Oral Health Program
Final Evaluation Report 2018 – 2022

Prepared by:

Sacramento County Oral Health Program Staff

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Part I: Executive Summary

The Sacramento County Oral Health Program (SCOHP) receives funding from the California Department of Public Health – Office of Oral Health (CDPH-OOH) and conducts activities to meet the goals of the *2018 – 2028 California Oral Health Plan*. During the 2018 – 2022 grant term, SCOHP conducted a needs assessment, developed strategic and evaluation plans, and planned and implemented projects to improve the oral and overall health of children, pregnant and perinatal women, and the general population. The purpose of this report is evaluate the success of program activities, describe the methods used for evaluation, analyze the results, and offer recommendations for future projects.

SCOHP used mixed methods for this evaluation including conducting a review of program records, collecting primary and secondary data, performing summative assessments, and conducting appreciative inquiry. The following evaluation questions were used to assess program outcomes:

- What did we do?
- How well did we do it?
- What difference did our program make, or what changes occurred because of our program?

A comprehensive summary of evaluation results is provided in Part V: Results.

Key Results

- Successful and timely assessment and planning activities expanded capacity for project implementation in all objective areas.
- Surveillance of school-programs and compliance with the Kindergarten Oral Health Assessment (KOHA) increased, resulting in enhanced collaboration and reporting into the System for California Oral Health Reporting (SCOHR).
- Curriculum and resources developed to support oral health literacy, fluoride varnish training, and common risk factor education resulted in increased engagement of an inter-professional workforce and their increased commitment to providing oral health resources for at-risk populations.

- Community engagement and communication proved key to building partnerships necessary for program success.
- Program activities arising from the COVID-19 pandemic and from collaborative partnerships resulted in significant and long-lasting impacts to the community.

Despite the considerable challenges that resulted from the COVID-19 pandemic, SCOHP successfully developed program infrastructure and the resources necessary to conduct activities for the current and future grant terms. It is our goal to continue to be forward thinking and innovative and to utilize the results of this evaluation to inform and adapt future projects.

Part II – Aims

The purpose of this report is to describe the evaluation of SCOHP's efforts to support the oral health improvement goals of the CDPH-OOH. The key indicators used to evaluate program success come from the 2018 SCOHP logic model submitted with SCOHP's approved Evaluation Plan for this grant cycle (Table 1). The logic model includes evaluation measures for short, intermediate, and long term goals. As this is a new grant, it was necessary to spend the first year conducting a needs assessment, developing a strategic plan, and building infrastructure. This evaluation focuses on the program's impact on short and intermediate goals, including:

- Increasing capacity,
- Enhancing collaboration,
- Targeted surveillance,
- Gathering/developing data and resources to inform program decision making, and
- Developing policies and programs to support oral health.

Baseline data was gathered at the beginning of the grant for long term goals such as reducing caries experience and untreated decay in kindergarten and third grade children, increasing the number of dental visits during pregnancy, and reducing tooth loss in adults. Evaluation of these metrics are revisited in periodic needs assessment updates.

Part III – Introduction

SCOHP's grant agreement with CDPH-OOH began January 1, 2018. SCOHP focused on the first five assessment and planning objectives required by the work plan and developed a strategic plan based on the needs of the community and the goals of the *California Oral Health Plan 2018-2028*. Finally, an evaluation plan was developed to analyze the impact of program efforts during the 2018 – 2022 grant cycle.

The overarching goal of the program is to focus on projects that have the broadest impact in improving community oral health. Specifically, the program prioritized systems change efforts, maximizing outreach potential through "train-the-trainer" projects, and leveraging the power of existing chronic disease prevention strategies by integrating oral health messaging. SCOHP's work plan included five project objectives beyond the first five planning objectives:

- Objective 6 – School-based/linked preventive oral health services
- Objective 7 – Kindergarten Oral Health Assessment (KOHA) promotion
- Objective 8 – Tobacco-cessation and sugar-sweetened beverage guidance
- Objective 9 – Oral health literacy training and resources
- Objective 11 – Community engagement

Priority populations selected as a focus of these projects included:

- Sacramento county schools participating at 50% or greater in the Free and Reduced Price Meal (FRPM) program,
- Sacramento county schools, school districts, administrators, school nurses, dental providers, and children identified as needing dental care during KOHA screenings,
- Dental providers, nurses, home visitors, and community service workers,
- Medical providers, nurses, community service workers and others that provide services to pregnant and perinatal women, and
- Community stakeholders with an interest in improving oral health outcomes in Sacramento County.

