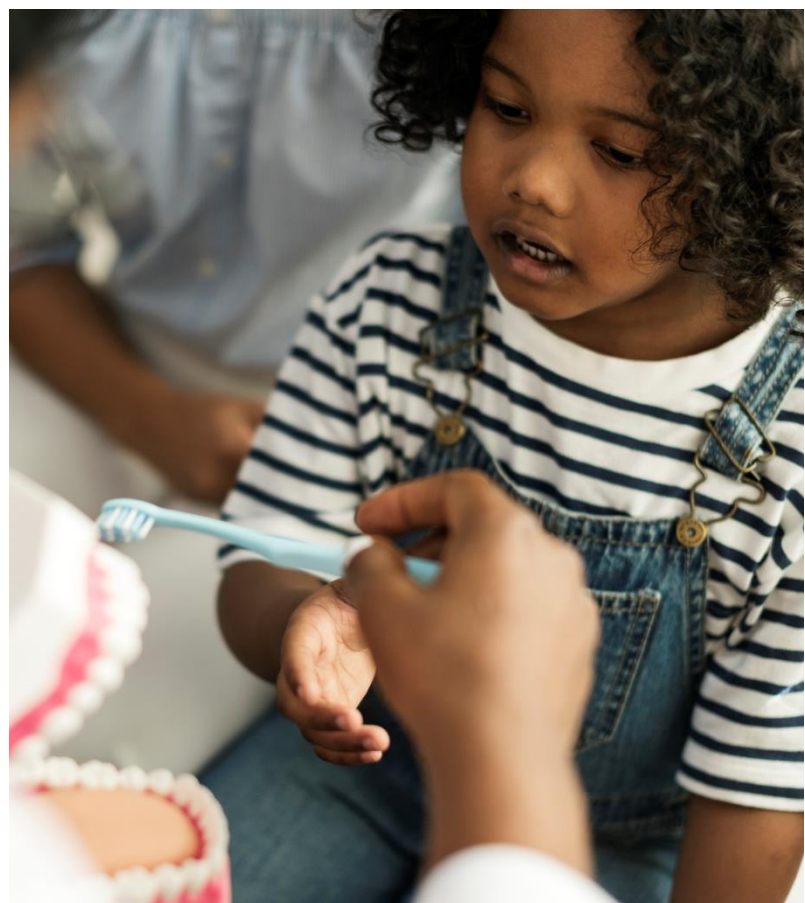


# Kings County Local Oral Health Program (LOHP) Evaluation Plan FY 2019-2022

Prepared by  
EMT Associates, Inc.



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# Section 1: Introduction

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## Evaluation Purpose

First 5 Kings County was awarded a grant in 2018 from the California Department of Public Health to plan and implement a Local Oral Health Program (LOHP) supporting disease prevention, education, linkages to treatment, and case management and oral health surveillance activities. First 5 Kings County contracted with Diringer and Associates, a Central California health policy consulting firm, to help convene a local oral health coalition, to lead a countywide needs assessment and strategic planning process, and to guide development of a comprehensive LOHP work plan. The work plan, which will be implemented over a five-year period, was completed in June of 2019 and will be submitted to the state for review and approval. The plan focuses on building capacity and local infrastructure to support the development and implementation of evidence-based programs in oral disease prevention. Prevention program components will include oral health awareness and public education campaigns, preschool toothbrushing programs, school-based fluoride varnish and dental sealant programs, medical and dental provider outreach and education, and oral health screening events with linkages to treatment.

As a requirement of the oral health grant, local health jurisdictions must develop an evaluation plan to determine the effectiveness and impact of proposed strategies and activities outlined in the five-year plan. The evaluation plan has been designed as a working document that can be revised and modified to reflect program adaptations and lessons learned over time.

## Evaluation Team

The evaluation of the Kings County LOHP will be conducted by an external evaluation research firm, EMT Associates, Inc. EMT is a woman-owned small business (WOSB) specializing in evaluation in the public health and education fields. EMT has a seven-year history partnering with First 5 Kings County to evaluate their publicly funded early childhood health and educational initiatives. The evaluation team will be directed by EMT President, Victoria Stuart-Cassel, MPPA, with support from Research Assistants, Brissa Nuñez and Kristy Lao.

## Stakeholder Engagement

The Kings County LOHP evaluation will utilize a participatory approach to engage Kings County stakeholders in the evaluation process. Potential stakeholders will include (1) First 5 Kings County program staff and coalition partner agencies and organizations involved in program operations, (2) stakeholder audiences affected by the program, including pregnant women, parents and family members, schools and dental and health professionals, and (3) primary users of the evaluation findings, including state funders, local Boards and Commissions invested in serving Kings County's children, families, and communities, and other counties implementing local oral health programs. The more detailed list of key stakeholders is shown in exhibit 1 on the following page.

