SAN MATEO COUNTY ORAL PUBLIC HEALTH PROGRAM

Evaluation Plan, 2018-2022

SAN MATEO COUNTY HEALTH
FAMILY HEALTH SERVICES

Funded by:
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1 Introduction

San Mateo County Health, Family Health Services (SMCH/FHS) Division was awarded a five-year grant (2018/2022) from the CA Department of Public Health, Office of Oral Health (CDPH/OOH) from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) to implement the strategies recommended in the California Oral Health Plan and establish a Local Oral Health Program – SMCH Oral Public Health Program (SMCH/OPHP) to include program activities related to improving oral health in San Mateo County (SMC) communities, including educating about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. FHS will partner with SMCH Office of Epidemiology and Evaluation (SMCH/OEE) and San Mateo County Oral Health Coalition (SMC/OHC) to support evidence-based interventions, health system interventions, community-clinical linkages, and disease surveillance and evaluation.

FHS collaborated with OEE to implement evaluation of OPHP. This evaluation will span the entire grant period, from January 2018 to June 2022. The purpose of the evaluation is to assess achievement of the OPHP's goals and objectives, to improve OPHP activities' design and implementation, and to demonstrate the OPHP activities' effect.

1.1 Evaluation Purpose

The evaluation focuses on OPHP implementation and OPHP outcomes. The execution of OPHP activities will be assessed to identify and address implementation issues and to document achievement of OPHP goals and objectives. In addition, the evaluation will examine the effect that the program had within the target populations on improving oral health literacy, increasing access to preventive oral health services and strengthening and developing the oral health workforce. Findings from this evaluation will be used to provide guidance to OOH and OPHP partners in determining the extent of OPHP implementation of Prop 56 grant objectives, to demonstrate OPHP accomplishments, and to communicate the program's outcomes to key stakeholders.

1.2 Evaluation Team

Evaluators from OEE will lead the evaluation and regularly meet with OPHP staff and partners to gather feedback on evaluation design, planning, and interpretation of findings. This will ensure that the evaluation objectives and methods align with the project goals and that useful and insightful results are produced.

- Lead Evaluator –Epidemiologist II, OEE
- Team Members
    - Supervising Epidemiologist, OEE
    - Medical Director, FHS
    - Director, OPHP
    - Program support staff, OPHP
- Evaluation Advisory Group – OHC Data Workgroup

1.3 Stakeholder Engagement

Stakeholders include people who will use the evaluation results, support or maintain the program, or who are affected by program activities or evaluation results. OPHP stakeholders include children of the community involved, parents, local early learning and school organizations, oral health providers, primary care providers, health educators, child and adult advocates, county health officials, funders, and elected county and state leaders (see

Table 1-1). A participatory approach will be used in the evaluation as the evaluators will work closely with OPHP partners and other stakeholders to ensure that the evaluation objectives and methods align with the OPHP goals, process measures are reported, and that useful results are produced.

TABLE 1-1. LIST OF OPHP STAKEHOLDERS

Those involved in program operations	Those served or affected by the program	The primary users of the evaluation
OPHP staff FHS program support staff OEE Epidemiologist II	Medi-Cal-eligible children/parents HPSM child/parent enrollees WIC pregnant women/child enrollees Early learning sites SMC districts/schools SMMC PCPs/OH providers FQHC PCPs/OH providers HPSM PCPs Private dental offices/providers SMCH PH outreach staff	FHS program leadership SMC Oral Health Coalition HPSM leadership SMCH programs Community health programs Early learning and school organizations Health educators Child and adult advocates SMC Board of Supervisors

1.4 Intended Use and Users

The evaluation plan is designed to support and assess the process, intermediate outcome and more distant outcomes of Prop 56-funded OPHP program activities, including measuring progress towards Prop 56 objectives, identifying strengths and challenges to program functioning, evaluating effectiveness of program activities, targeting vulnerable groups, coordinating with partners in community-based initiatives, and developing best practices. Evaluation results will be shared with OPHP and other FHS staff, OOH, OHC members, OH communication network, participating learning sites, and health policy advocates. Evaluation assessments will be publicly accessible on the OEE data portal (http://www.smcalltogetherbetter.org).

1.5 Evaluation Resources

- OEE and OPHP staff
- Third-party software for surveys, mapping and statistical analysis, data dashboard, and data warehouse
- FHS case management software
- OHC activity tracking system
- OEE SMC OH surveillance system (see Appendix 7.6 for details on data sources)

1.6 Evaluation Budget

TBD

2 Background and Description of Oral Public Health Program

For over twenty years, the San Mateo County Oral Health Coalition (SMC/OHC) has brought together more than 30 organizations and individuals from the oral health, medical, philanthropic, and other fields, to improve the oral health status of the County's traditionally underserved and vulnerable populations. To that end, OHC efforts are directed toward increasing the capacity of the public and private primary care safety net system to deliver preventive and restorative oral health services within SMC while identifying the systemic impediments to adequate oral health care and developing strategies for addressing those impediments. In late 2016, OHC published a 2017-2020 Oral Health Strategic Plan (OHSP) to serve as an action plan for achieving greater impact in improving oral health in SMC. [1] OHSP served as an important jumping off point for the creation of the San Mateo County Health Oral Public Health Program (SMCH/OPHP) in 2017, and reflects OPHP's guiding principles for improving the oral health of residents; these are:

1. Oral health is integral to overall health.
2. Oral health services and approaches must be culturally and linguistically appropriate.
3. Sustainable systems and policy changes are critical to fostering oral health for all.

4. Evidence-based or evidence-informed approaches, with clearly defined outcomes and metrics, are the foundation of our approach.
5. Prevention should take precedence over treatment, while not minimizing important treatment needs.
6. Partnerships between governmental institutions, community agencies, providers and individuals enable us to be successful in achieving oral health for all.

2.1 Program Overview

The overarching goals of OPHP are to increase access to oral health education and quality oral health services and care within underserved and economically disadvantaged populations, strengthen oral health provider capacity, and expand community-based prevention programs. The OPHP Theory of Change model (Appendix 7.1) presents a graphical representation of the steps necessary to achieve these goals. Shown are the project activities and proposed links between the activities, selected OOH Prop 56 objectives [2] (see Appendix 7.1), anticipated outcomes, and overall goals. To achieve Prop 56 objectives, OPHP will partner with FHS programs and OHC members to implement eight strategies. Table 2-1 outlines OPHP strategies and their respective Prop 56 objectives.

TABLE 2-1. OPHP PROP 56 STRATEGIES AND IMPLEMENTATION OBJECTIVES

Strategy		Prop 56 objective(s)
I.	FV/SEAL: School-based dental screenings with preventive dental services.	1-5 (planning); 6,7,10,11 (implementation)
II.	OH ED: Classroom-based instruction on oral diseases and proper hygiene, with distribution of educational materials and toothbrush/toothpaste.	
III.	PH OUTREACH: Incorporate oral health promotion, counseling, and referrals to dental case management into existing county public health outreach programs and social services.	
IV.	PCP OH: Incorporate dental screenings, referrals, and fluoride varnish applications into primary care well-child visits.	
V.	DENTAL WORKFORCE: Support training and expansion of OH providers to serve underserved areas and special needs in vulnerable populations groups, with a special focus on children and pregnant women.	
VI.	KOHA: Expand student and school participation in CA Kindergarten Oral Health Assessment.	
VII.	OHSS: Establish infrastructure, staffing, and surveillance system to share data, identify gaps in oral health services, and evaluate program activities.	
VIII.	OH COMM NETWORK: Provide leadership and support for strong partnerships in developing and implementing prevention and healthcare policies and guidelines, evidence-based/best practices; public-use dissemination and innovation through ongoing OHC workgroups and local OH networks that support medical-dental integration; coordinated shared messaging based on OHSP updates and CHIP.	

The underlying assumptions rooted in the program are that ongoing community leaders and stakeholders of diverse backgrounds are essential partners for communicating the importance of OH education and good OH practices in underserved areas, that tooth decay in the earliest ages is most effectively reduced when young children are receiving preventive dental services in locations that are already familiar and easily accessible, and that oral health and medical providers who are offered training and support by health navigators are incentivized to contribute to public oral health initiatives and increase their capacity to serve high-need populations. Further details on Prop 56 objectives provided in Appendix 7.10.

2.2 Need/Context

Over 700,000 people live in SMC, and they reflect the cultural, linguistic, ethnic, racial and socioeconomic diversity of CA. FHS and OHC conducted an environmental scan and OH needs assessment of SMC between 2015-2016. As with other counties in CA and across the nation, there are major inequities in access to health care and in health based on language and cultural differences, education level and access to adequate health/dental insurance. However, the wealth disparities in SMC and the surrounding region are among the highest in the nation. Health inequity is further exacerbated by a severe shortage of OH care providers to serve the low-income population; dental care is often delayed due to long wait lists, transportation issues, and language challenges. More information is provided in Appendix 7.7 and SMC OHSP[1].

2.3 Target Population of OPHP

The primary target recipients for OPHP community services from 2018-2022 are low-income groups who are living and/or working in SMC, in particular, K-6 students/parents and pregnant women. The target workforce for OPHP training are Medi-Cal primary care providers, SMC-based dental providers, and SMC public health program outreach staff. The target locations will depend on the schools and co-located preventive dental service sites that are recruited into the program. Table 2-2 lists OPHP targets for the number of individuals by target population expected to be reached through program activities, by 2022:

TABLE 2-2. INDIVIDUALS EXPECTED TO BE REACHED THROUGH OPHP ACTIVITIES

Target Population	5YR-TOTAL
Low-income children, pre-K-6th grades	TBD
Low-income parents, pre-K-6th grades	TBD
Low-income pregnant women	TBD
HPSM primary care providers	TBD
Oral health providers	TBD
Public health program outreach staff	TBD

2.4 Stage of Program Development

OPHP has been in place since January 2018 and is currently in the implementation phase or maintenance phase of the eight strategies described in Table 2-1. More details regarding OPHP progress are described in Appendix 7.10.

2.5 Logic Model

Appendix 7.1 presents the overall OPHP Logic Model, including OOH Prop-56 grant objectives and deliverables. Additional logic models in the Appendix (0-7.6) detail OPHP's eight Prop 56-funded projects. The logic models reflect the resources invested, the projects' activities, the proposed outcomes, and the long-term outcomes. The key activities of the projects center around partnering with other organizations.

3 Focus of the Evaluation

The evaluation focuses on project implementation and project outcomes. The execution of project activities will be assessed to identify and address implementation issues and to document achievement of project goals and objectives. In addition, the evaluation will examine the effect that the program had within the target populations

on increasing access to oral health services and strengthening and developing the oral health workforce. Findings from this evaluation will be used to provide guidance to project partners in determining the extent of project implementation, to demonstrate project accomplishments, and to communicate the program's outcomes to key stakeholders.

