVALUATION

STAKEHOLDER NEEDS

Evaluation findings will be used by the LOHP on an ongoing basis to make data and results-driven decisions regarding program needs, development and improvement. Findings will also be used by the LOHP and SBDPH to expand oral health infrastructure, programs and integration of best practices into other systems/ services in the county.

The evaluation will be stakeholder-driven and iterative and will be conducted on an ongoing basis until the end of the current grant cycle (ending June 31, 2022). One annual evaluation report and four quarterly status updates will be published to disseminate findings of the evaluation. All evaluation findings will be interpreted in collaboration with the LOHP, SBDPH Leadership, the AC and other involved partners. Findings will thus be used by partners, stakeholders and community members to learn from the LOHP, compare and contrast their own oral health efforts with LOHP to maximize learnings and advance favorable oral health policies and systems of care.

The table below summarizes the users of this evaluation, what information they need from the evaluation and how they intend to use the information to achieve what they need or set out to accomplish.

Users	Need/Want to Know	Uses
LOHP and the evaluation team	• How to enhance or refine the program • Whether the program activities are driving intended results. • How much of the improvement is attributable to the LOHP and its funding from CDPH?	• Implement changes to increase effectiveness of the program
Partner Organizations, other Organizations Stakeholders and Regional Coalition	• Which geographical areas do oral health service gaps remain in the county. • Whether there has been a change in oral health utilization. • How knowledge and an understanding of the importance of oral health has changed	• Facilitate improvement/ change of system of care. • Guide development of oral health interventions • Identify gaps in oral health care and opportunities for service expansion within the county • Enhance efforts to communicate the importance of oral health • Make operational decisions and apply for funding

Users	Need/Want to Know	Uses
Community Residents (priority populations, parents/guardians, etc.)	• How knowledge and an understanding of the importance of oral health has changed • How access to care has improved	• Enhance efforts to communicate the importance of oral health • Inform opportunities for advocating for policy change

EVALUATION QUESTIONS

1. How and to what extent has the LOHP integrated oral health into other public health and social service programs of San Bernardino County?
   - Are non-dental providers and program integrating oral heath in their workflow?

2. Has oral health knowledge increased and translated into an increase in utilization of preventive dental services?
   - What is the extent of standardization and non-duplication of oral health messaging in San Bernardino County?

3. To what extent are policy and program decisions (by LOHP and its partners) being made based on 'current' (no more than 2 years old), actionable and representative data?
   - Is there a sound oral health surveillance system in place to support oral health in San Bernardino County?

4. What is the strength, diversity and extent of the 'network' of partners who collaborate with each other and the LOHP to achieve objectives of the oral health strategic plan?

5. Has there been a change in oral health service utilization and outcomes in San Bernardino County?
   - Has there been a reduction in geographic disparities in access to dental services among San Bernardino County residents.
   - If yes, to what extent?

INDICATORS

To answer the evaluation questions, a set of indicators have been developed. Each of the indicators will be measured through specific modes of data collection as outlined in the evaluation plan grid. Indicators will be refined and updated as data collection methods are streamlined, and relevant tools are designed. Indicators will be also be updated when work plan and evaluation plan updates are made over the next three program years. Indicators will measure effectiveness of efforts to increase access to and utilization of preventive services, change in oral health knowledge of populations served, strength and relevance of oral health

data and surveillance capacity, strength and extent of networks to maximize collaborative impact and the integration of oral health into medical and other services.

EVALUATION METHODS

The evaluation will be both formative and summative. The formative component of the evaluation will assess the LOHP with the goal of informing its implementation and potential changes/ improvements through an interactive process. The summative component of the evaluation will measure outcomes of the work implemented by the LOHP. Since the evaluation spans less than four years and the program is new, an impact evaluation will not be conducted. A hybrid (mixed-methods) approach will be taken to evaluate the program. Data, both qualitative and quantitative, will be collected, analyzed and interpreted by the evaluation team in collaboration with the surveillance and evaluation workgroup of the AC. Data collection methods will yield primary and secondary data from surveys, census, document reviews, interviews, focus groups and observations.

EVALUATION STANDARDS

The Joint Commission on Standards for Educational Evaluation prescribes specific standards for program evaluation. The LOHP evaluation team and stakeholders will incorporate the following standards.

Utility Standards: Stakeholders and partners identified in earlier sections of the evaluation will be engaged throughout the lifespan of this evaluation. The evaluation team will ensure that the needs of stakeholders and intended users are integral to the process and findings are communicated in a clear and timely manner.