## Exhibit 1 Key Stakeholders and Primary Users of the Evaluation

<u>Stakeholders involved in program operations</u>	<u>Stakeholders affected by the program</u>	<u>Primary users of the evaluation</u>
<ul style="list-style-type: none"> <li>• First 5 Kings County</li> <li>• Diring and Associates</li> <li>• EMT Associates, Inc.</li> <li>• Federally qualified health centers (FQHCs)</li> <li>• Rural and tribally operated health clinics</li> <li>• Public schools</li> <li>• CA State Preschool Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Preschool age children</li> <li>• School-age children</li> <li>• Parents and caregivers of preschool and school-age children</li> <li>• Preschool providers</li> <li>• Public schools</li> <li>• Dental providers</li> </ul>	<ul style="list-style-type: none"> <li>• CA Department of Public Health, Office of Oral Health</li> <li>• California counties</li> <li>• First 5 Kings County Commission</li> <li>• Kings County Board of Supervisors</li> <li>• Local school boards</li> <li>• Coalition partner organizations</li> <li>• Members of the target population</li> </ul>

Stakeholder engagement will occur throughout the evaluation process beginning with the evaluation design. As part of the stakeholder engagement approach, the evaluation team presented the preliminary evaluation plan to attendees at the May 2019 coalition meeting. Coalition members were invited to provide input into the draft evaluation questions, the proposed methodology, and the approach to sharing evaluation findings with key stakeholder audiences. Input from coalition members was incorporated into the final iteration of the LOHP evaluation plan. The evaluation team will continue to solicit input from stakeholders at key points throughout the evaluation process, primarily through engagement with the oral health coalition at regularly scheduled meetings.

### Intended Use and Users

The Kings County LOHP program evaluation is designed to promote and support program accountability, knowledge development, and program improvement. The evaluation will document implementation of proposed strategies and activities and will measure progress toward the achievement of key goals, objectives, and outcomes. The evaluation will focus on identifying best practices in oral health prevention and lessons learned from the implementation effort and will use evaluation findings to refine and enhance the five-year work plan.

The intended users of evaluation findings identified through the participatory evaluation process included the California Department of Public Health's, Office of Oral Health, the First 5 Kings County Children and Families Commission, the Kings County Board of Supervisors, local school boards, coalition members and member organizations, and individuals in the community who are served by the program.

### Evaluation Resources

First 5 Kings County contracted with EMT Associates, Inc. to implement the evaluation plan over the four-year period from FY 2018-19 to FY 2021-22. The evaluation will be supported by the LOHP Project Director, who will lead field data collection activities and who will serve as a liaison between partner agencies and the evaluation team.

## Evaluation Budget

The total budget supporting evaluation is \$37,799 over the four-year grant funded period. The evaluation budget allocates \$13,631 to cover evaluation activities in the the initial planning year and \$8,056 in each subsequent year of implementation. The total and annual budget allocation is shown in exhibit 2 below:

**Exhibit 2** Evaluation Budget FY 2018-19 to FY 2021-22

Total Budget	FY 2018 - 19	FY 2019 - 20	FY 2020 - 21	FY 2021 - 22
<b>\$37,799.00</b>	\$13,631.00	\$8,056.00	\$8,056.00	\$8,056.00

## Section 2: Description of the LOHP

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### Program Overview

The vision of the Kings County Oral Health Program is (1) for all families in Kings County to have the resources they need to prevent oral disease, (2) for all children and youth in Kings County to have a dental home that provides both preventive and comprehensive restorative care, and (3) for Kings County to have a coordinated infrastructure to promote oral health as an essential component of overall health.

The Kings County LOHP has identified 6 overarching program goals and 15 related objectives addressing oral health prevention, access to dental care, and infrastructure development. Specific goals and objectives for the program are listed below:

#### **Goal 1: Implement evidence-based age, culturally and needs-appropriate oral disease prevention services in a variety of community settings including topical fluoride programs and school-based, school-linked dental sealant programs.**

Objective 1: Establish at least three topical fluoride community programs in schools, early childhood centers and WIC by the end of 2020, and increase the number of children receiving topical fluoride in community programs to 500 by the end of 2022.

Objective 2: Increase the number of children receiving fluoride varnish from a non-dental health professional by 10% by the end of 2020, and 5% more annually over the next two years.

Objective 3: Establish daily fluoride toothbrushing programs in at least half of the California State Preschool sites (n=4) in Kings County by September 2020, with all sites having programs by September 2021 (n=8).

Objective 4: Establish school-based or school-linked dental sealant programs in at least one school by September 2020, with an additional one school annually for the following two years.

Objective 5: (Outcome Measure): Reduce the percentage of children (pre-kindergarten, entering students and 3rd grade) with decay experience by 3% by June 2022.