The Lead Evaluator from OEE will meet with OPHP staff and OHC workgroup chairs to discuss the scope and purpose of the evaluation, gather feedback on evaluation design, planning, and interpretation of findings. This will ensure that the evaluation objectives and methods align with project goals and that useful and insightful results are produced.

3.1 Stakeholder Needs

Evaluation plan key stakeholders are comprised of OOH and people who will use evaluation results to support current and/or future local oral health program planning, apply for additional funding, and/or advocate for policy change. They include local early learning and school organizations, county public health programs, oral health providers, primary care providers, health educators, child and adult advocates, county health officials, funders, and elected county and state leaders. Evaluation findings will support:

- Measuring progress towards OOH Prop 56 grant objectives;
- Measuring progress towards OHC Strategic Plan objectives;
- Identifying strengths and challenges to program functioning;
- Evaluating effectiveness of program activities;
- Targeting vulnerable groups;
- Coordinating with partners in community-based initiatives; and
- Developing best practices.

3.2 Evaluation Questions

The evaluation questions focus on key areas of interest within each of the eight distinct program strategies. For this evaluation, both process and outcome evaluation methods will be employed. Process evaluation questions will be used to determine whether project activities have been implemented as intended and outcome evaluation questions will be used to track achievement of the project's goals and objectives. Table 3-1 describes the major questions that the evaluation intends to answer for each program area (see Appendix 7.7 Evaluation Plan Grid).

TABLE 3-1. OPHP OVERARCHING EVALUATIONS QUESTIONS

1. (Process) Has the program been implemented as intended? Why or why not? ○ Was the target population reached as intended? ○ Are community members satisfied that the program met local needs? ○ Are program activities informed by a diverse group of stakeholders? ○ Were services provided or activities conducted within a reasonable time frame
2. (Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?
3. (Outcome)Was the program successful at affecting the intended health outcomes? ○ Did the county oral health program accomplish the goals it intended to achieve? ○ What were the unintended consequences or benefits?
4. (Cost-effectiveness) Does the value or benefit of the program's outcomes exceed the cost of producing them? ○ Can allocation of resources be improved?

5. (Attribution) Can the outcomes be related to the program, as opposed to other things going on at the same time?
   - To what extent did the effort lead to anticipated results?
   - What was the change and to what extent did the effort contribute to the change?
   - What difference did the effort make to the organization, participants, and community?

3.3 Evaluation Methods

The evaluation design consists of non-experimental research methods. A goal-based evaluation model that uses predetermined program goals as the standard for the evaluation will be used to measure achievement of project goals and objectives. Program data and pre and post tests will be used to describe the project and measure progress toward achieving program outcomes.

3.4 Evaluation Standards

Evaluation standards will be based on the CDC Framework for Evaluation in Public Health [3], as outlined in Table 3-2. These four standards will help guide the overall evaluation, as well as each individual step of the evaluation.

TABLE 3-2. CDC EVALUATION STANDARDS

Standards	Description
Utility	Ensures that an evaluation will serve the information needs of the intended users.
Feasibility	Ensures that an evaluation will be realistic, prudent, diplomatic and frugal.
Propriety	Ensures that an evaluation will be conducted legally, ethically and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results.
Accuracy	Ensures that an evaluation will reveal and convey technically adequate information about the features that determine worth or merit of the program being evaluated.

4 Gathering Credible Evidence: Data Collection

4.1 Data Collection

The evaluation primarily utilizes data collected by the program and data collected through surveys. A mixed-method approach will be used for data collection as both qualitative and quantitative data will be gathered. The Evaluation Plan Grid, which includes the evaluation questions, data indicators, data sources, survey tools and timing of data collection for each program are presented in Appendix 7.7. OHSS indicators and data sources and additional OPHP Evaluation Plan survey tools used to collect data are detailed in Appendix 7.11.

4.2 Indicators

Evaluation Plan indicators are measurable or observable elements to gauge the effects and general success of OPHP strategies. Surveillance indicators will be used to determine overall county OH system utilization by low-income SMC residents, as well as the geographical distribution and demographic changes of the target populations. Income thresholds are based on Medi-Cal eligibility, as of February 2019 [4]. Table 4-1 lists the key target population and corresponding surveillance indicators and OPHP strategies. Additional indicators will be compiled from program data and OHSS, specific to each of OPHP Prop 56 eight strategies, as listed in Table 2 1.

TABLE 4-1. TARGET POPULATION SURVEILLANCE INDICATORS AND OPHP STRATEGIES.

Target population	Indicators	OPHP strategies (see Table 2-1)
Low-income children	• Percentage of residents aged 1-20 years enrolled in Medi-Cal for at least 90 continuous days who received any preventive dental service • Percentage of residents aged 6-9 years enrolled in Medi-Cal for at least 90 continuous days who received a dental sealant on a permanent molar • Percentage of kindergarten children with caries experience, including treated and untreated tooth decay • Numbers of students enrolled in K-6 with ≥50% students in NSLP • Percentage of K-6 students with chronic absenteeism in schools with ≥50% students in NSLP • Geographic distribution of children <3 yrs with FPL ≤322% • Geographic distribution of children 3-19 yrs with FPL ≤138%	I,II,VI,VII
Low-income parents	• Percentage of adults in Medi-Cal who used the OH care system in the past year • Geographic distribution of adults 19-65 yrs with FPL ≤266%	I,II,VII
Low-income pregnant women	• Number of pregnant women enrolled in SMC WIC • Proportion of women who have had preventive dental care during pregnancy • Number of women with OBGYN visits at SMMC • Geographic distribution of women 15-44 yrs with FPL ≤322%	III,VII
OH care providers	• Geographic distribution of licensed OH care providers	V,VI,VII,VIII
Medi-Cal PCPs	• Geographic distribution of HPSM PCPs	IV,VII,VIII
SMCH PH outreach staff	• Number of SMCH outreach staff • Number of WIC outreach staff • Number of non-SMCH PH outreach staff in OHC-participating organizations/agencies	III,VIII

TABLE 4-2. OPHP STRATEGY-SPECIFIC INDICATORS

OPHP Strategy	Indicators
FV/SEAL (see Table 7-2)	• Number of SMC elementary schools with ≥50% in NSLP with co-located preventive dental services • Number of K-6 students who received preventive dental services at SMC school site with ≥50% in NSLP • Number of OH school-based sealant days held in participating elementary and middle schools • Number of K-6 students who received an oral health screening. • Number of dental hygiene students who participated in school-based preventive dental services.
OH ED (see Table 7-3)	• Number of K-6 students who received OH education and resources at SMC school site with ≥50% in NSLP • Number of SMC elementary schools with ≥50% students in NSLP with on-site OH education • Number of public health students who participated in on-site OH education
PH OUTREACH (see Table 7-4)	• Number of children with special needs referred from any co-located site to dental case management • Percent of children with special needs referred from any co-located site to dental case management who received dental services within 6 months following initial contact • Number of WIC and SMCH staff who received OH education training
PCP OH (see Table 7-5)	• Percent of [child] enrollees who received FV application(s) through HPSM providers • Percent of [child] enrollees who received [dental] assessment through HPSM providers • Number of [HPSM] PCPs who received FV and/or caries prevention training • Number of HPSM referrals to Medi-Cal FFS dental providers

DENTAL WORKFORCE (see Table 7-6)	• Number of OH care providers who received training • Percentage of OH care providers registered with Medi-Cal • Percentage/Geographic distribution of OH care providers accepting new Medi-Cal enrollees • Percentage/Geographic distribution of OH care providers with ongoing Medi-Cal enrollees
KOHA (see Table 7-7)	• Number of school districts with MOU • Percentage of schools with kindergarteners contributing to SCOHR • Proportion of KOHA forms with screening data (i.e., not waived) • Proportion of kindergarteners who submitted KOHA
OHSS (see Table 7-8)	• Proportion of available secondary oral health data sources available on OEE data portal. • Proportion of OHC member organizations/agencies reporting performance activities • Number of data dissemination reports published • Number of OHC members who received training in OHSS resources
OH COMM NETWORK (see **Error! Not a valid result for table.**)	• Number of university departments actively participating • Number of dental professional schools actively participating • Percentage of OHC members actively participating in workgroups • Number of policy statements/briefs submitted to policy decision-makers • Number of SMC residents reached through shared OH messaging • Number of presentations given

5 Justifying Conclusions: Analysis and Interpretation

5.1 Analysis

Both quantitative and qualitative methods will be used in data analysis. Microsoft Excel and statistical analysis software (SAS and R) will be used to conduct analysis on quantitative data. Descriptive statistics, including frequency distribution and central tendencies, will be used to report findings on the programs, program participants, and program outcomes. Responses to open-ended questions will be assessed using qualitative analysis methods, such as content analysis, to identify common themes and patterns. The Wilcoxon signed rank test will be used to test the median difference in paired data from the pre and post surveys

5.2 Interpretation

The OPHP evaluation team, SMCH FHS staff, and project partners will regularly meet to interpret the evaluation findings. Quarterly evaluation meetings will be used to update OHC workgroups and SMCH staff on the status of the projects. From these meetings, evaluation findings will be used to address any issues with project implementation and to make recommendations accordingly.

6 Ensuring Use and Sharing Lessons Learned: Report and Dissemination

Evaluation results will be shared with OPHP and other FHS staff, OOH, OHC members, OH communication network, participating learning sites, and health policy advocates. Evaluation assessments will be publicly accessible on OEE data portal.

6.1 Dissemination

Table 6-1 presents the data dissemination plan. The evaluation team at OPHP/OEE will provide quarterly reports on evaluation activities to the OPHP/FHS staff. A yearly progress report will be developed and

delivered to OOH and project partners in July (2018-2021), and a final evaluation report will be developed and delivered to OOH and project partners in July, 2022.