SCOHP encountered two significant challenges during this grant term:

1. SCOHP resides in the only county in California with mandatory managed dental care delivery system and approximately eighty percent (80%) of eligible Medi-Cal beneficiaries participate in this system. As such, planning for certain objectives, particularly objective 6, was complex.
2. The COVID-19 pandemic disrupted the programs capacity to fully launch aspects of individual objectives and required a redirection of staff resources to meet emerging needs of the community.

Resources for conducting the evaluation are limited to the SCOHP program coordinator, program planner, dental hygiene staff, health educator and advisory committee members. SCOHP conducted evaluation surveys of various stakeholder groups to inform the process including Child, Health and Disability Prevention (CHDP) medical providers that participated fluoride varnish training, nurses and other community service workers that provide services to pregnant and perinatal women, and members of the SCOHP advisory committee. In addition SCOHP continually tracked program activities including, but not limited to, the number of trainings delivered, number of people trained, and number of resources developed, etc. Data gathered from those efforts are used in this evaluation to determine the effectiveness and sustainability of program activities as well as to adapt program activities in response to stakeholder feedback.

Evaluation results will be shared with CDPH-OOH, the Sacramento County Department of Health Services, stakeholders, community groups, and the general public. Results will be used to assess the effectiveness of program activities, ensure accountability, identify strengths and weaknesses, document lessons learned, and provide recommendations for future projects.

Part IV – Evaluation Methods and Design

The following evaluation questions are used to assess program activities:

- What did we do?
- How well did we do it?
- What difference did our program make or what changes occurred because of our program?

SCOHP used mixed methods including performance monitoring to assess that activities were conducted as planned and accomplished what was intended; formative evaluations to identify strengths, weaknesses, challenges, and successes for program adjustments; and summative evaluations as indicated for specific activities/events such as the 2019 KOHA Workshop and special projects done in response to the COVID-19 pandemic. SCOHP actively engaged advisory committee members in appreciative inquiry to assess project success, identify areas for improvement, and to ensure stakeholder engagement throughout the grant term.

The program coordinator is responsible for oversight and collection of data generated by program activities. Methods include collection of secondary data from sources such as the Sacramento County Office of Education, California Department of Education, and the System for California Oral Health Reporting (SCOHR).. Data for services provided by school-based/linked preventive oral health programs was collected from community partners as available. Primary data was collected via surveys and meeting rosters using paper and electronic methods. Data was collected quarterly, bi-annually, and annually using spreadsheets, mapping, attendance rosters, performance monitoring systems, and post-training evaluations and surveys.

Limitations that impacted data collection include the necessary reliance on community stakeholder's willingness to collaborate, differences between the way stakeholders collected data and the data requested by the grantor, and imprecise data requested by the grantor. In addition, the COVID-19 pandemic disrupted the program's capacity to fully launch aspects of individual objectives and required a redirection of staff resources to meet emerging needs of the community.

Part V – Results

The following is a summary of key indicators and results of program activities for selected objectives. A comprehensive list of activities, indicators, and results are found in the Final 2022 Evaluation Plan Grid (Table 2).

Objective 1: Build Capacity

Indicators

Short and Intermediate-term:

Hire and train staff

Recruit and convene Advisory Committee

Define mission, vision, and values

Objective 2: Assess Oral Health Needs in Sacramento County

Short and Intermediate-term:

Recruit and hire sub-contractor

Plan needs assessment strategy

Conduct inventory of available primary and secondary data

Conduct needs assessment

Collect data

Analyze and prepare report

Long-term:

Reassess periodically to determine project effectiveness

Objective 3: Identify assets and resources

Short and Intermediate-term:

Inventory existing resources

Conduct interviews/surveys

Map assets

Disseminate resource map

Long-term:

Reassess periodically for current availability of assets and resources

Objective 4: Develop Community Oral Health Strategic Plan

Short and Intermediate-term:

Identify objectives, timeframe and strategies

Engage a work group

Identify action steps

Develop Strategic Plan report

Long-term:

Initial Strategic Plan used as a baseline for evolving program activities

Objective 5: Develop an Evaluation Plan

Short and Intermediate-term:

Engage stakeholders

Develop logic model

Develop evaluation plan based on selected objectives

Submit progress reports

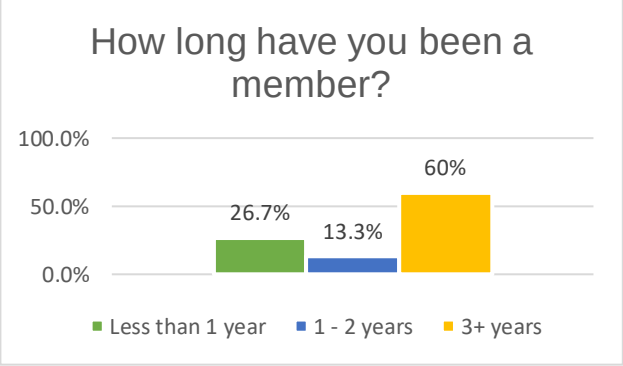
Long-term:

Evaluation plan is living document for analyzing program effectiveness and determining forward action.

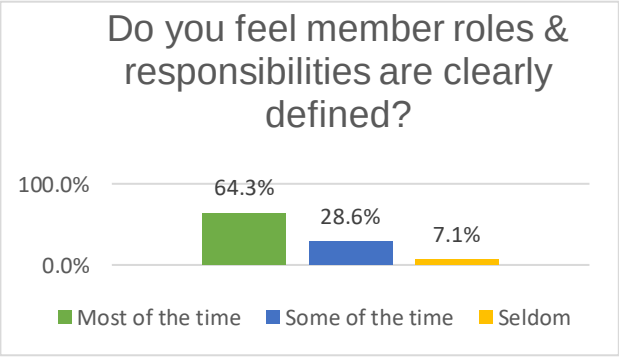
Advisory Committee Evaluation Survey

Advisory committee members were surveyed twice during the grant term. The goal of most recent survey, conducted in January 2022, was to assess the effectiveness of 2018 - 2022 committee activities and to gather suggestions for improvement. Thirty-two (32) members of the advisory committee mailing list responded all or in part to the survey. The following is a summary of survey questions and responses.