**Goal 2: Provide parents/caregivers and their children with recurring oral health education and anticipatory guidance to prevent tooth decay that is developmentally, age, culturally and needs appropriate.**

Objective 6: Establish at least three public health, school or community-based programs to provide oral health education to children and their parents by September 2020 and increase the number of persons receiving education by 5% annually for the next two years.

**Goal 3: Partner with schools to ensure that all incoming students receive oral health screenings and appropriate referrals.**

Objective 7: Establish school-based oral health screening and referral programs in five low-income (> 50% NSLP participation) elementary schools by September 2020, with an additional two schools annually for the following two years.

Objective 8: Increase the number of school districts submitting data for the Kindergarten Oral Health Assessment (KOHA) by two districts for 2019-20 school year, with all districts by 2021-22 school year.

Objective 9: Increase the number of children receiving a Kindergarten Oral Health Assessment (KOHA) by 20% by September 2020, with an additional 10% districts each year for the following two years.

**Goal 4: Target pregnant women to receive appropriate dental care and education to optimize oral and overall health for themselves and their children.**

Objective 10: Develop and implement educational material and programs for pregnant women and health and dental providers on importance of maternal oral health care by June 2020.

**Goal 5: Improve access to affordable dental care in order to increase use of dental services and reduce untreated decay among vulnerable populations.**

Objective 11: Increase the percentage of children on Medi-Cal Dental with an annual dental visit by 10% by June 2022 for all children, and by 5% for children aged 1-2 years.

Objective 12: (Outcome Measure): Reduce the percentage of children (pre-kindergarten, entering students and 3rd grade) with untreated tooth decay by 10% by June 2022.

**Goal 6: Establish an Oral Health Program in the Public Health Department and sustain the Oral Health Coalition and other oral health partnerships, coalitions and initiatives to achieve the goals of this Community Plan.**

Objective 13: Develop and implement an oral health surveillance system (disease prevention, coverage, utilization and outcomes) and report data regularly. (State Goal 5)

Objective 14: Maintain a fully staffed county oral health program and Oral Health Coalition in Kings County to work in partnerships across sectors to implement the Oral Health Improvement Plan.

## **Program Context and Need**

Kings County is located in California's San Joaquin Valley. It has a land area of approximately 1,390 square miles, four incorporated cities (Avenal, Corcoran, Hanford and Lemoore), and a population of about 150,000 people.<sup>1</sup> Agriculture, which relies on low-wage workers, plays an important role in the County's economy as does the Lemoore Naval Air Station and the California Department of Corrections and Rehabilitation, which operates three state prisons in Kings County. Countywide, the population is 32% non-Hispanic white and 55% Hispanic, compared to 37% and 39% respectively for California. The median household income of \$47,241 is substantially lower than the state average and a higher percentage of the population lives below the federal poverty level (17% vs. 14%). One of the greatest challenges facing California is the high cost of housing. The median value of an owner-occupied home in Kings County is \$172,000 and the median gross rent is almost \$900/month.

Prior to implementation of the LOHP grant, Kings County did not have any existing oral health prevention infrastructure.

- Tooth decay is a significant problem for Kings County children. Kings County communities do not have fluoridated water systems and many communities lack access to safe drinking water.
- Most school districts do not report data for the Kindergarten Oral Health Assessment and many children do not receive an oral health assessment at school entry.
- Although childhood tooth decay is largely preventable, there are no community-based oral disease prevention programs in Kings County.
- Even though Kings County has an adequate number of dentists for the Medi-Cal population, most Medi-Cal enrollees in Kings County do not visit the dentist.
- Although oral health problems during pregnancy are common, only four out of ten women report going to the dentist during pregnancy.

## **Target Population of the LOHP**

The goals and objectives of the Kings County LOHP focus primarily on children and families, including pregnant women, preschool age children, school-age children and their parents and caregivers, and providers who serve these populations.

Over the last several decades, significant progress has been made in the prevention, diagnosis, and treatment of oral diseases including tooth decay and gum diseases. Unfortunately, certain segments of the population continue to carry a disproportionate

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<sup>1</sup> <https://www.census.gov/quickfacts/fact/table/kingscountycalifornia/PST045217>

burden of disease with oral diseases remaining among the most common health problems that afflict disadvantaged and underserved communities. Oral health disparities and inequities continue to exist among low-income racial/ethnic minority groups, those residing in medically and dentally underserved rural and urban areas, and those with developmental or acquired disabilities, including frail and functionally dependent older adults.<sup>2</sup>

**Medi-Cal recipients.** Although only 17% of Kings County’s population lives below the Federal Poverty Level (FPL), a substantial proportion of the County’s population lives near poverty or have special circumstances which makes them eligible for Medi-Cal. California’s Medicaid program serves low-income individuals, including families, seniors, persons with disabilities, children in foster care, pregnant women, and childless adults with incomes below 138% of the federal poverty level. In April 2018, there were 58,367 Medi-Cal beneficiaries in Kings County – 39% of the County’s population.<sup>3</sup>