TABLE 6-1. DISSEMINATION PLAN FOR OPHP EVALUATION

Target Audience	Purpose of Communication	Format	Timetable
OPHP/FHS	Update OPHP/FHS staff on progress of evaluation	Data reports	Quarterly – Jan, Apr, Jul, Oct
OOH & project partners	Document progress of the evaluation and of initial findings	Progress reports	Due dates for LOHP Progress Reports are [5]: • July 1st – December 31, 2018, DUE January 31, 2019 • January 1st – June 30, 2019, DUE July 31, 2019 • July 1st – December 31, 2019, DUE January 31, 2020 • January 1st – June 30, 2020, DUE July 31, 2020 • July 1st – December 31, 2020, DUE January 31, 2021 • January 1st – June 30, 2021, DUE July 30, 2021 • July 1st – December 31, 2021, DUE January 31, 2022 • January 1st – June 30, 2022, DUE July 30, 2022 • July 1st – December 31, 2022, DUE January 31, 2023
OOH & project partners	Document achievement of Prop 56 objectives and of final evaluation findings	Final report	July 2022

6.2 Use [3]

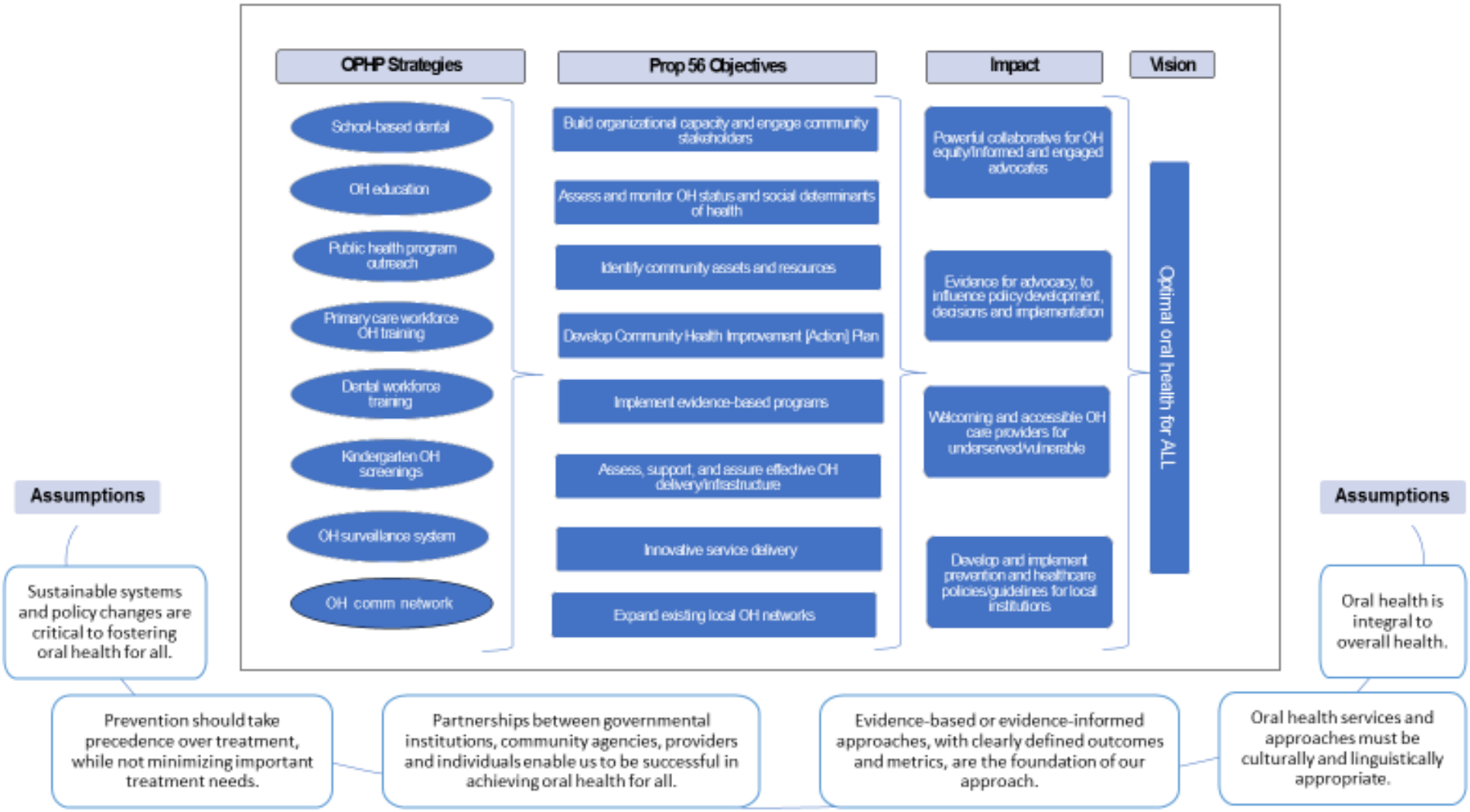
The evaluation team and program staff will proactively take action to encourage use and wide dissemination of the information gleaned through the evaluation project by strategizing with stakeholders early in the evaluation process about how OPHP will ensure that findings are used to support program improvement efforts and inform decision making. In order to ensure evaluation findings are used, the OPHP Evaluation Team will:

- Conduct regularly scheduled meetings with evaluation stakeholders as a forum for sharing evaluation findings in real time and developing recommendations for program improvement based on evaluation findings;
- Review evaluation findings and recommendations in regularly scheduled staff meetings;
- Engage stakeholders in identifying ways they can apply evaluation findings to improve their programs;
- Coordinate, document, and monitor efforts program staff and partners are making to implement improvement recommendations; and
- Develop multiple, tailored evaluation reports to address specific stakeholders information needs

7 Appendix

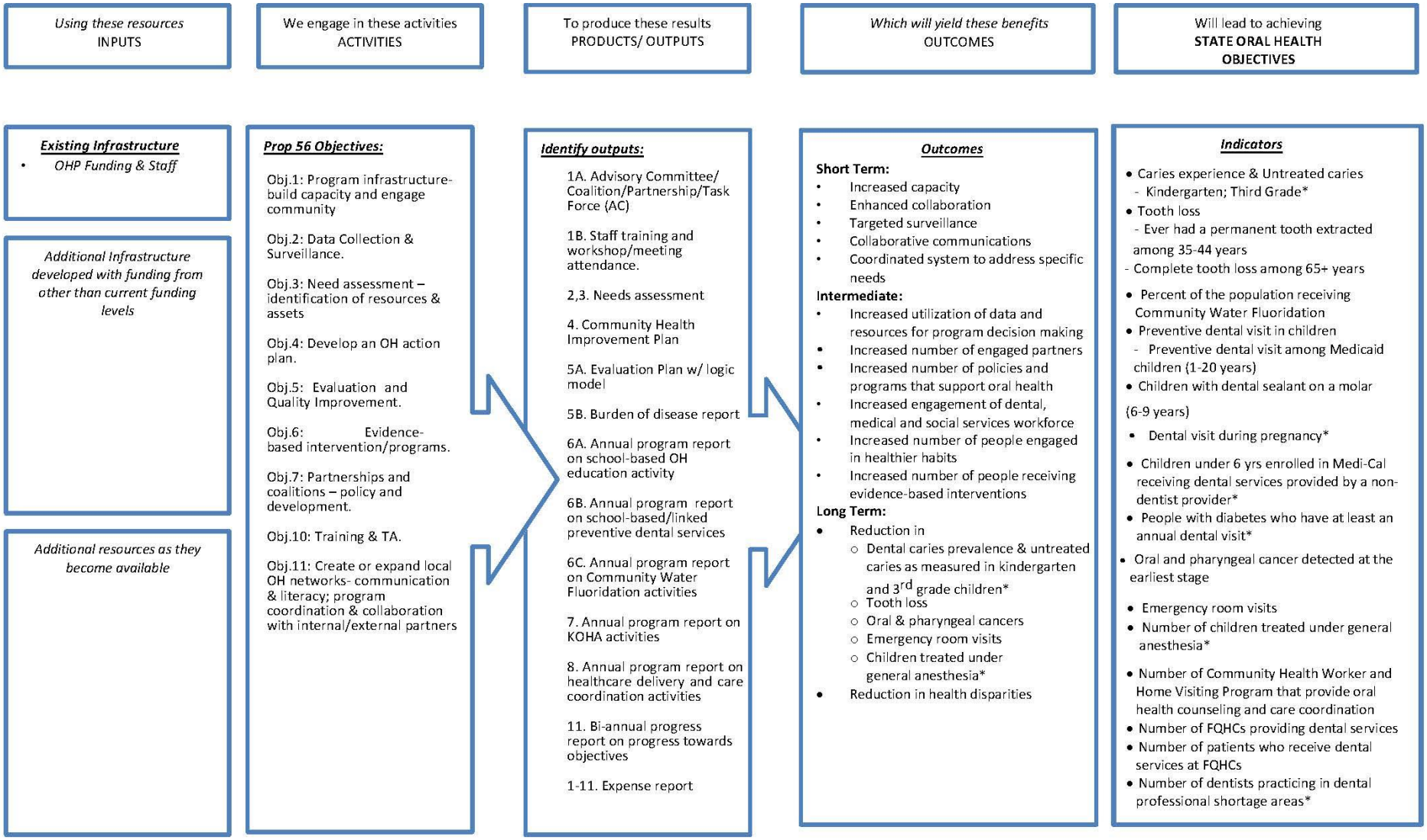
7.1 OPHP Model

FIGURE 7-1. OPHP THEORY OF CHANGE



7.2 Logic Model for OPHP Prop 56 Objectives

FIGURE 7-2. OPHP PROP 56 PROGRAM LOGIC MODEL



*Data source TBD

7.3 Logic Model for OPHP Projects I

Problem Statement: A myriad of barriers, such as financial barriers and residing in geographic areas with dental professional shortages, continue to prevent many San Mateo County residents from accessing quality oral health services which threatens their overall health and quality of life.
Goal: To increase access to oral health education and quality oral health services and care within underserved and economically disadvantaged populations, strengthen oral health provider capacity, and expand community-based prevention programs.

FIGURE 7-3. LOGIC MODEL FOR OPHP STRATEGIES I-III

	Inputs	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes
I. FV/SEAL	Dental sealant program staff Schools K-6 Students & Parents Screening forms OH Education materials	Recruit schools & enter into MOUs Train dental hygienist students & site staff Recruit students & obtain parental consent to participate Schedule sealant days Provide screenings, fluoride varnish (FV), sealants, education, & treatment referrals Complete retention checks Obtain feedback from students, FV/sealant staff, & program administrators at schools	FV/Sealant programs are established at new sites Screening data Students receive sealants, fluoride, & oral health education Students with urgent needs go to a dentist for treatment	Increased number of children with FV/sealants Increased number of children with urgent needs who are treated by a dentist Increased OH data	Increased FV/sealant program capacity DH students have increased awareness of oral health needs in underserved areas
II. OH ED	OPHP Staff K-6 Teachers K-6 Students Educational materials Teeth cleaning toolkit	Identify & recruit new program sites Instructor-led OH workshop Distribute educational materials Obtain feedback from students, teachers, & program administrators at schools	School-based OH education programs are established Students receive OH educational materials, toothbrush/toothpaste	Increased number of schools that offer OH education	Increased awareness of oral diseases among K-6 students Increased awareness of healthy oral habits among K-6
III. PH OUTREACH	OPHP staff WIC staff Healthcare for Homeless/ Farmworker staff NEOP staff BHRS staff Home Visiting staff Outreach educational materials	OPHP and SMCH PH programs enter into a partnership SMCH PH staff are recruited & trained to provide OH counseling/refer to OPHP case management PH medical staff at site are trained to refer patients to OPHP case management Oral health days are scheduled	Pregnant women and SMCH PH clients attend oral health sessions DH interns perform patient-level and mouth-level risk assessments on high-risk patients SMCH PH clients are educated on oral health and referred for treatment Medical professionals attend seminar and obtain CME credits	Increased number of children with FV Increased number of pregnant women and children with urgent needs who are treated by a dentist	Increased FV capacity Pregnant women and SMCH PH clients have an increased knowledge of oral health care DH interns have an increased awareness of oral health needs in underserved areas & pregnant women Medical providers have an increased awareness of periodontal disease Oral health education is integrated into PH programs within SMCH