Feasibility Standards: All components of the evaluation including specific data sources like the surveillance system will be analyzed for feasibility before implementation. Evaluation processes and protocols will be negotiated and established proactively to ensure smooth implementation.

Propriety Standards: The evaluation team will ensure measures are taken to maintain data security, inclusivity and transparency throughout the process.

Accuracy Standards: The evaluation team and stakeholder groups will ensure accountability in the way the LOHP evaluation is planned, implemented, interpreted and disseminated.

Accountability Standards: In collaboration with its stakeholders, the LOHP will ensure that the findings and recommendations of the evaluation are utilized to make programmatic improvements.

GATHERING CREDIBLE EVIDENCE: DATA COLLECTION

DATA COLLECTION

Data for the evaluation will be collected from a multitude of sources as listed in the evaluation activities grid. Data will be generated from LOHP programs, the surveillance system, external/ partner data systems, electronic health records, survey and census data (primary and secondary) and qualitative data in the form of interviews, focus groups, observations and document reviews. The LOHP evaluation team will lead collection, analysis, interpretation and dissemination of evaluation data/ findings.

The Appendix outlines performance measures and potential indicators of the surveillance plan.

A summary of data sources is as follows:

Proposed primary data sources	Proposed secondary data sources
Basic Screening Survey (2019)	American Dental Association
Basic Screening Survey of Older Adults	Behavioral Risk Factor Surveillance System
Survey of Parents/Caregivers of Individuals w I/DDs	California Cancer Registry
Oral Health Census of Primary Care Clinics	California Dental Board
Census of Dental Offices	California Department of Health Care Services
Oral Health Census of Public Schools	California Health Interview Survey
Denti-Cal Provider Survey	Health Resource and Services Administration
Network survey and mapping	Kindergarten Oral Health Assessment Data System
	Maternal Infant Health Assessment
	Public Information Report
	Office of Statewide Planning and Development
	Youth Behavioral Surveillance System

EVALUATION PLAN GRID

Evaluation Question	Indicator/ Performance Measure ** Data will be stratified by age group, geographic location, race/ ethnicity and target populations wherever applicable*	Data Source	Evaluation Method	Analysis Method with Standard of Comparison ** Several baseline statistics/ prevalence estimates are yet to be established. Comparison to baseline will be done for most, if not all indicators*	Staff Responsible for Collection and Analysis
1. How and to what extent has the LOHP integrated oral health into other public health and social service programs of San Bernardino County? Has there been an increase in access to preventive dental and referral services?	# of county public health and social services programs with an oral health component (assessment, education, referrals etc.) # of individuals receiving oral health education and/ or referrals from WIC clinics # of pregnant women receiving oral health education and/ or referrals at CPSP provider sites # of CHDP providers implementing oral health protocols for	Program logs and data systems, sign-in sheets and internal report extracts collected quarterly Training logs, evaluation surveys, follow-up surveys, qualitative interviews, structured observations collected on an ongoing basis Clinic and program protocols, claims data as available, special claims data requests and Electronic Health	Quantitative secondary data collected through data requests Quantitative primary data collected through surveys Qualitative data collected through structured interviews, observations and document review	Descriptive analysis quantifying number and types of services and programs Mixed methods analysis of adoption and integration of oral health services by non-dental providers and programs Descriptive statistics quantifying change in knowledge after oral health trainings	TBD

Evaluation Question	Indicator/ Performance Measure ** Data will be stratified by age group, geographic location, race/ ethnicity and target populations wherever applicable*	Data Source	Evaluation Method	Analysis Method with Standard of Comparison ** Several baseline statistics/ prevalence estimates are yet to be established. Comparison to baseline will be done for most, if not all indicators*	Staff Responsible for Collection and Analysis
	assessment, education FV application, and fluoride supplementation (if needed) during well-child visits # of other primary care providers implementing oral health protocols during well-child visits # of preschools and elementary schools with an oral health program that serves them annually and provides oral health assessments, education and referrals at a minimum #, % and geographic distribution of elementary schools with a school-based or	Records collected quarterly Medi-Cal/ DHCS and Managed Care (IEHP, Molina etc.) data requests collected annually			