**Low-income preschool children.** Tooth decay occurring in children 0-5 years of age is referred to as early childhood caries (ECC). ECC is strongly associated with vulnerable subpopulations and is highly prevalent in poor and near-poor preschool children. Although preventable, ECC remains largely untreated in children under 3 years of age. The Association of State and Territorial Dental Directors (ASTDD) recommends that local health departments implement programs and policies to address early prevention, oral disease risk management, access to dental care services and systems of integration and coordination to prevent and control ECC.<sup>4</sup> One avenue to accomplish this recommendation is to provide services in early childhood education programs that target low-income children such as Early Head Start, Head Start, migrant/seasonal Head Start, and California State Preschools. Kings Community Action Organization (KCAO) operates Early Head Start, Head Start, migrant/seasonal Head Start, and California State Preschool programs in Avenal, Corcoran, Hanford, Kettleman City, and Lemoore. During 2017, KCAO served 212 Early Head Start, 583 Head Start and 172 migrant/seasonal Head Start children.<sup>5</sup> In addition to the preschool programs operated by KCAO, there are California State Preschools operated by the Kings County Office of Education (Hanford, Lemoore and Stratford), West Hills College (Avenal and Lemoore) and Educare (Corcoran). These programs served approximately 400 low-income children during the 2017-2018 school year.

**Low-income school aged children.** During the 2017-2018 school year, there were about 28,500 K-12th grade children enrolled in Kings County’s 51 traditional public schools. Of these, 71% were eligible for free or reduced price meals through the National School Lunch Program (NSLP). NSLP is a federally assisted meal program operating in public and nonprofit private schools. Children are eligible for the NSLP if

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<sup>2</sup> Fischer DJ, O’Hayre M, Kusiak JW, Somerman MJ, Hill CV. Oral Health Disparities: A Perspective from the National Institute of Dental and Craniofacial Research. *Am J Public Health* 2017;107(Suppl 1):S36-S38.

<sup>3</sup> California Department of Health Care Services. Medi-Cal Certified Eligibles, Recent Trends. <http://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-EligiblesRecentTrends.aspx>

<sup>4</sup> Association of State & Territorial Dental Directors. Early Childhood Caries Policy Statement. <https://www.astdd.org/docs/early-childhood-caries-policy-statement-6-5-12.doc>

<sup>5</sup> 2017 Head Start Performance Indicator Report.



their household income is at or below 185% of federal poverty level. The Centers for Disease Control and Prevention (CDC) recommends that oral health programs be targeted to schools where 50% or more of children are eligible for NSLP. In Kings County there are 42 traditional elementary, middle and high schools with >50% NSLP. The total enrollment for these 42 schools is 24,669 of which 18,748 are eligible for free or reduced-price meals.

**Pregnant women.** The foundation for good oral health is established early in childhood and the role of the mother is significant. Most women, however, are unaware of the potential consequences neglecting their own oral health could have on them and their baby prior to, during, and after pregnancy. Although dental care during pregnancy is safe and can prevent long-term health problems for the mother and child, many women do not seek dental care during pregnancy. This issue is compounded by the fact that many dentists are reluctant or refuse to see pregnant patients.