Long Term Outcomes: Increased access to oral health services, Strengthened oral health workforce, Decreased tooth decay, Improved oral health and quality of life

7.4 Logic Model for OPHP Projects II

FIGURE 7-4. LOGIC MODEL FOR OPHP STRATEGIES IV-VI

	Inputs	Activities	Outputs	Short-Term Outcomes	Intermediate Outcomes
IV. PCP OH	FHS Staff OPHP Staff Medi-Cal PCPs Medi-Cal children/parents Outreach educational materials	Identify and recruit key partners Identify primary care offices in county serving vulnerable populations and identify underserved areas Recruit PCPs Develop/introduce referral form Train PCPs in OH screening, counseling, referrals, FV Obtain feedback from PCPs and parents Provide quality improvement coaching to primary care offices on how to integrate "warm-handoff referrals" into their workflow	FV protocol established at new sites Children receive fluoride Parents receive oral health counseling and referral Children with urgent needs go to a dentist for treatment Medical professionals attend seminar and obtain CME credits	Increased number of children with FV Increased number of children with urgent needs who are treated by a dentist Increased referral capacity	Increased FV capacity Low-income parents have an increased knowledge of oral health care Medical providers have an increased awareness of childhood oral disease risk Oral health counseling is integrated into PCP well-child visits
V. DENTAL WORKFORCE	OPHP Staff SMC Dental Society Dental professional schools DHCS FFS dentists OHC Training materials Outreach educational materials	Identify and recruit key partners Conduct a survey of dental offices Analyze survey results and develop outreach materials Recruit dental offices Introduce referral form Develop a Sustainability plan Provide quality improvement coaching Develop QI plan Identify Success Stories	Dental office survey report Updated list of available dentists by specialty Current and future dental hygienists and other OH professionals view the course/presentations Dental hygienists and other OH professionals receive CE credits QI/Sustainability plan	Increased referral capacity Build capacity to service low-income Build capacity to serve patients with special needs OH students have increased awareness of OH needs in underserved areas Increased ability to educate patients Increased capacity to receive referrals	Strengthened OH workforce Representatives from primary care, CBOs and dental offices meet in-person on a regular basis to foster process redesign and improvement Effective OH care delivery & care coordination systems and resources
VI. KOHA	OPHP Staff Pre-K, T-K, K school staff Pre-K, T-K, K students/parents KOHA forms/education	Recruit schools & enter into MOUs Recruit parents to participate Schedule KOHA form pick-up Enter data into SCOHR Analyze data	KOHA data report SCOHR data entry	Increased number of schools participating in KOHA Increased number of children with OH screeningsIncreased OH data for 3-5 yrs.	Increased awareness of oral diseases healthy oral habits among parents of young children Increased annual dental visit among 3-5 yrs. Increased awareness of SMC child OH status

Long Term Outcomes:
Increased access to oral health services, Strengthened oral health workforce, Decreased tooth decay, Improved oral health and quality of life

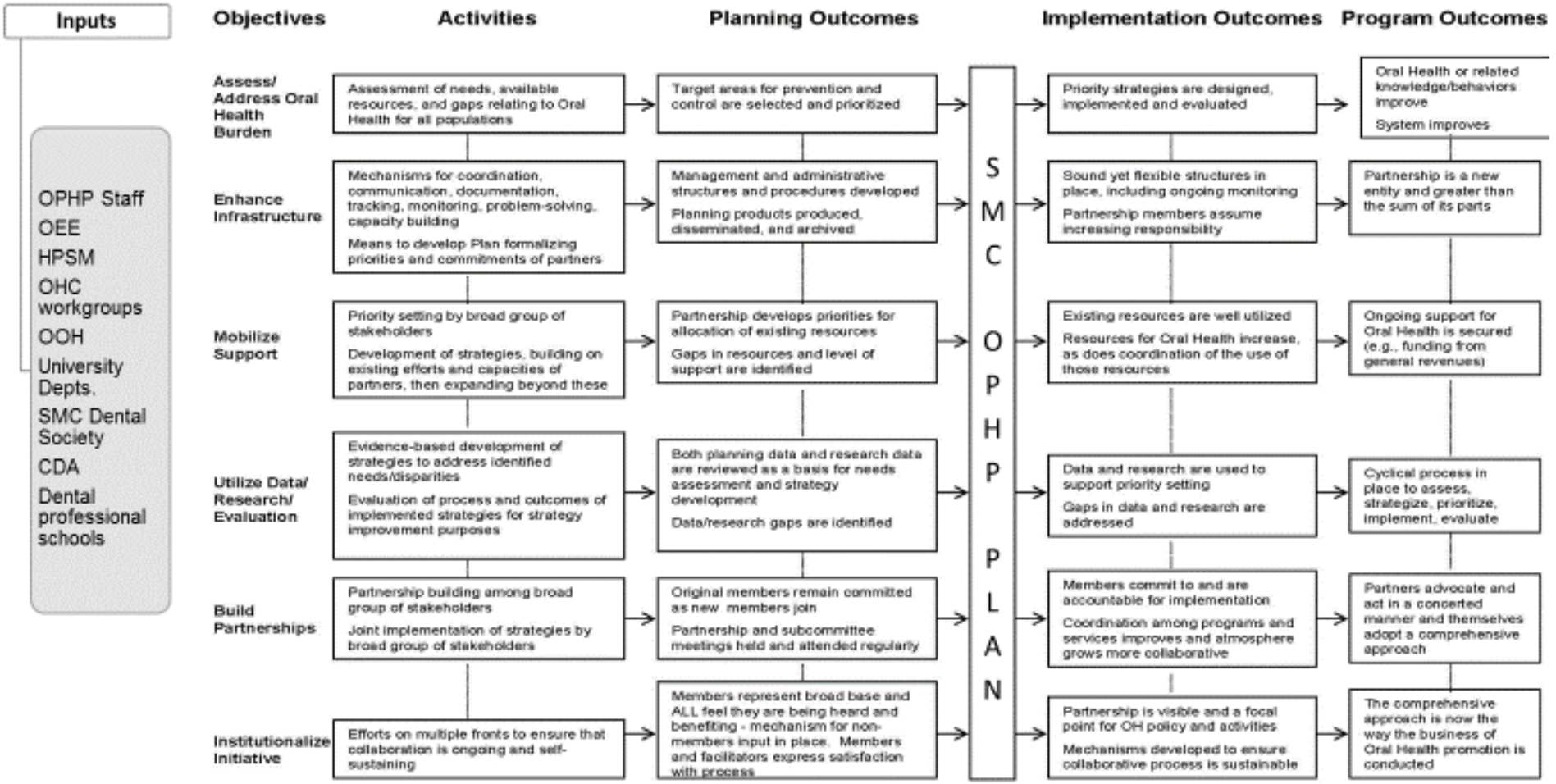
7.5 Logic Model for OPHP Projects III

FIGURE 7-5. VII. SMCH ORAL HEALTH SURVEILLANCE SYSTEM

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Staff (including contract and in-kind) • Epidemiological support • Data management • Information Technology (IT) support • Oral health policy leadership • Data collection • State/Local content experts • Program evaluation **Data Sources** • National data sources • State data sources • County/Community data sources **Equipment** • IT hardware and software **Other** • SMC OH Strategic Plan • OH Coalition • State Oral Health Plan • National, state, and local partners • Funding • Program champions and community stakeholders and advocates • Legislation • MOU for data	**Define/Plan** • Develop surveillance plan including flow chart of systems and data collection methods to support oral health program • Establish objectives for surveillance • Select and develop case definitions/indicators, using standard health indicators whenever possible • Engage partners to build consensus on core set of measures **Assess** • Identify secondary data sources • Identify internal data sources • Identify baseline data • Develop Local Health Department data needs assessment • Identify data gaps • Collect data to eliminate gaps, obtain community-level indicators, or meet other important data needs **Analyze** • Link existing data sources • Develop data quality assurance methods to assure accuracy of data • Develop evaluation and monitoring methods and measures as part of the surveillance plan • Develop and test analytic approach • Conduct analysis and interpret findings • Assess oral health burden **Disseminate** • Develop written surveillance reports • Create and implement data dissemination plan • Develop a framework and provide technical assistance for local partners to submit, analyze, and report data to county measurement repositories • Develop timely and easily accessible oral health data portal **Assure** • Ensure data security and confidentiality • Develop strategies for sustaining surveillance system • Evaluate county surveillance system	• County process measure tracking system/repository • Data resource guide • Updated Needs Assessment • Data dissemination plan • Data analysis methodology guidance document(s) • Publicly available, actionable oral health data documents to guide public health policy and programs (e.g., data briefs) • Fact sheets/Infographics • Public-use open data portal • Progress reports on impacts of LOHP initiatives	**Short-term** • Targeted surveillance • Targeted performance measures • Cyclical process in place to assess and evaluate programs • Streamlined analysis and interpretation of surveillance data **Intermediate** • Ongoing surveillance of trends in oral health indicators • Increase in evidence-based programs, planning and evaluation to address needs/disparities • Increase in utilization of data for program decision-making and targeting populations most in need • Local surveillance integrated with state surveillance system • Increased awareness of oral health status among stakeholders, policymakers, health care providers, and the public • A comprehensive, coordinated and sustainable oral health surveillance system that provides data for evidence-based plans and programs **Long Term** • Improved oral health • Documentation of improvements in oral health indicators and oral health knowledge resulting from program interventions • Integration of oral health data across health care system

7.6 Logic Model for OPHP Projects IV

FIGURE 7-6. VIII. OH COMMUNICATION NETWORK PROCESS MODEL



Adapted from https://www.cdc.gov/OralHealth/state_programs/pdf/stateplans.pdf

7.7 Evaluation Plan Grid

TABLE 7-1. ALL OPHP PROJECTS EVALUATION PLAN GRID

Evaluation Question	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Was the target population reached as intended?	• Geographic distribution of children <3 yrs with FPL ≤322% • Geographic distribution of children 3-18 yrs with FPL ≤138% • Geographic distribution of schools with ≥50% students in NSLP • Geographic distribution of adults 19-65 yrs with FPL ≤266% • Geographic distribution of women 15-44 years with FPL ≤322%	GIS mapping	OHSS (see Appendix 7.11)	Twice: 1May2017 & 1May2022	Epidemiologist II (EPI II), OEE
	• Geographic distribution of licensed OH care providers • Geographic distribution of HPSM PCPs			Annual: 1May(2017-2022)	
(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?	• Responses to pre-post survey	Sampling	Survey data entered into tracking database		Design/Analysis: EPI II, OEE; Recruit/Collect data: OPHP staff
(Outcome) Was the program successful at affecting the intended health outcomes?	• [Increased] Percentage of residents aged 1-20 years enrolled in Medi-Cal for at least 90 continuous days who received any preventive dental service • [Increased] Percentage of residents aged 6-9 years enrolled in Medi-Cal for at least 90 continuous days who received a dental sealant on a permanent molar • [Increased] Percentage of adults in Medi-Cal who used the OH care system in the past year • [Decreased] Percentage of K-6 students with chronic absenteeism in schools with ≥50% students in NSLP • [Decreased] ED visit rates in target population for dental conditions • [Increased] Percentage of students enrolled in K-6 with ≥50% students in NSLP that received any OPHP service	Descriptive & Inferential statistics	OHSS (see Appendix 7.11)	Annual: 1May(2017-2022)	EPI II, OEE
	• [Increased] Proportion of women who have had preventive dental care during pregnancy	TBD	TBD	TBD	Design/Analysis: EPI II, OEE; Recruit/Collect data: OPHP staff
	• [Decreased] Percentage of kindergarten children with caries experience, including treated and untreated tooth decay	Sampling	KOHA	Twice: 1May2017 & 1May2022	