Evaluation Question	Indicator/ Performance Measure ** Data will be stratified by age group, geographic location, race/ ethnicity and target populations wherever applicable*	Data Source	Evaluation Method	Analysis Method with Standard of Comparison ** Several baseline statistics/ prevalence estimates are yet to be established. Comparison to baseline will be done for most, if not all indicators*	Staff Responsible for Collection and Analysis
	school-linked dental sealant program # of children served through school-based or linked program, types of services received (FV, fluoride supplementation, Sealants, Treatment) and # of those who have established a dental home within a year from service # of non-dental providers and staff trained on basics of oral health and best practices for integration				
2. Has oral health knowledge increased and translated into an increase in utilization of preventive dental services? What is the	# of individuals who received standard oral health education/ messages	Program logs, records and sign-in sheets	Quantitative secondary data available open-source or collected through data requests	Descriptive analysis quantifying number and types of services and programs; utilization of dental services and change	TBD

Evaluation Question	Indicator/ Performance Measure ** Data will be stratified by age group, geographic location, race/ ethnicity and target populations wherever applicable*	Data Source	Evaluation Method	Analysis Method with Standard of Comparison ** Several baseline statistics/ prevalence estimates are yet to be established. Comparison to baseline will be done for most, if not all indicators*	Staff Responsible for Collection and Analysis
extent of standardization and non-duplication of oral health messaging in San Bernardino County?	#, types and quality of oral health educational tools, resources and materials being used in the community by LOHP and its partners Change in knowledge as it relates to specific oral health messages, especially those focused on prevention of dental disease Participant assessment of quality of oral health information shared # and rate of utilization of any dental service by Medi-Cal eligible individuals # and rate of utilization of any preventive	Pre and post intervention evaluation questionnaires Satisfaction surveys and evaluations Structures interviews and focus groups Inventory of oral health education tool and resources used by LOHP and its partners Medi-Cal Open Data Portal and PRA data requests from DHCS for granular data as needed	Quantitative primary data collected through surveys Qualitative data collected through document reviews, structured interviews and focus groups	over time Mixed methods analysis of adoption of standardized oral health messages and educational tools Descriptive statistics quantifying change in knowledge after oral health education sessions	

Evaluation Question	Indicator/ Performance Measure ** Data will be stratified by age group, geographic location, race/ ethnicity and target populations wherever applicable*	Data Source	Evaluation Method	Analysis Method with Standard of Comparison ** Several baseline statistics/ prevalence estimates are yet to be established. Comparison to baseline will be done for most, if not all indicators*	Staff Responsible for Collection and Analysis
	dental services by Medi-Cal eligible individuals # and rate of utilization of sealants by Medi-Cal eligible children ages 6-14 years				
3. To what extent are policy and program decisions (by LOHP and its partners) being made based on 'current' (no more than 2 years old), actionable and representative data? Is there a sound oral health surveillance system in place to support oral health in San Bernardino County?	Documentation of data-driven discussions at workgroup and other relevant partner/ stakeholder meetings Documentation of data reports and publications with sound and current data Documentation of surveillance and evaluation plan implementation Stakeholder reviews of availability and quality	Meeting agendas, minutes and sign-in sheets Annual review and updates to the oral health surveillance plan Annual review and updates to the evaluation plan Mid-term review of the oral health strategic plan	Qualitative data collected through document reviews, structured interviews and focus groups	Analysis of rate, efficiency and accuracy of implementation of plans and processes Quantitative analytics of views, downloads and citations of published data and reports Qualitative analysis of stakeholder review of surveillance infrastructure and change attributable to the LOHP	TBD

Evaluation Question	Indicator/ Performance Measure ** Data will be stratified by age group, geographic location, race/ ethnicity and target populations wherever applicable*	Data Source	Evaluation Method	Analysis Method with Standard of Comparison ** Several baseline statistics/ prevalence estimates are yet to be established. Comparison to baseline will be done for most, if not all indicators*	Staff Responsible for Collection and Analysis
	of oral health data for planning and decision-making	Annual review of new and old publications and updates to performance measures Dissemination (electronic and print) of data reports to relevant audiences Structured interviews of stakeholders and users of published data/ materials			
4. What are the strength, diversity and extent of the 'network' of partners who collaborate with each other and the LOHP to achieve	Documentation of meetings, convenings and other partner engagement activities Stakeholder assessment	Meeting agendas, minutes and sign-in sheets Structured interviews, semi-qualitative surveys	Network mapping and analysis	Network mapping and analysis Qualitative analysis of stakeholder input	TBD