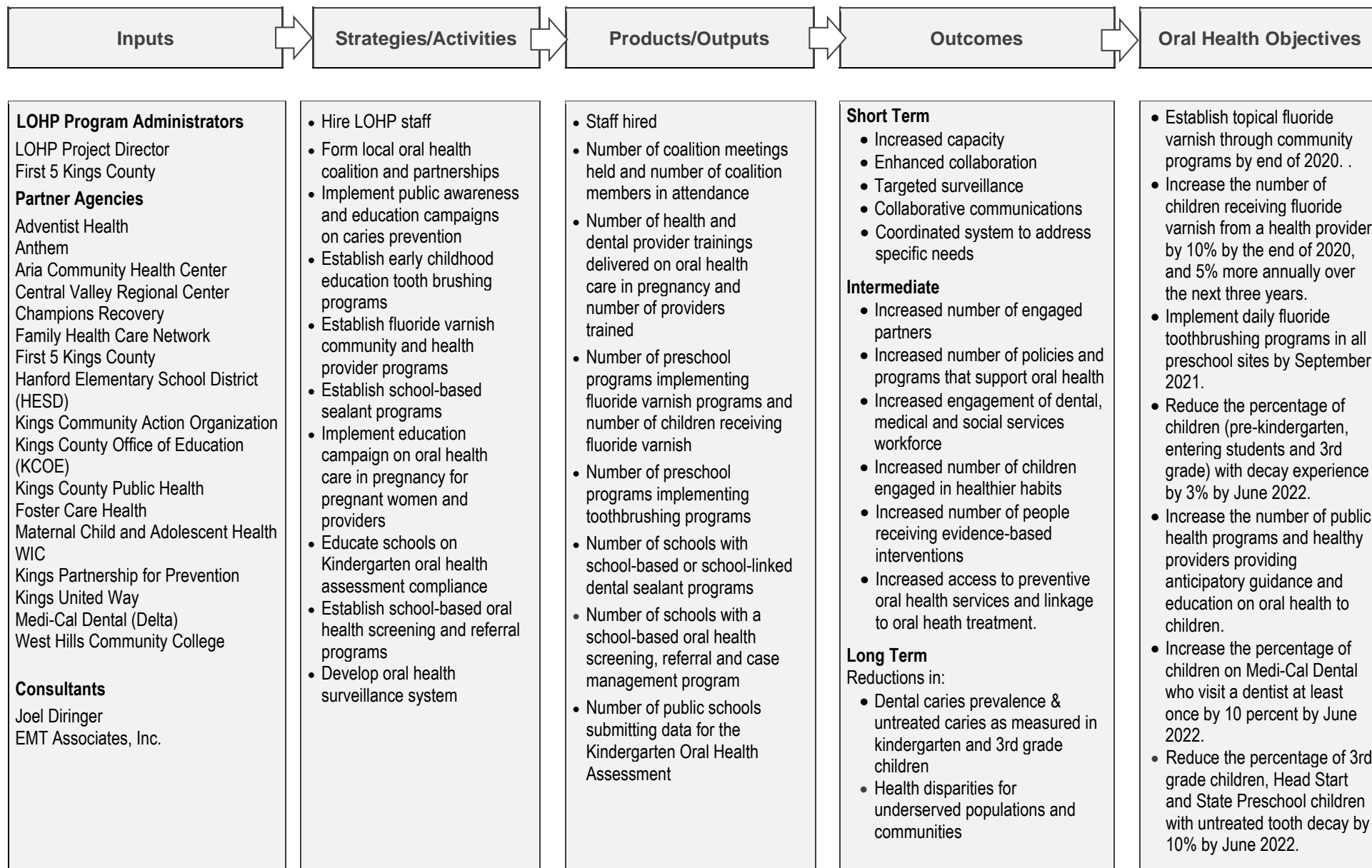
## **Stage of Program Development**

The Kings County LOHP has recently completed its initial year of program planning. Due to challenges identifying a lead agency for the project, the county did not initially apply for funding resulting in a delay in start-up. First 5 Kings County ultimately agreed to serve as the lead agency on the contract and funding was awarded in FY 2018. In the first year of the grant First 5 Kings County contracted with a health policy consulting firm, Diringer and Associates, to convene a local oral health coalition and to lead the strategic planning process. The coalition has met monthly since January of 2019 to oversee the formulation of the LOHP workplan, which will be submitted in June 2019.

## **Logic Model**

The Kings County LOHP Evaluation Plan will be guided by an evaluation logic model that articulates the linkages between program inputs, planned strategies and activities, outputs, desired outcomes, and stated objectives for the local oral health program. The logic model provides a simple illustration of the relationship between the planned work of the LOHP and its intended results. The logic model, which shown in exhibit 3 on the following page, will be used to support program planning, management, evaluation, and communication of findings.

### Exhibit 3 Kings County Local Oral Health Program (LOHP) Evaluation Logic Model



## Section 3: Focus of the Evaluation

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The focus of the Kings County LOHP evaluation will be on documenting the implementation of planned program components detailed in the five-year work plan and measuring their effectiveness in driving changes in key outcome indicators related to oral disease prevention throughout the Kings County region. The evaluation will be guided by five key evaluation questions that measure infrastructure development and capacity building, systems-integration and service delivery, and oral health outcomes for children, families, and communities.

### Stakeholder Needs

All LOHP grantees must develop an evaluation plan as a component of the grant to ensure public accountability and compliance with all state funding requirements. At the local level, the evaluation will be used by local stakeholders, including First 5 Kings County, the Kings County Department of Public Health, and coalition partner organizations, to document implementation of the proposed plan, to identify promising practices and lessons learned for addressing oral disease prevention, and to support continuous quality improvement efforts to inform future oral health prevention planning efforts.

### Evaluation Questions

The Kings County LOHP evaluation plan will address the following five key evaluation questions.