Evaluation Question	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Cost-effectiveness) Does the value or benefit of the program's outcomes exceed the cost of producing them?	• [Rate decrease] 5-year trend in total amount spent on target population with emergency department visits due to dental-related conditions • [Rate decrease] 5-year trend in total amount spent on target children treated under general anesthesia	Descriptive & Inferential statistics	OHSS	Twice: 1May2017 & 1May2022	EPI II, OEE
	• Total amount spent 2017 through 2022 < (baseline cost for ED visits for dental-related conditions in target population *5) • Projected investment for future program maintenance per strategy/year < amount spent 2017 to 2022	Program records	Program notes		OPHP staff
(Attribution) Can the outcomes be related to the program, as opposed to other things going on at the same time?	• Responses to post implementations surveys and interviews • Activity tracking	Survey, focus interviews, in-depth interviews, case studies	Survey data entered into tracking database; program notes	1May2022	Survey design/analysis & tracking database: EPI II, OEE; Recruit/Collect data: OPHP staff

TABLE 7-2. I-FV/SEAL EVALUATION PLAN GRID

Evaluation Questions	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Has the program been implemented as intended? Why or why not?	• Number of SMC elementary schools with ≥50% in NSLP with co-located preventive dental services • Number of K-6 students who received preventive dental services at SMC school site with ≥50% in NSLP • Number of OH school-based sealant days held in participating elementary and middle schools • Number of K-6 students who received an oral health screening. • Number of dental hygiene students who participated in school-based preventive dental services.	Program records	Tracking database	Bi-annual: 1May,1Dec (2017-2022)	OPHP staff
(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?				Annual: 1May(2017-2022)	EPI II, OEE

TABLE 7-3. II-OH ED EVALUATION PLAN GRID

Evaluation Questions	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Has the program been implemented as intended? Why or why not?	• Number of K-6 students who received OH education at SMC school site with ≥50% in NSLP • Number of SMC elementary schools with ≥50% students	Program records	Tracking database	Bi-annual: 1May,1Dec (2017-2022)	OPHP staff

(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?	in NSLP with on-site OH education			Annual: 1May(2017-2022)	EPI II, OEE

TABLE 7-4. III-PH OUTREACH EVALUATION PLAN GRID

Evaluation Questions	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Has the program been implemented as intended? Why or why not?	• Number of WIC pregnant women enrollees who received co-located preventive dental services • Number of children with special needs referred from any co-located site to dental case management • Percent of children with special needs referred from any co-located site to dental case management who received dental services within 6 months following initial contact • Number of WIC and SMCH staff who received OH education training • Number of pregnant women enrolled in SMC WIC • Proportion of women who have had preventive dental care during pregnancy • Number of women with OBGYN visits at SMMC • Number of SMCH outreach staff • Number of WIC outreach staff • Number of non-SMCH PH outreach staff in OHC-participating organizations/agencies	Program records	Tracking database	Bi-annual: 1May,1Dec (2017-2022)	OPHP staff
(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?				Annual: 1May(2017-2022)	EPI II, OEE

TABLE 7-5. IV-PCP OH EVALUATION PLAN GRID

Evaluation Questions	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Has the program been implemented as intended? Why or why not?	• Percent of [child] enrollees who received FV application(s) through HPSM providers • Percent of [child] enrollees who received [dental] assessment through HPSM providers • Number of [HPSM] PCPs who received FV and/or caries prevention training • Number of HPSM referrals to Medi-Cal FFS dental providers	Program records	Tracking database	Bi-annual: 1May,1Dec (2017-2022)	OPHP staff
(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?				Annual: 1May(2017-2022)	EPI II, OEE

TABLE 7-6. V-DENTAL WORKFORCE EVALUATION PLAN GRID

Evaluation Questions	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Has the program been implemented as intended? Why or why not?	• Number of OH care providers who received training • Percentage of OH care providers registered with Medi-Cal • Percentage/Geographic distribution of OH care providers accepting new Medi-Cal enrollees • Percentage/Geographic distribution of OH care providers with ongoing Medi-Cal enrollees	Program records	Tracking database	Bi-annual: 1May,1Dec (2017-2022)	OPHP staff
(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?				Annual: 1May(2017-2022)	EPI II, OEE

TABLE 7-7. VI-KOHA EVALUATION PLAN GRID

Evaluation Questions	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Has the program been implemented as intended? Why or why not?	• Number of schools districts with MOU with FHS • Percentage of schools with kindergarteners contributing to SCOHR • Proportion of KOHA forms with screening data (i.e., not waived) • Proportion of kindergarteners who submitted KOHA	Program records	Tracking database	Bi-annual: 1May,1Dec (2017-2022)	OPHP staff
(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?				Annual: 1May(2017-2022)	EPI II, OEE

TABLE 7-8. VII-OHSS EVALUATION PLAN GRID

Evaluation Questions	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Has the program been implemented as intended? Why or why not?	• Proportion of available secondary oral health data sources available on OEE data portal. • Proportion of OHC member organizations/agencies reporting performance activities • Number of data dissemination reports published • Number of OHC members who received training in OHSS resources	Program records	Tracking database	Bi-annual: 1May,1Dec (2017-2022)	OPHP staff
(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?				Annual: 1May(2017-2022)	EPI II, OEE

TABLE 7-9. VIII-OH COMM NETWORK EVALUATION PLAN GRID

Evaluation Questions	Indicator or Performance Measure	Method	Data Source	Frequency	Responsibility
(Process) Has the program been implemented as intended? Why or why not?	• Number of university departments actively participating • Number of dental professional schools actively participating • Percentage of OHC members actively participating in workgroups • Number of policy statements/briefs submitted to policy decision-makers • Number of SMC residents reached through shared OH messaging • Number of presentations given	Program records	Tracking database	Bi-annual: 1May,1Dec (2017-2022)	OPHP staff
(Process) Has credible evidence been gathered to demonstrate the efficacy of OPHP activities?				Annual: 1May(2017-2022)	EPI II, OEE

7.8 OPHP Key Contributing Partner Organizations/Agencies

FV/SEAL	OH ED	PH OUTREACH	PCP OH	DENTAL WORKFORCE	KOHA	OHSS	OH COMM NETWORK
Sonrisas Dental Health First 5 SMC Ravenswood Family Dentistry – Virtual Dental Home	OHC Children's Workgroup <u>SMC schools</u> • Superintendents • Principals • Teachers • Wellness coordinators	<u>SMCH</u> • NEOP • WIC • BHRS • FHS Home Visiting Programs • Healthcare for the Homeless/Farmworker Health	FHS CHDP	SMC Dental Society Mid-Peninsula Dental Society	SMC school district superintendents	OEE OHC Data Workgroup	OOH SMC OHC HPSM CDA UCSF

7.9 SMC Prop 56 Application – Doc C Narrative Summary (submitted to OOH 19Sept17)

Current Oral Health Status:

Forty percent of 3-years olds in SMC Head Start had untreated dental decay (2013-2015). Children of color have higher levels of decay than white children. Dental problems are the second most common reason for referrals to the SMC Child Health & Disability Prevention program (2014-2015). Many pregnant women and elderly lack dental resources and services. Among Pacific Islander pregnant women, 37.1% received less than adequate prenatal care as compared to Asian and white women, 12.3% and 12.7%, respectively. (CHNA 2013)

The high need regions in San Mateo County are: North County (Daly City, Brisbane); Central City of San Mateo; South County (East Palo Alto, Redwood City, east Menlo Park); and Coastside (Half Moon Bay, El Granada, Miramar). Only 31 private provider sites out of 885 licensed dentists in the county have actively billed Denti-Cal and currently only 24 of 35 private providers accept new patients. Each dental office would need to serve 3918 enrollees to meet the needs of low-income residents. Community clinics through San Mateo Medical Center, Ravenswood Family Health Center, Sonrisas Dental Center, and Samaritan House address some of the need among low-income populations. North County and South County, in particular, need more providers who will see low-income patients. Dental care is often delayed due to long wait lists, transportation issues, and language challenges.

Vulnerable and/or Underserved Populations:

The prevalence of community members without dental coverage has increased significantly —from 26.6% in 1998 to 32.4% in 2013. Among those without dental insurance, 34.3% report that they or a family member have dental problems which they cannot take care of because of a lack of insurance. 62.2% of those living below the 200% poverty threshold are without dental insurance coverage. 57.4% of seniors and over 40% of Hispanics are without full or partial dental insurance (CHNA 2013). Overall, 26% expressed “fair/poor” access to dental care access in 2013 as compared to 15.2% in 1998. (CHNA 2013)

Demographics:

Over 700,000 people live in San Mateo County. (LHJFT 2017, Amer. Comm Survey 2015). Based on the 2010 census 6.5% were under 5 years old, 17.9% were 5-19 years old and 11.2% were 65-84 in 2013 (CHNA 2013). 8%, or over 59,000, live in poverty. 18.9% of San Mateo County adults live below the 200% FPL threshold according to reported household incomes and sizes. (CHNA 2013). Of those 65 and over, 9.9% or over 10,200 live at less than 125% of the poverty level. (Amer Community Survey 5 year Estimates, 2015).

Smoking rates have declined steadily since 1998 (16.6%) reaching 10.1% in 2013. (CHNA 2013). However, smoking prevalence remains comparatively higher in certain populations, including men (12.8%), adults under 65years (>10%), blacks (17.2%), and respondents living in the North County area (13.7%).

Geography:

San Mateo County is about 740 square miles making up most of the Bay Area peninsula. It is bordered on the north by San Francisco County, on the south by Santa Clara County, on the west by the Pacific Ocean and on the east by the San Francisco Bay. The county is home to several high tech companies, including Facebook, Oracle, Genentech, VISA, Sony Interactive Entertainment, Electronic Arts, and YouTube. The major industries include professional, scientific, and tech services (14.1%), health and social services (11.7%), retail (10.2%), accommodation and food services (8.4%), and educational services (8.3%). (Data USA, 2017)

References

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Local Health Jurisdiction Funding Table. From 2017-2022 Local Health Jurisdiction Local Oral Health Program Guidelines for Grant Application.