Evaluation Question	Indicator/ Performance Measure ** Data will be stratified by age group, geographic location, race/ ethnicity and target populations wherever applicable*	Data Source	Evaluation Method	Analysis Method with Standard of Comparison ** Several baseline statistics/ prevalence estimates are yet to be established. Comparison to baseline will be done for most, if not all indicators*	Staff Responsible for Collection and Analysis
objectives of the oral health strategic plan?	of quality, quantity and strength of networks	and document reviews			
5. Has there been a change in oral health service utilization and outcomes in San Bernardino County? Has there been a reduction in geographic disparities in access to dental services among San Bernardino County residents. If yes, to what extent?	Percentage of Kindergarten and 3rd grade children who have experienced tooth decay Percentage of Kindergarten and 3rd grade children with untreated tooth decay Percentage of 3rd graders (7–8 year old children) who have a dental sealant on at least one permanent molar Percentage of pregnant women who had at least one dental visit during pregnancy	Basic Screening Survey Medi-Cal Open Data and PRA data requests Maternal Infant Health Assessment Data American Dental Association, California Health Interview Survey and California Dental Board data Countywide dental provider surveys	Quantitative primary data (survey and assessment) collected by LOHP and its partners Quantitative secondary survey and claims data	Probabilistic survey data analysis Descriptive statistics of quantitative survey and claims data	TBD

Evaluation Question	Indicator/ Performance Measure ** Data will be stratified by age group, geographic location, race/ ethnicity and target populations wherever applicable*	Data Source	Evaluation Method	Analysis Method with Standard of Comparison ** Several baseline statistics/ prevalence estimates are yet to be established. Comparison to baseline will be done for most, if not all indicators*	Staff Responsible for Collection and Analysis
	Percentage of active dentists who accept Medi-Cal Distribution (Medi-Cal eligible population to active Medi-Cal dentist ratio) of dentists by geographic area, rurality and city # of active (Medi-Cal and other) dentists serving 0-3 year old children, pregnant women, individuals with intellectual and developmental disabilities				

JUSTIFYING CONCLUSIONS:

ANALYSIS:

Statistical analysis of quantitative data will be conducted to generate descriptive and comparative statistics as needed. When data is available, analysis of trends over time and comparison to an established baseline will be conducted. Qualitative data will also be analyzed systematically by developing codebooks in relation to data collection guides and identifying themes and patterns. A mixed methods approach will be used to answer the overarching evaluation questions.

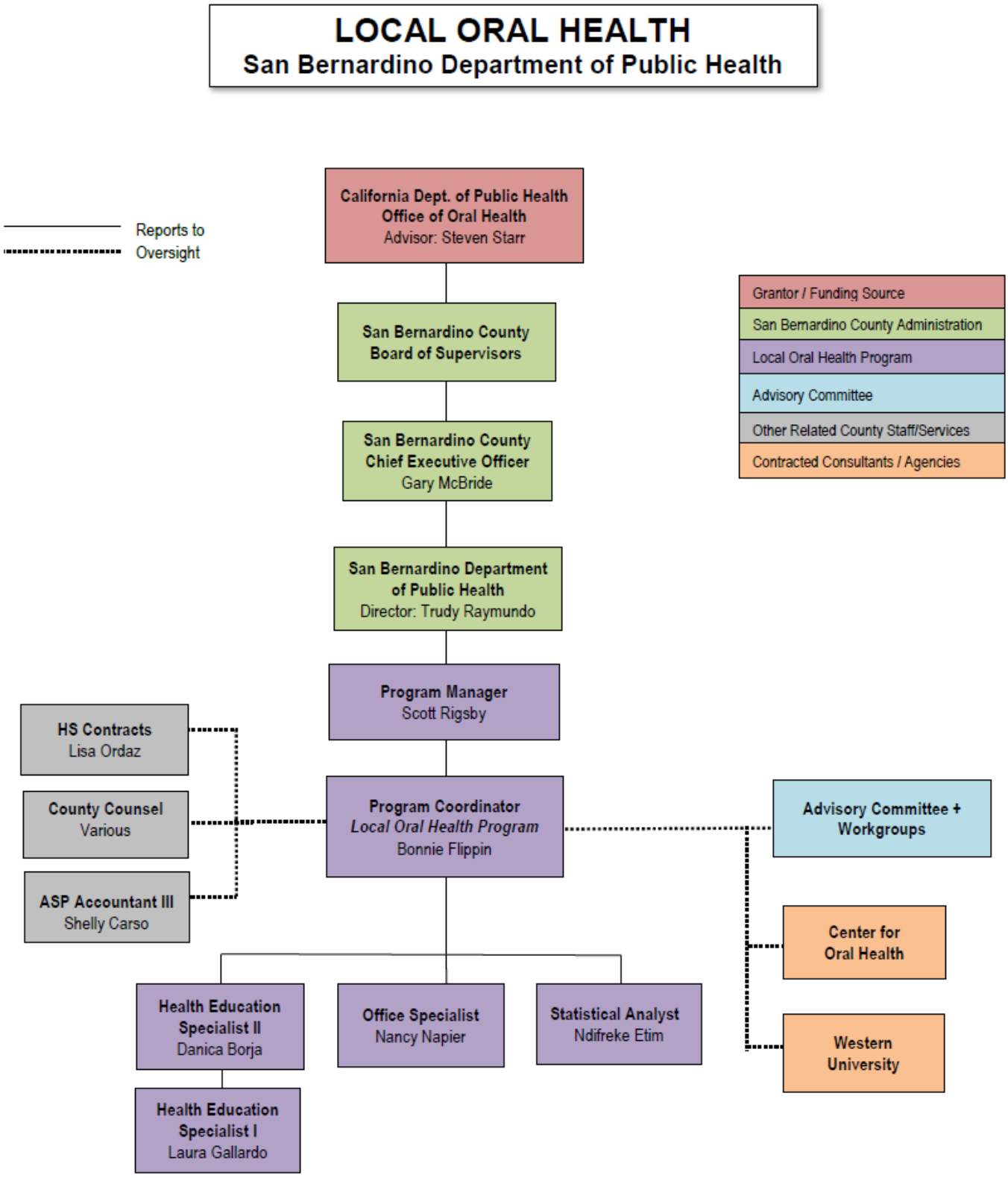
INTERPRETATION:

Data will primarily be interpreted by the evaluation team, one dataset at a time and in combination/ context with other related datasets. Interpretations will be presented to the AC and the surveillance and evaluation workgroup for critique and development of recommendations.

ENSURING USE AND SHARING LESSONS LEARNED

Findings from the evaluation will be disseminated to stakeholders, SBDPH leadership and the Office of Oral Health in the form of an annual report. On a quarterly basis, a status update will be shared with the evaluation users and stakeholders. In collaboration with the evaluation team and evaluation stakeholders, evaluation findings will be used to develop recommendations and make program changes/ improvements.

APPENDIX A: LOCAL ORAL HEALTH PROGRAM ORGANIZATIONAL CHART



APPENDIX B: STRATEGIC PLAN SUMMARY

I. ACCESS TO ORAL HEALTH CARE	
Goal: Increase the availability, accessibility and utilization of oral health services.	
Strategies	**Objectives**
1. Evaluate and address barriers	1.1: Establish centralized/user-friendly and modular referral system
	1.2: Support use and dissemination of the referral system
	1.3: Increase the use of existing transportation support services for Medi-Cal eligible individuals
2. Support innovative and alternative approaches to increase points of access	2.1: Implement/evaluate the Local Dental Pilot Project of Inland Empire (LDPP-IE)
	2.2: Conduct feasibility analysis of sustained implementation and expansion of LDPP-IE
	2.3: Increase # of individuals receiving dental services through non-traditional modes (mobile, VDH, etc.)
3. Support school-based/linked programs	3.1: Increase # of schools with school-based/linked oral health programs
	3.2: Increase consent rate for school-based/linked oral health services through promotion and education
	3.3: Increase completion and reporting of Kindergarten Oral Health Assessments
4. Increase access to preventive services, education, and care coordination for 0-5 year old children	4.1: Include preventive services at all Head Start, Early Head Start, and State Preschools
	4.2: Include preventive services at other early education and community sites (e.g. WIC, Family Resource Centers, etc.)
5. Support unique needs of pregnant women, older adults, and individuals with intellectual and developmental disabilities (I/DDs)	5.1: Provide assistance to/ support programs serving pregnant teens/ women to increase utilization
	5.2: Provide assistance to/ support programs serving individuals with I/DDs to increase utilization
	5.3: Increase # of older adults in skilled nursing homes receiving oral health services

II. ORAL HEALTH KNOWLEDGE, EDUCATION, AND PUBLIC AWARENESS

Goal: Empower individuals and communities with information to take action to improve and maintain their oral health.

Strategies	Objectives
1. Implement public awareness campaign	1.1: Implement data-informed public awareness campaign
2. Disseminate oral health messages	2.1: Leverage community programs to disseminate population-specific education modules
3. Develop standardized resources	3.1: Develop/ update modules through an LOHP subcommittee on oral health education (quarterly)
	3.2: Create/ update inventory of education tools/ campaigns for various population groups
	3.3: Create/ update print/ digital tools for teens/ young adults, pregnant women, older adults, I/DD
	3.4: Create/ update advocacy guide and inventory of resources for individuals with I/DDs
4. Identify and train community champions	4.1: Identify and train community champions to expand and sustain reach to various populations groups

III. ORAL HEALTH WORKFORCE

Goal: Expand and strengthen the workforce to meet the varied oral health care needs of the county.