1. How long have you been a member?

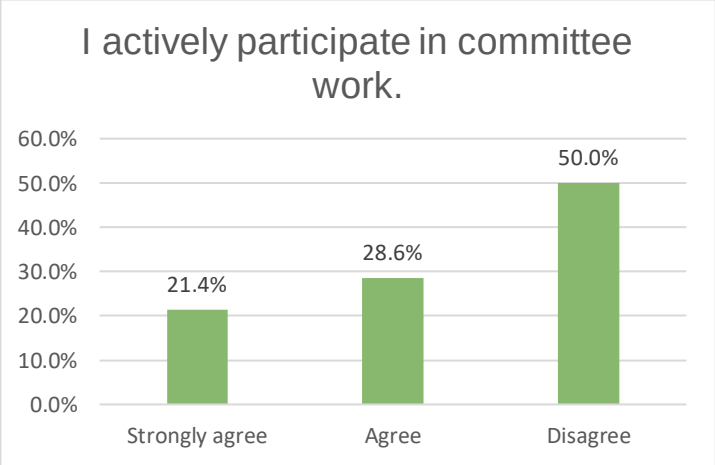


2. Do you feel committee member roles and responsibilities are clearly defined?

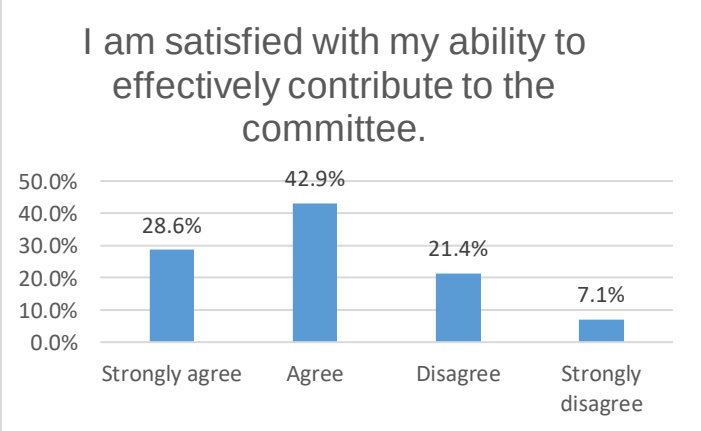


3. I thoughtfully prepare for committee meetings.

4. I actively participate in committee work.



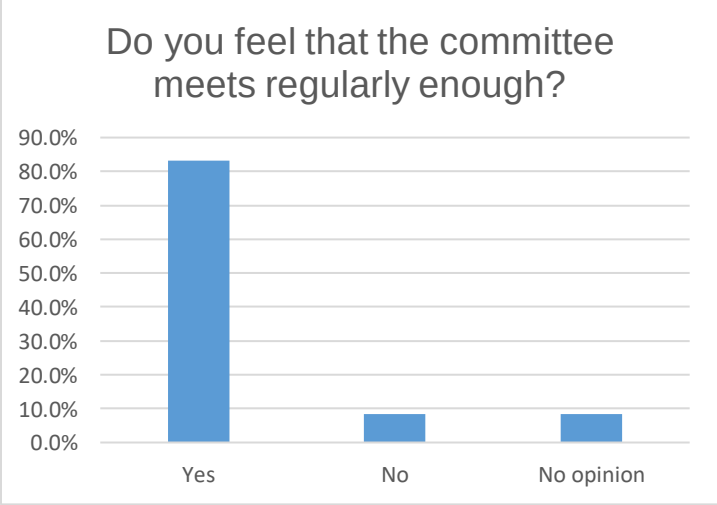
5. I am satisfied with my ability to effectively contribute to the committee.



6. I seek out and recommend capable individuals to serve as committee members.

7. Do you feel the meetings are run effectively?

8. Do you feel the committee meets regularly enough?



In addition to the questions above, SCOHP asked survey respondents whether they felt that any sector of the community is *not* represented in the group. Seventy-one percent (71%) responded “no” and twenty-nine percent (29%) had “no opinion”.

In a follow up question asking for suggestions on how to improve representation, survey respondents suggested adding:

- “Individuals to represent children and adults with intellectual and developmental disabilities”,
- “Child care providers”,
- “Faith based organizations”,
- “Medical providers”,
- “Medi-Cal Dental beneficiaries”, and
- “Representatives from foster and transitional youth programs”.

When asked for suggestions on how to improve meetings, respondents offered the following:

- “More member contribution to create linkages and collaboration work”.
- “I appreciate the programmatic updates provided during the AC meetings. However, the way that current meetings are structured rarely allow an opportunity for the AC members to actually advise and/or provide feedback on activities and strategies”.
- “I really like the white board exercise, so more of that type of active interaction”.

When asked “What do you feel works well with the committee?” respondents offered:

- “Member updates”,
- “Email communication with updates and resources for families”,
- “A good cross-sector of participants, including oral health professionals, advocates, policy folks, and program administrators. Meetings are well run and participants are engaged while at meetings”,
- “Good agenda, clear, meeting stays on task. All can give input as appropriate. Appreciate the Zoom format”,
- “Guest speakers and breakout groups when appropriate for project work”, and
- “Diversity of committee members i.e. education, community service providers, etc.”

When asked for suggestions for projects/new directions that the committee should explore, respondents offered:

- "How to get more hygienists working in public health roles", and
- "Finding funding for sealant programs".

Objective 6: Preventive Oral Health Services

SURVEILLANCE

Strategies

- By June 30, 2019, SCOHP will develop will develop a spreadsheet to surveille school-based preventive oral health programs in the county.
- SCOHP staff will identify high need schools (>50% participation in FRMP)
- SCOHP staff will collaborate with community partners to identify school-based oral health services being provided in the county in order to assess the number of participating children that receive oral health screenings, topical fluoride applications, dental sealants, and oral health education services.
- SCOHP staff will update this information annually and make information available via the Communication Plan to assist community partners in program planning, reduce duplication of services, and provide information to assist in evaluating interventions.