- **Evaluation Question 1.** How successful was Kings County in building its internal capacity and establishing new collaborative infrastructure to promote oral disease prevention in high need communities?
- **Evaluation Question 2.** Did increased systems-integration and service coordination among community partners result in expanded access to preventative oral health services for children and their families?
- **Evaluation Question 3.** Did increased systems-integration and collaboration among community partners result in expanded access to oral health screening and linkages to dental treatment for preschool and school-age children?
- **Evaluation Question 4.** Did increased prevention system capacity result in improvements in health for children, as measured by reductions in rates of tooth decay or untreated tooth decay?
- **Evaluation Question 5.** Did increased prevention system capacity result in increased utilization of dental services for children at greatest risk of health disparities?

## Evaluation Methods

The evaluation will involve a mixed methods analysis approach that includes both quantitative and qualitative analysis components. The plan will involve multiple data sources including document reviews, key stakeholder interviews, coalition member surveys, web-based event and participant tracking forms, oral health screening forms, and reviews of Medi-Cal utilization records. The evaluation will involve comparisons to targeted benchmarks on key outcome indicators to measure improvements in oral health prevention and treatment access, and reductions oral health disease. These targeted benchmarks are detailed in exhibit 4.

## Evaluation Standards

The Centers for Disease Control and Prevention (CDC) has identified 30 standards for assessing the quality and effectiveness of evaluation activities. These evaluation standards are grouped into four broad category areas that include utility, feasibility, propriety, and accuracy. These evaluation standards, defined below, will be reviewed and discussed by the oral health coalition membership on an annual basis to ensure that the evaluation is meeting expectations in each of these key areas.

- **Utility standards.** The evaluation is responsive to the informational needs of intended users.
- **Feasibility standards.** The evaluation scope is cost effective and feasible to implement within the proposed budget.
- **Propriety standards.** The evaluation approach is legal and ethical and addresses appropriate protections for the individuals involved in the study.
- **Accuracy standards.** The evaluation is technically accurate and produces useful, actionable information regarding the LOHP's implementation quality and effectiveness.

## Section 4: Gathering Credible Evidence

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### Indicators

Progress toward achieving the stated goals, objectives, and outcomes of the LOHP will be measured using a set of key indicators and targeted benchmarks detailed in the table on the following page. These indicators will be used to assess program processes and outcomes that are defined in the four-year workplan and are can be measured using the data collection tools listed in the next section.

**Exhibit 4** Measurable Oral Health Indicators for Kings County Oral Health Program (2019 – 2022)

<b>Indicator</b>	<b>Baseline (Year)</b>	<b>Target (Date)</b>	<b>Data Source</b>
<b>1. Percent of children with decay experience</b> 1.1. Head Start & California State Preschool 1.2. Kindergarten 1.3. Third Grade	Not Available 53.6% (2004-2005) <sup>a</sup> 70.9% (2004-2005) <sup>a</sup>	To be Determined 48.2% (2021-2022) 63.8% (2021-2022)	Kings County Local Oral Health Screening Form
<b>2. Percent of children with untreated decay</b> 2.1. Head Start & California State Preschool 2.2. Kindergarten 2.3. Third Grade	Not Available 27.9% (2004-2005) <sup>a</sup> 28.7% (2004-2005) <sup>a</sup>	To be Determined 25.1% (2021-2022) 25.8% (2021-2022)	Kings County Local Oral Health Screening Form
<b>3. Percent of third grade children with dental sealants</b>	27.6% (2004-2005) <sup>a</sup>	30.4% (2021-2022)	Kings County Local Oral Health Screening Form
<b>4. Number of schools with a school-based or school-linked dental sealant program</b>	0 (2018-2019)	1 (2020-2021) 3 (2021-2022)	Kings County LOHP
<b>5. Number of schools with a school-based oral health screening, referral and case management program</b>	0 (2018-2019)	5(2019-2020) 7 (2020-2021) 9 (2021-2022)	Kings County LOHP
<b>6. Number of California State Preschool sites with a daily toothbrushing program</b>	0 (2018-2019)	4 (2020-2021) 8 (2021-2022)	Kings County LOHP
<b>7. Percent of Medi-Cal children with a dental visit</b> 7.1. 0-5 years 7.2. 6-9 years 7.3. 10-14 years 7.4. 15-18 years	35% (2017) 59% (2017) 51% (2017) 42% (2017)	36% (2022) 66% (2022) 56% (2022) 44% (2022)	Medi-Cal Dental Utilization Measures and Sealant Data by County and Age
<b>8. Number of children receiving a fluoride varnish through a Kings County Public Health Program</b>	0 (2019)	500 (2022)	Kings County LOHP
<b>9. Number of children receiving 3 or more fluoride varnish applications per year through the LOHP</b>	0 (2019)	300 (2022)	Kings County LOHP
<b>10. Number of schools submitting data for the Kindergarten Oral Health Assessment</b>	1 (2016)	7(2019-2020) 15 (2020-2021) 30 (2021-2022)	Kindergarten Oral Health Assessment

## Data Collection

The Kings County LOHP will include each of the following data collection components:

**Program documentation.** The evaluation team will work directly with the LOHP Program Director and support staff to compile program materials documenting completion of key tasks. Materials will include organizational charts, position titles and job descriptions for key staff, meetings dates, membership rosters, meeting agendas, mission, vision, value statements, and lists of goals and objectives. This information supports measurement of the first five state-defined objectives of the work plan related to the creation of new project infrastructure for oral health prevention.