San Mateo County Oral Health Strategic Plan 2017-2020. (Accessed 9/14/2017). http://www.smchealth.org/sites/main/files/file-attachments/oral_health_book_web_version.pdf

7.10 SMC OPHP Prop 56 Work Plan FY2017-22 and Progress as of February 2019

DELIVERABLES/OUTCOME MEASURES: Local Health Departments (LHJs) shall implement selected strategies outlined in the California Oral Health Plan and make progress toward achieving the California Oral Health Plan's goals and objectives. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs.

- Objective 1: By June 30, 2022, continue to build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.
- Objective 2: By June 30, 2022, continue to assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus underserved areas and vulnerable population groups.
- Objective 3: By June 30, 2022, update identified assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.
- Objective 4: By June 30, 2022, maintain and update a community health improvement plan (CHIP) and an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.
- Objective 5: By June 30, 2022, maintain and update an Evaluation Plan to monitor and assess the progress and success of the Local Oral Health Program.
- Objective 6: By June 30, 2022, implement evidence-based programs to achieve California Oral Health Plan Objectives.
- Objective 7: By June 30, 2022, work with partners to promote oral health by developing and implementing prevention and healthcare policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.
- Objective 10: By June 30, 2022, assess, support, and assure establishment of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve underserved areas and vulnerable populations.
- Objective 11: By June 30, 2022, create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

#	**Activity Description**	**Outcome Measure**	**Status**
1.1	Maintain a coordinator position and other positions as needed.	List of changes in key positions	Completed
1.2	Participate in trainings offered via meetings, webinars, workshops, conferences, etc.	List of trainings, meetings, webinars, workshops, conference attended	In progress
1.3	Maintain Advisory Committee/Coalition/Partnership/ Task Force (AC) and recruit key organizations/ members as needed to represent diverse stakeholders. Submit new schedule for the rest of the grant term with revised work plan	Membership list, meeting schedule	In progress
1.4	Convene regular AC meetings and ensure evaluation for meetings	Meeting agendas; schedule of meetings; list of participants, participant evaluations	In progress
1.E.1	Conduct qualitative analysis to determine effectiveness of trainings and community organizing approaches to capacity building.	Summary of Analysis	Not started
1.E.2	Conduct satisfaction survey of AC membership to determine AC progress, recommendations and future direction of the LOHP and strategies to address challenges.	Analysis of satisfaction survey which include quantitative measures to assess network density or involvement and recommendations for improvement	Not started

#	Activity Description	Outcome Measure	Status
2.1	Update the current Needs Assessment every five years. Conduct an assessment of available data to determine LHJs health status, oral health status, needs, and available dental and health care services and resources to support underserved areas and vulnerable population groups.	Summary of resources and needs assessment	Completed
2.3	Identify and plan the needs assessment strategy based on available resources. Develop needs assessment instrument.	Needs assessment instrument	Completed
2.4	Conduct inventory of available primary and secondary data.	Data gathered and inventoried	Completed
2.5	Determine the need to update primary data and additional data if needed.	Analysis conducted and data gaps identified	Completed
2.6	Update resources	Data resources identified to fill gaps	In progress
2.7	Select methods	Methods selected	In progress
2.8	Conduct Needs Assessment	Work plan developed to collect missing data	In progress
2.9	Collect data	Data collected	In progress
2.E.1	Upon completion of updated Needs Assessment, analyze data and prepare summary analysis.	Summary Report	Not started
3.1	Update inventory of all the groups (associations, organizations, and institutions) that exist within the jurisdiction's communities. Identify existing groups, organizations, etc. that serve underserved and vulnerable populations in the community.	Inventory of existing assets/resources	Completed
3.2	Update map of assets/resources within jurisdiction, identify gaps, and publish mapping.	Map of assets/resources (geo mapping) within jurisdiction/List of gaps within LHJ	In progress
4.1	Maintain a key staff person or consultant to guide the community health improvement plan process.	Key staff member/consultant identified	Completed
4.2	Maintain a workgroup to monitor and update the Action Plan.	List of work group meetings and minutes from meetings	In progress--ongoing
4.3	Every five years, update results of action steps as needed: ☐ What action or change will occur ☐ Who will carry it out ☐ When will it take place, and for how long ☐ What resources (i.e., money, staff) are needed to carry out the change	Action Plan developed by workgroup that identifies the "what, who, when, how long, resources, and communication" aspects of the Action Plan	In progress--ongoing

#	Activity Description	Outcome Measure	Status
	☐ Communication (who should know what)		
4.E.1	Identify how the Action Plan addresses the priorities identified in the Community Health Improvement Plan; provide a summary of key strategies to address vulnerable populations and how they will help to achieve local and state oral health objectives. Describe impact objectives and key indicators that will be used to determine progress.	Summary Report-Identify flow of information between organization, community and other stakeholders; identify how organizational procedures facilitate participation; and identifies the strengths, weaknesses, challenges and opportunities that exist in the community to improve the health status of the community	Completed
5.1	Continue to engage stakeholders in the Evaluation Plan process, including those involved, those affected, and the primary intended users.	List of stakeholders engaged in this process	In progress--ongoing
5.2	Maintain and update the Program Logic Model, which will become a common reference point for staff, stakeholders, constituents and CDPH/OHP.	Program Logic Model, depicts program outcomes, how the program will accomplish outcomes and basis (logic) for these expectations	Done
5.3	Evaluate and update program outcome objectives and indicators.	Document the indicators, sources, quality, quantity, and logistics	In progress
5.4	Prepare or update Evaluation Work Plan for Implementation Objectives.	Provide comprehensive Evaluation Plan of Required and selected Implementation Objectives	Not started
5.5	Submit progress reports.	Summary of successes, challenges, and lessons learned	In progress
5.E.1	Coordinate with CDPH to conduct surveillance to determine the status of children's oral health.	List of schools identified, number of children to be screened, coordination activities conducted	In progress
School Based-School Linked 6.1.0	Annually identify children in grades K-6 to receive dental sealants. Children receiving sealants must also receive a retention check-up. List number of children to be served.	List of participating schools, identify the number of children to be served	In progress
6.1.1	Provide dental sealant services by providing a referral list for dental sealant providers.	List of number of referrals, number of children receiving sealants, number of sealants placed	Not started
6.1.2	Obtain input from school administrator, lead teacher, school nurse, or oral health contact at identified schools to schedule activities.	Summary of input, schedule of activities	In progress
6.1.3	Annually, develop or adapt sealant educational materials and/or educational sessions for teachers, parents, and students.	Sealant educational materials	Not started

#	Activity Description	Outcome Measure	Status
6.1.4	Annually distribute sealant educational materials and/or deliver educational sessions to teachers, parents, and students, and send educational sealant information home with sealant consent form (if referral provider will provide services on-site at the school).	List of sealant educational materials provided; copy of consent form (if applicable).	In progress
6.1.5	Conduct a basic dental screening of students to determine dental status with parental permission. (optional)	Signed consent forms, summary of survey results	In progress
6.1.6	Schedule time at school site to conduct screening with those children who submitted signed consent forms.	Correspondence with school	In progress
6.1.7	Conduct screening event with teachers, site personnel, and volunteers.	Number of children screened,	In progress
6.1.8	Determine number of children that need dental sealants and the number of sealants per child. Follow-up with teachers to ensure notices were sent home.	Data captured in report to CDPH	Not started
6.1.9	Annually, facilitate dental sealant placement by a dentist, registered dental hygienist in alternative practice or registered dental hygienist at provider site, or will place sealants on a minimum of 5% of targeted children with signed parental consent form at a coordinated sealant event with teachers, site personnel, and volunteers.	Schedule of events, number of children served, number of sealants provided	Not started
6.1.10	Annually, complete sealant retention checks on a minimum of 10% of the children who received sealants during the school year.	Summary of follow-up activities, number of children who received retention checks, screening forms on file	Not started
6.1.11	Annually, identify students in grades K-6 that will receive at least one instructional visit on oral health, lasting at least 20 minutes, using appropriate scope and sequence principles. Multiple educational visits are encouraged if possible. The following subject areas may be included: • causes, processes, and effects of oral diseases; • plaque control; • nutrition and healthy snacks, sugar sweetened beverages; • use of preventive dental agents, including fluorides and sealants; • the need for regular dental care and preparation for visiting the dentist; • physical activity; • tobacco cessation; and • dental injury prevention	List of schools identified to participate, number of children receiving education, list of materials provided, training schedule, list of training topics	In progress
Fluoride 6.2.0	Annually, identify children in grades K-6 to receive fluoride supplements. Facilitate fluoride supplements by a dental provider or school-based clinic, Federally Qualified Health Center, Community Health Center	List of participating schools, identify if children will be referred or identify the number of on-site events will be planned	In progress

#	Activity Description	Outcome Measure	Status
	or identify if an on-site event is will be conducted at the school. Identify volunteers or organizations that provide fluoride varnish and work with teachers, school administrators, site personnel, and volunteers to coordinate the event. For on-site events, provide and collect permission slips for participating children. Children may receive fluoride rinse, fluoride varnish, or fluoride tablets.	to provide fluoride varnish	
6.2.1	Determine course of action for identified schools in collaboration with AC.	AC meeting minutes	In progress
6.2.2	For identified school sites, develop or adapt general oral health and hygiene educational materials that are culturally competent and use appropriate health literacy level.	List of culturally appropriate oral health materials provided	Completed
6.2.3	Develop or adapt fluoride educational materials and/or educational sessions for teachers, parents, and students.	List of fluoride educational materials provided	Not started
6.2.4	Distribute fluoride educational materials and/or deliver educational sessions to teachers, parents, and students, and send educational fluoride information home with fluoride consent form.	Distribution list, signed consent forms (on file, if applicable)	Not started
6.2.5	Assess number of children eligible to receive fluoride supplement per identified school.	List of classrooms and number of children to receive fluoride supplement	Not started
6.2.6	Facilitate referral for fluoride supplements or schedule time at school site to provide fluoride supplements with local providers to children who submitted signed consent forms.	List of schools, number of children referred for fluoride supplements or number of children receiving fluoride supplements on-site	In progress
6.2.7	Conduct fluoride varnish event at school with teachers, site personnel, and volunteers. ____ (number) children that will receive fluoride supplement.	Number of children receiving fluoride supplement, identify type of supplement provided, flyer to promote event if conducted on-site. Permission slips maintained by LHJ, if applicable	Not started
6.2.8	Send notice home with students to inform parents of any relevant information.	Data captured in report to CDPH; correspondence with teachers	Not started
6.2.9	Determine total number of children who received fluoride treatment. Follow-up with teachers to ensure notices were sent home.	Provide documentation in progress reports. Provide a summary of clinical linkage efforts and on-site events	Not started
6.3.1	Conduct training for community members/partners/ stakeholders who desire to learn about the safety, benefits and cost effectiveness of community water fluoridation and its role in preventing dental disease.	Agenda/Training Materials/Talking Points/List of Participants	Not started
6.3.2	Conduct Regional Water District engineer/operator training on the safety, benefits of fluoridation and the important role water engineers/operators have in preventing dental disease.	Agenda/ Training Materials, Talking Points/List of Participants	Not started