Strategies	Objectives
1. Expand Medi-Cal dental workforce	1.1: Increase % of general/specialty providers who accept Medi-Cal
	1.2: Increase # of Medi-Cal providers that treat pregnant women/ follow AAPHD pregnancy guidelines
	1.3: Increase # of providers who treat children and adults with I/DDs
2. Advocate for incentive programs for dental providers	2.1: Develop publications/ fact sheets/ resources regarding existing loan repayment programs
	2.2: Assess barriers faced by new/ recent graduates in applying for/ receiving repayment/ forgiveness
3. Facilitate collaboration and learning among the network of dental professionals	3.1: Establish countywide listserv for 1) Dentists, 2) Dental Hygienists, 3) Dental Assistants
	3.2: Organize trainings for dental professionals (prevention, literacy, medical-dental integration)
	3.3: Develop communities of practice for 1) I/DD, 2) pregnant women, 3) school based/ linked topics
4. Partner with workforce pipeline programs to increase exposure to students	4.1: Include workforce pipeline programs in AC and OHAC-IE to promote dental professions
	4.2: Present to workforce pipeline programs to promote pursing dental professions after high school
5. Partner with post-secondary educational institutions	5.1: Explore further development of skills in treating individuals with I/DDs and older adults among dental/ hygiene students

IV. INTEGRATION OF SERVICES (MEDICAL, DENTAL, AND OTHER)

Goal: Empower service providers to improve the overall health and well-being of individuals through integrated approaches to care.

Strategies	Objectives
1. Increase knowledge of non-dental providers/staff through collaboration	1.1: Develop online trainings to increase knowledge of primary care providers, residents, nurses, and staff
	1.2: Provide annual trainings to primary care providers, residents-in-training, nurses, and front staff
2. Promote integration in pre-conception, pregnancy, and post-partum care	2.1: Develop standardized work flow/ toolkit to integrate education, risk assessment, and referrals
	2.2: Integrate oral health component (education and referrals) in WIC clinics
	2.3: Integrate oral health component (education and referrals) in CPSP certified practices
3. Promote integration in well-child visits	3.1: Increase # of CDPH sites applying fluoride varnish on children 0-5 years of age
	3.2: Provide trainings on implementation of AAP prevention practices for children 0–5 years of age
	3.3: Implement standardized workflows integrating oral health into CHDP well-child visits
4. Increase engagement of dental providers to promote healthy behaviors among patients	4.1: Increase # of dental providers adopting "Oral Health Literacy in Dental Offices Toolkit"
	4.2: Increase # of dental providers implementing tobacco counseling, Rethink Your Drink, referrals

V. COORDINATION OF COUNTYWIDE EFFORTS

Goal: Promote partnerships and collective efforts to optimize resources and achieve sustained improvements for oral health.

Strategies	Objectives
1. Engage/educate policy decision makers to garner/maintain support for efforts	1.1: Organize annual community convenings on specific oral health topics
	1.2: Conduct in-person meetings on oral health care needs and policies and impact on health/well-being
	1.3: Update county Board of Supervisors on status of oral health, challenges, strategic plan progress
2. Facilitate collaboration among stakeholders to leverage resources and mobilize action	2.1: Hold regional oral health coalition meetings to promote information sharing and collective action
	2.2: Increase active members who participate in activities of the regional oral health coalition
3. Incorporate oral health into all planning efforts for community improvement	3.1: Partner with hospital systems to promote health integration, oral health assessments, referrals
	3.2: Facilitate inclusion of oral health in the health topics assessed in county's various plans

VI. SURVEILLANCE, MEASUREMENT AND EVALUATION

Goal: Implement a comprehensive data collection, analysis, and reporting system to support countywide oral health efforts.

Strategies	Objectives
1. Develop/implement countywide surveillance system for ongoing monitoring of OH	1.1: Establish/ evaluate countywide oral health surveillance system for collection, analysis, interpretation
	1.2: Conduct basic dental screening survey of Kindergarten and 3rd graders and publish findings
2. Develop/implement evaluation system to assess effectiveness/ impact of initiatives	2.1: Develop/ update logic model and evaluation plan for LOHP
	2.2: Develop/ update evaluation plan for components of plan implemented by partners
	2.3: Provide evaluation assistance on approaches to evaluate SBC-DPH/ stakeholder-led activities
	2.4: Conduct mid-point review of the plan with stakeholders and make updates as necessary
3. Translate data into digestible/ effective insights to facilitate better utilization of info for action	3.1: Develop/ maintain interactive, web-based, data dashboard to share data insights and findings

APPENDIX C: STRATEGIC PLAN PERFORMANCE MEASURES

The overarching performance measures of the San Bernardino County Strategic Plan for Oral Health 2019-2024 are as follows –

1. Reduce the percentage of Kindergarten and 3rd grade children who have experienced tooth decay by 3%, by June 30, 2024.