**Coalition meeting attendance.** First 5 Kings County staff will maintain sign-in sheets for all coalition members in attendance at monthly collaborative meetings. Meeting sign-in sheets will be shared with the evaluation team and will be analyzed to assess membership composition and retention over time.

**Coalition meeting feedback.** The evaluation team developed a brief meeting feedback form to gauge meeting attendee's perceptions regarding the value of the coalition meeting, including clarity of purpose, organization and efficient use of time, opportunities for questions and discussion, opportunities for collaboration, and relevance to coalition members' own work. The form also asks members to rate the oral health coalition on the extent to which it has provided meaningful opportunities to contribute to county planning around oral health prevention, provided direct benefits to members' work, and positively impacted access to preventative oral health services or resources throughout Kings County. Feedback forms are distributed at the conclusion of every meeting. Completed forms are transmitted to EMT offices for processing and analysis.

**Baseline assessment of oral health needs.** The evaluation team also developed a baseline assessment of oral health capacity that was administered electronically to all members of the LOHP coalition. The baseline assessment measures respondents' perceptions regarding the capacity of the Kings County oral health services system to provide oral health prevention services in key strategy areas. The form also asks respondents to identify barriers that may prevent Kings County residents from accessing needed services and measures the level of collaboration among partner organizations. The survey will be repeated on an annual basis to measure changes in coalition member perceptions over time.

**Event and participation tracking.** The evaluation team will create a series of web-based tracking forms to record information about prevention service activities and numbers of participants receiving services. Events will include provider trainings, toothbrushing, fluoride varnish and dental sealant programs in school and community settings, oral health screenings, and parent education sessions. Forms will be completed by the LOHP Program Director and/or service partners and will be analyzed by the evaluation team.

**Kings County Local Oral Health Program (LOHP) Oral Health Screening Forms.** The evaluation team produced a scannable oral health screening form that can be completed by school nurses or dental hygienists at oral health screening events in schools. The

screening form documents demographic information about the child, and records screening results, including the presence of untreated decay, treated decay, and sealants on permanent molars, ratings of treatment urgency, and an indicator of whether the child was referred to treatment. Forms will be copied, scanned, and transmitted to the evaluation contractor for scanning, data cleaning, and analysis. The screening form will be completed by a licensed dental professional and meets AB 1433 requirements for the California Kindergarten Oral Health Assessment.

**Medi-Cal Dental Utilization Report.** The evaluation team will download Dental Utilization Measures and Sealant Data by County and Age, Calendar Year 2013 to 2017 on an annual basis from the California Open Data Portal Website. <https://data.ca.gov/dataset/dental-utilization-measures-and-sealant-data-county-and-age-calendar-year-2013-2017>. This information will be used to measure access to dental treatment among child populations at risk for health disparities.

## Evaluation Plan Grid

The evaluation plan grid shown in exhibit 5 on the following page lists each evaluation question with its corresponding work plan objectives, set of indicators and performance measures from exhibit 4, and respective data sources. The grid indicates the frequency of data collection, the evaluation method, the staff responsible for data collection, the analysis method and standard of comparison, and staff responsible for data analysis.