#	Activity Description	Outcome Measure	Status
6.3.3	Adapt materials on fluoridation to meet community literacy levels/ languages/cultures or create new fluoridation education materials.	Community-specific fluoridation Education Materials	Not started
6.3.4	Conduct a community public awareness campaign on fluoridation and its effectiveness in preventing dental caries.	Marketing Materials, such as Public Service Announcements, Radio Ads, Letters to the Editor, etc.	Not started
6.3.5	Create LHJ specific webpage on fluoridation and its effectiveness in preventing dental caries.	Webpage URL	In progress
6.E.1	Identify process and qualitative indicators for school-based or school linked programs and determine if progress on evaluation objectives/indicators.	Evaluation Report – identify if target participation rate was met	Not started
6.E.2	Identify Success Stories to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	Success stories (qualitative case study) and dissemination plan	Not started
Kinder-Assessment 7.1	Convene meetings of local programs (First 5, Maternal, Child and Adolescent Health (MCAH), Denti-Cal, Child Health and Disability Prevention (CHDP), Women, Infants, and Children (WIC), Black Infant Health (BIH), Early Head Start, Head Start, schools, and Home Visiting etc.) and discuss prevention and access to care issues.	Schedule of meetings	In progress--ongoing
7.2	Identify the role of partners – outreach, education, assessment, linkage, case management, delivery of services and follow up.	Role of partners identified	In progress
7.3	Identify facilitators and barriers to care, and gaps.	Facilitators and barriers assessed	In progress
7.4	Determine the activities for addressing barriers to care	Activities identified	In progress
7.5	Assess the number of schools currently not reporting Kindergarten assessments to the System for California Oral Health Reporting (SCOHR).	Non participating schools identified	Done
7.6	Identify current processes neighboring schools and identify best practices.	Best practices identified	Not started
7.7	Identify target schools for intervention.	List of target schools identified	Done
7.8	Recruit champions.	List of champions recruited	In progress
7.9	Provide tools and training to make presentations and write letters for educating school board members to pass supporting resolutions.	Tool kit prepared; list of presentations made; copy of letters written	Completed
7.1	Provide guidance for implementation.	Guidance documents distributed to schools	Not started
7.11	Conduct meetings of key partners, mobilize the community, and set targets.	List of key partners; schedule of meetings held; targets identified	In progress
7.E.1	Identify successful strategies to increase the number of Kindergarten Assessments, barriers and challenges to progress. Identify if any new policies were developed as a result of efforts. Communicate results of efforts to partners.	Provide summary in progress reports of successes, challenges, lessons learned, and recommendations. Identify if any policies were revised or new policies developed	In progress

#	Activity Description	Outcome Measure	Status
7.E.2	Identify Success Stories to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	Success Stories (qualitative case study) and dissemination plan	In progress
10.1	Identify and recruit key partners such as the local dental society, local dental association, local primary care association, etc.	List of partners recruited	In progress
10.2	Conduct a survey of dental offices inventorying insurance type accepted and populations served.	Summary analysis of survey	Completed
10.3	Identify primary care offices in county serving vulnerable populations and identify underserved areas.	List of primary care offices that serve vulnerable populations and identify gaps in underserved areas	Done
10.4	Analyze survey results and develop outreach materials indicating names, locations, and populations served at each dental office.	Outreach materials	In progress
10.5	Develop referral form based on analysis and test with 1-2 primary care offices or community-based organizations (CBOs).	Summary of Focus test results; final referral form	Not started
10.6	Introduce referral form to primary care offices and CBOs.	Referral forms distributed to primary care offices and CBOs	Not started
10.7	Partner primary care offices and CBOs with dental offices to facilitate warm-handoff referrals.	Partnership with dental offices developed	Not started
10.8	Launch and sustain a Community of Practice for representatives from the primary care offices, CBOs, and dental offices to meet in-person on a regular and re-occurring basis to foster process redesign and improvement.	A Community of Practice developed. Schedule of meetings	Not started
10.9	Develop a Sustainability plan to maintain efforts.	Sustainability plan	Not started
10.E.1	Provide quality improvement coaching to primary care offices and CBOs on how to integrate “warm-handoff referrals” into their workflow.	Quality Improvement (QI) Coaching provided	Not started
10.E.2	Develop QI plan.	QI recommendations	Not started
10.E.3	Identify Success Stories to share with local programs, policymakers, stakeholders, and the general public to promote and sustain program efforts.	Success Stories (qualitative case study) and dissemination plan	Not started
11.1	Convene a core group or identify a workgroup from existing AC.	List of work group members	In progress
11.2	Identify and recruit key groups/organizations and non-traditional partners to participate in the expanded network to develop strategies to improve oral health.	Key organizations recruited	In progress
11.3	Establish a schedule of meetings.	Schedule of meetings, agendas, and meeting minutes	In progress
11.4	Identify priority issues identified in the Community Action plan to start the process of addressing issues or problems.	List of priorities	Not started

#	Activity Description	Outcome Measure	Status
11.5	Develop communication plan to identify key messages to communicate priorities and strategies to achieve improved oral health for underserved and vulnerable populations.	Communication plan	Not started
11.6	Discuss the structure of the work group and determine if the work group needs to be broadened to address the priorities. Recruit additional members and non-traditional members.	Organizational structure	Not started
11.7	Create a common vision and agree on shared values about the direction.	Vision and values	Not started
11.8	Develop an action plan; identify short, medium, long-term objectives.	Action plan developed	Not started
11.E.1	Identify the number of priorities that were addressed, success, challenges, lessons learned and recommendations in an evaluation report.	Provide summary in progress reports of successes, challenges, lessons learned, and recommendations	Not started
11.E.2	Identify Success Stories to share with local programs, policymakers, stakeholders, and the general public to help sustain program efforts.	Success stories (qualitative case study) and dissemination plan	Not started

7.11 Evaluation Plan data sources

TABLE 7-10. SMC OHSS DATA SOURCE REFERENCE GUIDE

County Data Source	Link	Notes
BRFSS		**Behavioral Risk Factor Surveillance System (BRFSS)** is a cross-sectional telephone survey that state health departments conduct monthly over landline telephones and cellular telephones with a standardized questionnaire and technical and methodologic assistance from CDC. BRFSS is used to collect prevalence data among adult U.S. residents regarding their risk behaviors and preventive health practices that can affect their health status. It is possible to create synthetic county estimates, but this requires analytic capacity. Exact question wording is available from the BRFSS website http://www.cdc.gov/brfss/questionnaires/index.htm; https://www.cdc.gov/brfss/data_documentation/index.htm Annual Dental Visit Tooth loss Diabetes County-level calculated with small area estimates (use HQoL, instead, where possible) request data from SMCH EPI: http://www.smcalltogetherbetter.org/tiles/index/display?id=109513255288339198
BSS		**Basic Screening Survey (BSS)** is a consistent model for monitoring oral disease in a timely manner, at the lowest possible cost, with minimum burden on survey participants, and that will support comparisons within and between states. The BSS provides guidance to states on population groups to monitor, indicators to collect and case definitions that, to some degree, sacrifice precision in order to improve timeliness and save resources. Because oral disease patterns differ between preschool children, school children and older adults, ASTDD has developed BSS models specific to each age group. http://www.astdd.org/basic-screening-survey-tool/ Indicators: Prevalence of Caries Experience, Prevalence of Untreated Caries, Prevalence of Urgent Dental Care Need, Prevalence of Sealants
CA Water Boards	https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/Fluoridation.html	The **California State Water Resources Control Board** collects data from CA water systems about the fluoridation status among other information. Number of fully and partially fluoridated water systems
CalSCHLS	https://calschls.org/reports-data/dashboard/	
CCR	https://www.cancer-rates.info/ca/	**California Cancer Registry (CCR)** is California's statewide population-based cancer surveillance system. We collect information about almost all cancers diagnosed in California. This information furthers our

County Data Source	Link	Notes
		understanding of cancer and is used to develop strategies and policies for its prevention, treatment, and control. The availability of data on cancer in the state allows health researchers to analyze demographic and geographic factors that affect cancer risk, early detection, and effective treatment of cancer patients. The Registry has an online interactive map that provides these data by county. Oral Cavity and Pharynx Cancer Incidence Oral Cavity and Pharynx Mortality More data may be available from SMCH EPI; request at: http://www.smcalltogetherbetter.org/tiles/index/display?id=109513255288339198
CDE CDE (cont.)	https://dq.cde.ca.gov/dataquest/ https://www.cde.ca.gov/ds/sd/sd/	The **California Department of Education (CDE)** data and statistics collected from California schools and learning support resources to identify trends and educational needs and to measure performance. CDE has made available school-level FRPM eligible data that local educational agencies (LEAs) certified in the California Longitudinal Pupil Achievement Data System (CALPADS) as part of their annual Fall 1 data submission. The certified data in this file reflect the unduplicated counts and percentages of students eligible to receive Free or Reduced Price Meals (FRPM) under the NSLP. The file includes school-level FRPM eligible data for K–12 students and for students who are ages 5–17 who have a primary or short-term enrollment in the school.
Census	http://data.census.gov	Two programs referenced: American Community Survey Population Estimates Program
CHIS	http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/topic	**California Health Interview Survey (CHIS)** is the nation's largest state health survey and a critical source of data on Californians as well as on the state's various racial and ethnic groups. Policymakers, researchers, health experts, members of the media and others depend on CHIS for credible and comprehensive data on the health of Californians. CHIS data are available by county (with some counties grouped due to insufficient sample size) on the AskCHIS system. http://ask.chis.ucla.edu • Annual Dental Visit • Dental Insurance Select “Oral Health” under “Topic”; only indicators from last 5 years have been referenced; County-level calculated with small area estimates; few repeated oral health questions over multiple years; use HQoL or BRFSS, instead, where possible.
CHKS	County reports: https://calschls.org/reports-data/search-lea-	Most recent data available through SMCH EPI; request at:

County Data Source	Link	Notes
	reports/ School district-level data: https://calschls.org/reports-data/dashboard/ Downloads: https://calschls.org/survey-administration/downloads/	http://www.smcalltogetherbetter.org/tiles/index/display?id=1095132552883391 98
DHCS	https://data.chhs.ca.gov/dataset?organization=department-of-health-care-services&q=DENTAL	Medi-Cal Dental Data Reports are published annually with several measures about dental service utilization among their population. AB 2207, signed by the Governor in 2016, builds on prior Medi-Cal dental data reporting requirements by adding performance measures for pediatric and adult dentistry. The legislation includes reporting requirements for utilization data on a "per-provider" basis, and annual preventive services by prevention, treatment, examination, and general anesthesia categories. http://www.dhcs.ca.gov/dataandstats/data/Pages/AccessingProtectedData.aspx Annual dental visits Preventive dental services Sealants Caries prevention/treatment Dental exams/Oral health evaluations Dental treatment Restorative dental treatment Overall utilization of dental services (1, 2, 3 years) Continuity of Care Usual source of care
Ed-data	https://www.ed-data.org/county/San-Mateo	
FQHC FQHC (cont.)	https://bphc.hrsa.gov/datareporting/index.html https://www.oshpd.ca.gov/HID/PCC-Utilization.html#Complete	**Federally Qualified Health Centers (FQHC)** - Each year HRSA-funded Health Center Grantees (FQHCs) are required to report core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues including dental service utilization. Additionally, on an annual basis (calendar year), individual primary care clinics report facility-level data on services capacity, utilization, patient characteristics, and capital/equipment expenditures Number of FQHCs with a dental program
HCH/FH		Not publicly available; request from SMCH EPI: http://www.smcalltogetherbetter.org/tiles/index/display?id=1095132552883391 98
HP2020	https://www.healthypeople.gov/2020/data-	Healthy People provides science-based, 10-year national **objectives** for improving the health of all

County Data Source	Link	Notes
	search/Search-the-Data#topic-area=3511;	Americans. For 3 decades, Healthy People has established **benchmarks** and monitored progress over time in order to: Encourage collaborations across communities and sectors; empower individuals toward making informed health decisions; measure the impact of prevention activities. *National-level data only.*
HPSM		Not publicly available; request from SMCH EPI: http://www.smcalltogetherbetter.org/tiles/index/display?id=109513255288339198
HQoL		Estimates for 65+ yrs. may be suppressed or statistically unstable due to small sample size; Request from SMCH EPI: http://www.smcalltogetherbetter.org/tiles/index/display?id=109513255288339198
HRSA	http://bphc.hrsa.gov/datareporting/index.html	
InsureKidsNow	https://www.insurekidsnow.gov/coverage/ca/find-a-dentist/index.html	Search options: -Denti-Cal, Dental Managed Care (DMC) Access Dental, DMC Health Net Dental, DMC Liberty Dental -Accepts new patients; special health care needs; language; specialty
KidsCount	https://datacenter.kidscount.org/data#CA/5/27/28,29,31,32,34/char/0	The **Kids Count Data Center** draws from more than 50 KIDS COUNT state organizations that provide state and local data, as well publications providing insights into trends affecting child and family well-being. Indicators include: children with dental insurance, annual dental visits for Denti-Cal recipients, children who used preventive dental services, children with annual dental visit, children with oral health evaluations, children who have used dental treatment, and schools with a health center. Available only for years 2013-2015
KidsData	https://www.kidsdata.org/region	Levels: County, city, school district
KOHA		The **Kindergarten Oral Health Assessment (KOHA)** law (AB 1433), enacted in 2006, requires a child to receive an assessment of his or her oral health as part of school readiness activities for kindergarten entry (or first grade if it is the child's first year in public school). It is one way schools can support children's school readiness and success – helps identify children with unmet oral health needs and helps parents to establish a dental home. Additionally, an amendment to the bill, SB 379 passed in October 2017, makes statutory updates that will facilitate the efficient collection of the data. In addition to adding new data points reported by schools, SB 379 enables schools to facilitate screenings by streamlining the consent process for on-site oral health assessments. These data are available by county. http://www.cda.org/public-resources/kindergarten-oral-health-requirement Percent of schools participating in kindergarten assessment Percent of children in participating schools with untreated caries

County Data Source	Link	Notes
		SMC participation rate is currently too low to calculate estimates
MIHA MIHA (cont.)	https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotCo	**Maternal Infant Health Assessment (MIHA)** is an annual, statewide-representative survey of women with a recent live birth in California. MIHA collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy. Some data available at the county level. Requests for specific reports can be made to the MCAH program at CDPH (MIHA@cdph.ca.gov). Dental Visit during pregnancy Estimates may be statistically unstable due to small numbers; Request from SMCH EPI: http://www.smcalltogetherbetter.org/tiles/index/display?id=109513255288339198
NPPES	https://npiregistry.cms.hhs.gov/	Under "Taxonomy Description" –type in "Dentist". A list of providers will appear once the City, State and Country fields are filled in. Leave "Address Type- Any" in place Contact: Delta Dental of CA
OSHPD	HPSA: https://data.chhs.ca.gov/dataset/health-professional-shortage-area-dental	**Office of Statewide Health Planning and Development (OSHPD)** collects and reports emergency department data annually. The reported data include patient demographic information, such as age, sex, county of residence, and race/ethnicity, diagnostic information, treatment information, disposition, and expected source of payment. County Frequencies for Emergency Department and Ambulatory Surgery outpatient encounters by patient county of residence can be downloaded. Individual-level data are also available in county-specific datasets from OSHPD. Although emergency departments are strategically located to serve as an interface between the public and the health care system, their use for dental-related conditions, especially non-traumatic dental conditions (NTDCs), is a growing dental public health concern. ASTDD has guidance for analyzing NTCDs. Additionally, OSPHD collects data on health profession workforce including dental hygienists (see the link to the report below). There is no current fact sheet for dentists as of February, 2018. https://www.oshpd.ca.gov/HID/Data_Request_Center/AB2876.html http://www.astdd.org/data-collection-assessment-and-surveillance-committee/https://www.oshpd.ca.gov/documents/hwdd/hwc/Dental-Hygienists-Dec-2016.pdf Emergency Department visits for preventive dental conditions SMC not listed as HPSA with current OSHPD methods; to qualify for designation as a Dental HPSA, an area must be: A rational service area, [the Federal Shortage Designation Branch recognizes Medical Services Study Areas as rational service areas.] Population to general practice dentist ratio: 5,000:1 or 4,000:1 plus population features demonstrating "unusually high need", A lack of access to dental care in surrounding areas because of distance, overutilization, or access barriers. Public data for ER visits limited; request from SMCH EPI:

County Data Source	Link	Notes
		http://www.smcalltogetherbetter.org/tiles/index/display?id=109513255288339198
PIR		County-level indicators TBD
SMC EPI	http://www.smcalltogetherbetter.org/	Sponsored by SMCH; contains SMC data on health outcomes, health behaviors, health care access, & socioeconomic conditions.
SMCDS	https://www.smcds.com	
SMCOE	http://www.smcoe.org/	
WFRS	https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx	CA currently not participating. Water fluoridation statistics are based on WFRS data for the target fluoridation level, which is available for all states. The estimate includes adjusted systems, naturally fluoridated systems, and consecutive systems (those that purchase water from adjusted or naturally fluoridated systems).
WIC	https://data.chhs.ca.gov/dataset?q=wic&sort=score+desc%2C+metadata_modified+desc	More recent data may be available through SMCH EPI; request at: http://www.smcalltogetherbetter.org/tiles/index/display?id=109513255288339198

Table 7-11. OPHP Evaluation Surveys

OPHP Project	Survey description
FV/SEAL	TBD (Community members, workforce, and other stakeholders will be recruited)
OH ED	
PH OUTREACH	
PCP OH	
DENTAL WORKFORCE	
KOHA	
OHSS	

8 Acronyms

- ASTDD: Association of State and Territorial Dental Directors
- BHRS: Behavioral Health and Recovery Services
- BRFSS: Behavioral Risk Factor Surveillance System
- BSS: Basic Screening Survey
- CA: California
- CalSCHLS: California School Climate, Health, and Learning Surveys
- CCR: CA Cancer Registry
- CDA: CA Dental Association
- CDC: Centers for Disease Control and Prevention
- CDE: CA Department of Education
- CDPH: CA Department of Public Health
- CHDP: Child Health and Disability Prevention Program
- CHIP: Community Health Improvement Plan
- CHIS: UCLA CA Health Interview Survey
- CHKS: CA Healthy Kids Survey
- CMS: Centers for Medicare & Medicaid Services
- DHCS: CA Department of Health Care Services (i.e., Medi-Cal)
- ED: Emergency department
- EPI II: Epidemiologist II
- FFS: Fee-for-service
- FHS: Family Health Services
- FPL: Federal Poverty Level
- FQHC: Federally Qualified Health Center
- FV: Fluoride varnish
- GIS: Geographic information system
- HCH/FH: San Mateo Medical Center Healthcare for the Homeless/Farmworker Health
- HP2020: Healthy People 2020 (AHS-Access to Health Services, C-Cancer, D-Diabetes, OH-Oral Health, TU-Tobacco Use)
- HPSA: Health Professional Shortage Area
- HPSM: Health Plan San Mateo
- HQoL: SMC Health Quality of Life Survey
- HRSA: Health Resources and Services Administration
- KOHA: CA Kindergarten Oral Health Assessment
- MEDI-CAL: CA Medicaid Program
- MIHA: CA Maternal and Infant Health Assessment
- MOU: Memorandum of understanding
- NCES: National Center for Education Statistics
- NEOP: Nutrition Education and Obesity Prevention
- NOHSS: National Oral Health Surveillance System
- NPPES: CMS National Plan and Provider Enumeration System National Provider Identifier
- NSLP: National School Lunch Program
- OBGYN: Obstetrician-gynecologist
- OEE: Office of Epidemiology & Evaluation
- OH: Oral health
- OHC: Oral Health Coalition
- OHP: Oral health program
- OHSP: Oral Health Strategic Plan
- OHSS: Oral health surveillance system
- OOH: Office of Oral Health
- OPHP: Oral Public Health Program
- OSHPD: CA Office of Statewide Health Planning and Development
- PCP: Primary care provider
- PH: Public health
- PIR: Office of Health Start Program Information Report
- Prop 56: Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016
- SCOHR: System for California Oral Health Reporting
- SMC: San Mateo County
- SMCDS: San Mateo Dental Society
- SMCH EPI: SMC Health System Office of Epidemiology & Evaluation
- SMCH: San Mateo County Health System
- SMCOE: San Mateo County Office of Education
- SMMC: San Mateo Medical Center
- UCSF: University of CA, San Francisco
- UDS: HRSA Uniform Data System
- WFRS: CDC Water Fluoridation Reporting System
- WIC: Special Supplemental Nutrition Program for Women, Infants and Children

9 References

[1] San Mateo County Oral Health Coalition, "San Mateo County Oral Health Strategic Plan, 2017-2020," San Mateo County Health System, San Mateo, CA, 2016.

[2] Office of Oral Health, "Local Oral Health Programs," [Online]. Available: https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Document%20D-ScopeofWorkandDeliver91917.docx. [Accessed June 2019].

[3] Centers for Disease Control and Prevention (CDC), Introduction to program evaluation for public health programs: A self-study guide, Atlanta, GA: CDC, 2011.

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