2. Reduce the percentage of Kindergarten and 3rd grade children with untreated tooth decay by 5%, by June 30, 2024.

3. Increase the percentage of Medi-Cal eligible children 0 to 20 years of age, who have received at least one preventive dental service during the past year by 10% by June 30, 2024.

4. Increase the percentage of 3rd graders (7–8 year old children) who have a dental sealant on at least one permanent molar by 5% by June 30, 2024.

5. Increase the percentage of pregnant women who had at least one dental visit during pregnancy by 5%, by June 30, 2024.

6. Increase the percentage of Medi-Cal eligible children (0 to 20 years) and adults (21 to 64 years), who have had at least one dental visit during the past year by 10% and 5% respectively, by June 30, 2024.

7. Reduce the gap in percentage of children who have experienced tooth decay, between select race/ ethnicity groups by 3% in 2024.

8. Increase the percentage of active dentists who accept Medi-Cal by 3%, by June 30, 2024.

APPENDIX D: POTENTIAL SURVEILLANCE PLAN INDICATORS

The following indicators have been identified based on indicators identified by the Healthy People 2020 initiative, California Office of Oral Health Surveillance Plan, San Bernardino Strategic Plan for Oral Health 2019-2024 and the National Oral Health Surveillance System. These potential indicators will be further fine-tuned for feasibility, utility and sustainability to yield a final list of indicators for the San Bernardino County Oral Health Surveillance System. Many of these indicators will address indicators for evaluating the LOHP according to this evaluation plan.

Indicator	Population	Data Source	Primary or Secondary
ORAL HEALTH OUTCOME			
Caries Experience (with race/ ethnicity stratification)	Head Start	Prospective	
	Kindergarten	Basic Screening Survey	Primary
	Third Grade	Basic Screening Survey	Primary
	Newly arrived refugees	Prospective	
Untreated Dental Caries (with race/ ethnicity stratification)	Head Start	Prospective	
	Kindergarten	Basic Screening Survey	Primary
	Third Grade	Basic Screening Survey	Primary
	Children/Adolescents (<18 years), with I/DDs	Prospective	
	Adults, ≥65 years, in long-term care facilities, at congregate meal sites	Prospective	
Urgent Dental Treatment Needed	Head Start	Prospective	
	Kindergarten	Basic Screening Survey	Primary
	Third Grade	Basic Screening Survey	Primary
Permanent tooth extraction and permanent tooth loss	Adults, 18-64 years	Prospective	
	Adults, ≥65 years	Prospective	
Complete tooth loss	Adults, ≥65 years (non-institutionalized)	Prospective	
	Adults, ≥65 years, in long-term care facilities	Prospective	
	Adults, ≥65 years who are community-dwelling	Prospective	
Oral and pharyngeal cancer - incidence, stage at diagnosis, type, survival, mortality	All ages	CA Cancer Registry	Secondary
Overall condition of teeth	Adolescents/Adults (≥12 years)	California Health Interview Survey	Secondary

Indicator	Population	Data Source	Primary or Secondary
UTILIZATION			
Dental Visit (Annual visits and/or Evaluation)	Children/Adolescents (<18 years)	California Health Interview Survey Youth Risk Behavioral Surveillance System	Secondary
	Children/Adolescents (<18 years), with special needs	Prospective	Secondary
	Adults (≥18 years)	California Health Interview Survey Behavioral Risk Factor Surveillance System	Secondary
	All ages, enrolled in Medi-Cal	Department of Health Care Services	Secondary
	Pregnant women	Maternal Infant Health Assessment	Secondary
	All ages with diabetes	California Health Interview Survey Behavioral Risk Factor Surveillance System	Secondary
	Children in Head Start	Public Information Report & Prospective	Secondary
	Adults, ≥18 years, with disabilities	Prospective	
	Homeless, all ages	Prospective	
General anesthesia utilization	Children, under 6 years	Prospective	
Oral health services by a non-dentist provider	Children, under 6 years enrolled in Medi-Cal	Department of Health Care Services	Secondary
Patients receiving dental services			
• At FQHCs	All ages	Health Resources and Services Administration (UDS)	Secondary
• At CHCs	All ages	Prospective	
• Dental treatment (any)	All ages, enrolled in Medi-Cal	Department of Health Care Services	Secondary