**Exhibit 5** Kings County Local Oral Health Program Evaluation Plan Grid (2019 – 2022)

Evaluation Question	Indicator or Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Data Collection	Analysis Method in Standard of Comparison	Staff Responsible for Data Analysis
<p><b>How successful was Kings County in building its internal capacity and establishing new collaborative infrastructure to promote oral disease prevention in high need communities?</b> <i>Objectives 8, 9, and 14</i></p>	<p>Staff hired, MOUs established,  Coalition holds regularly schedule meetings with at least 80% of partners attending Coalition partners 'strongly agree' that the LOHP positively impacted access to preventive oral health services</p>	<p>Coalition meeting agendas and sign-in sheets Coalition meeting feedback Baseline assessment (Annually)</p>	<p>Process evaluation component</p>	<p>LOHP Project Director</p>	<p>Descriptive analyses. Comparison to established benchmarks</p>	<p>EMT Associates</p>
<p><b>Did increased systems-integration and service coordination among community partners result in expanded access to preventative oral health services for children and their families?</b> <i>Objectives 1, 2, 3, 4, 6, and 10</i></p>	<p><b>Indicator #4.</b> Number of schools with a school-based or school-linked dental sealant program <b>Indicator #6.</b> Number of preschools CA State Preschool Sites with a daily toothbrushing program <b>Indicator #8.</b> Number of children receiving a fluoride varnish through a Kings County Public Health Program  <b>Indicator #9.</b> Number of children receiving 3 or more fluoride varnish applications per year through a Kings County Public Health Program</p>	<p>LOHP Event and Participant Tracking Forms (Completion of the event)</p>	<p>Process evaluation component</p>	<p>LOHP Project Director</p>	<p>Descriptive analyses. Comparison to established benchmarks</p>	<p>EMT Associates</p>
<p><b>Did increased systems-integration and collaboration among community partners result in expanded access to oral health screening and linkages to dental treatment for preschool and school-age children?</b> <i>Objectives 7 and 11</i></p>	<p><b>Indicator #5.</b> Number of schools with a school-based oral health screening, referral and case management program  <b>Indicator #7.</b> Percent of Medi-Cal children with a dental visit</p>	<p>LOHP Event and Participant Tracking Forms (Completion of the event)</p>	<p>Process evaluation component</p>	<p>LOHP Project Director Local school personnel</p>	<p>Descriptive analyses. Comparison to established benchmarks</p>	<p>EMT Associates</p>
<p><b>Did increase prevention system capacity result in improvements in health for children, as measured by reductions in rates of tooth decay or untreated tooth decay?</b> <i>Objectives 5, 13, and 12</i></p>	<p><b>Indicator #1.</b> Percent of children with decay experience <b>Indicator #2.</b> Percent of children with untreated decay <b>Indicator #3.</b> Percent of third grade children with dental sealants</p>	<p>Kings County LOHP Oral Health Screening Forms (Completion of the event)</p>	<p>Outcome evaluation component</p>	<p>LOHP Project Director Local school personnel</p>	<p>Descriptive analyses. Comparison to established benchmarks</p>	<p>EMT Associates</p>



Evaluation Question	Indicator or Performance Measure	Data Source and Frequency of Collection	Evaluation Method	Staff Responsible for Data Collection	Analysis Method in Standard of Comparison	Staff Responsible for Data Analysis
<p><b>Did increase prevention system capacity result in increased utilization of dental services for children at greatest risk of health disparities?</b>  <i>Objectives 11 and 13</i></p>	<p><b>Indicator #7.</b> Percent of Medi-Cal children with a dental visit</p>	<p>Medi-Cal Dental Utilization Reports (Reviewed annually)</p>	<p>Outcome evaluation component</p>	<p>EMT</p>	<p>Descriptive analyses. Comparison to established benchmarks</p>	<p>EMT Associates</p>

## Timeline of Evaluation Activities

The LOHP evaluation will be implemented over a four-year time period spanning from FY 2018-19 to FY 2021-22. Data collection will be conducted on a continuous basis using a combination of online implementation tracking tools and scannable forms that record the results of oral health screening events in schools. Archival data sources, such as Medi-Cal Dental Utilization reports, will be reviewed by the evaluation team on an annual basis as data becomes available. Coalition meeting feedback forms will be administered at each coalition meeting and will be transmitted electronically to the evaluation team. Coalition members survey measuring perception of county oral health capacity will be administered and analyzed on an annual basis.

## Section 5: Analysis and Interpretation

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The primary analysis will involve descriptive analyses of data sources that focus on documenting the implementation of the program as planned and the reach of direct prevention strategies. The evaluation will monitor program implementation and outcomes using comparisons to targeted benchmarks for both process and outcome indicators. The evaluation methods will also involve qualitative interviews with the LOHP Project Director on an annual basis, and qualitative interviews with key coalition members at the conclusion of the grant-funded period. Qualitative interviews will provide context for understanding and interpreting findings from other data sources.

## Section 6: Reporting and Dissemination

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Data from all sources will be compiled and summarized in a PowerPoint presentation that will be presented to the First 5 Kings County Children and Families Commission and to members of the oral health coalition. The presentation, with detailed presenter notes, will be shared with the LOHP Program Director for further dissemination to coalition partners and other key stakeholders. The evaluation team will also produce a brief one-page highlights document for general stakeholder audiences summarizing key accomplishments made under the grant. The project summary, produced in both English and in Spanish, will be shared with all coalition partner organizations to disseminate to members of their service populations.

### Exhibit 5 LOHP Reporting and Dissemination

Audiences	How Results will be Shared
<ul style="list-style-type: none"><li>• California Department of Health, Office of Oral Health</li><li>• First 5 Kings County Commission</li><li>• Local school boards</li><li>• Coalition partner organizations</li></ul>	<ul style="list-style-type: none"><li>• Presentation to the First 5 Kings County Children and Families Commission</li><li>• Presentation to Kings County Local Oral Health Coalition</li><li>• Presentation to local school boards</li><li>• Evaluation highlights flyer for coalition partners to distribute to service populations</li></ul>

## Attachments

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