Indicator	Population	Data Source	Primary or Secondary
Emergency room visits for non-traumatic dental conditions	All ages	Office of Statewide Health Planning and Development	Secondary
School and District participation in Kindergarten Oral Health Assessments	Kindergarten	KOHA Data System	Secondary
PREVENTION			
Preventive Dental Visit	Children/Adolescents (<18 years), with special needs	Prospective	
	Adults, ≥18 years, with disabilities	Prospective	
	Homeless, all ages	Prospective	
	Children enrolled in Medi-Cal (≤20 years)	Department of Health Care Services	Secondary
Dental Sealants	Kindergarten	Basic Screening Survey	Primary
	Third Grade	Basic Screening Survey	Primary
	Children, 6-9, at FQHCs	Health Resources and Services Administration (UDS)	
	Children, 6-14, enrolled in Medi-Cal	Department of Health Care Services	Secondary
Tobacco Cessation counseling in dental offices	Dental Clinics and Providers	Prospective	
Oral cancer screening in dental offices	Dental Clinics and Providers	Prospective	
ACCESS			
Dental coverage/insurance	All ages	California Health Interview Survey	Secondary
	All ages with diabetes	California Health Interview Survey	Secondary
Continuity of dental care for ≥2 years	All ages, enrolled in Medi-Cal	Department of Health Care Services	Secondary
School-based health centers with an oral health component	Schools	Prospective	

Indicator	Population	Data Source	Primary or Secondary
School-based health centers providing dental sealants	Schools	Prospective	
School-based health centers providing topical fluoride and other necessary fluoride supplementation as needed.	Schools	Prospective	
Schools with an oral health program	Schools	Prospective	
FQHCs providing dental services	Dental Clinics and Providers	Office of Statewide Health Planning and Development	Secondary
CHCs providing dental services	Dental Clinics and Providers	Office of Statewide Health Planning and Development	Secondary
INFRASTRUCTURE			
Community Health Worker and Home Visiting Programs that provide oral health counseling and care coordination	TBD	Prospective	
Community Water Fluoridation - % population served by fluoridated water	Policies	California Water Resources Control Board	Secondary
Number of school-based sealant programs	Children 6 years and older	Prospective	
Number of practicing dentists (by specialty and Medi-Cal acceptance)*	Dental Clinics and Providers	American Dental Association & California Dental Board	Secondary
Number of practicing dental hygienists	Dental Clinics and Providers	Office of Statewide Health Planning and Development	Secondary
Number of practicing dental assistants	Dental Clinics and Providers	Office of Statewide Health Planning and Development	Secondary

APPENDIX E: TIMELINE OF EVALUATION ACTIVITIES

Activity	2018	2019	2020	2021	2022
San Bernardino Oral Health Program – Contract with CDPH	Jan				
Phase I: Planning					
Form Oral Health Strategic Planning Advisory Committee	Mar				
Advisory Committee Meetings	Mar-Aug, Dec	Mar-May			
Conduct Needs Assessment	Mar-Dec				
Strategic Planning Meetings, Community Meetings, Workgroups	Sep-Dec	Jan-Mar			
Needs Assessment Final Report Submitted		July			
Final Work Plan		July			
Final Strategic Plan		July			
Final Evaluation Plan		July			
Phase II: Implementation					
Work Group Meetings		Monthly	Monthly and As Needed	As Needed	As Needed
Advisory Committee Meetings		Quarterly	Quarterly	Quarterly	Quarterly
Regional Oral Health Coalition Meetings (OHAC-IE)		Monthly	Monthly	Monthly	Monthly
Evaluation					
Develop/Adapt Data Collection Tools			Jan-Jun		
Pilot Data Collection Tools			Apr-Jun		
Quarterly Evaluation Update			Mar, Jun, Sep, Dec	Mar, Jun, Sep, Dec	Mar, Jun, Sep, Dec
Semi-Annual LOHP Data Collected			June	Dec & June	Dec & June
Semi-Annual LOHP Data Reported			July	July and Jan	July and Jan
Annual Data Collected from Partner Agencies			Oct-Dec	Oct-Dec	Oct-Dec
Data Analysis and Interpretation				Jan	Jan
Annual Evaluation Results Reported to Partners				Feb	Feb
Comprehensive Program Evaluation Reported					July