Indicators

Short and Intermediate-term:

- Inventory of Sacramento County school-based/linked programs is developed and is shared with community partners

Long term:

- Develop opportunities to increase school-based/linked dental sealant programs.

Outcomes

Increased Surveillance

SCOHP developed the first school surveillance spreadsheet in 2019. The spreadsheet lists all schools in Sacramento County that are under the purview of the County Office of Education and includes an extensive list of preschool programs in the county. The spreadsheet is updated annually and identifies schools that participate at 50% or higher in the FRPM program and tracks schools that receive services from school-based/linked oral health prevention

programs. The purpose of the spreadsheet is to identify gaps in services available to high-risk children, minimize the duplication of services, and to assist community stakeholders in planning new programs

Number of times spreadsheet was shared/utilized

SCOHP regularly announces the availability of the spreadsheet to advisory committee members, in the newsletter, and during meetings with numerous community organizations. During this grant term, the surveillance spreadsheet was shared at least seven (7) times with community stakeholders interested in planning new outreach.

No change in number of people receiving evidence-based interventions

The number of children receiving fluoride varnish applications via school-based programs generally decreased during the COVID-19 pandemic. However, school-based service providers adapted quickly to resume services where possible.

Increased partnerships

The KOHA workshop and subsequent outreach activities significantly increased partnerships with stakeholders including, but not limited to, offices of education, dental managed care insurance plans, state department programs, school districts, local health departments, school nurses, community service organizations, professional associations, safety net clinics, and dental service providers. Recently, several community stakeholders have shown an increased interest in partnering with SCOHP to increase the number of schools with access to preventive oral health programs. As such, SCOHP began facilitating monthly meetings of a new School Program Subcommittee in March 2022 to review the goals of the State Oral Health Plan, the specifics of the 2022-2027 grant term, and to brainstorm community strategies for expanding school-based/linked services.

Increased data and resources for decision-making

The school-program surveillance spreadsheet is a key resource for planning school-program, prioritizing outreach to vulnerable populations, and minimizing overlap and duplication of services.

COMMUNITY WATER FLUORIDATION

Strategies

- Beginning July 1, 2019, SCOHP will develop and deliver a community water fluoridation education campaign.
- SCOHP staff will develop and deliver two (2) trainings/outreach events to water engineers/community members per fiscal year.
- SCOHP staff will develop a media campaign to deliver targeted public service announcements and radio advertisements.

SCOHP's original work plan included expanding the number of households in the community that receive fluoridated water from the Folsom Water District. Unfortunately, a number of circumstances changed that impacted this effort: First 5 Sacramento, a traditional funder for fluoridation projects, is no longer planning new projects due to budget cuts and leaders in the Folsom community expressed a lack of political will to tackle a potentially divisive project. As such, SCOHP's work plan was revised in March 2020. New strategies include engaging water district operators and engineers, educating community members, and developing a social media campaign to promote the benefits of consuming fluoridated tap water. Completion of activities planned for this objective were impacted by lengthy staff leaves and limited community outreach due to COVID-19.

Outcomes

Number of operators trained

Two (2).

Number of community members trained

Seven (7) community members were trained during a Health Education Council virtual walking event and six hundred (600) fluoride educational flyers and oral hygiene supplies were distributed along with a link to an online drinking water survey to parents and caregivers utilizing school meal programs during the COVID-19 pandemic.

Number of public service announcements

None. Staff leave and COVID limited program capacity to deliver public service announcements. SCOHP is finalizing plans for social media and billboard campaign to be run in the summer of 2022.

Community engagement – Drinking Water Survey

In March 2020, SCOHP conducted a drinking water survey to assess community members' beliefs and behaviors related to consumption of fluoridated tap water (Attachments 2 & 3). The goal of the survey was to assist in planning a social media campaign to promote the benefits of drinking fluoridated water. SCOHP collaborated with Twin River Unified School district to distribute six hundred (600) bags of dental supplies that included a request for recipients to respond to an online survey. Four hundred eighty-three (483) people responded to the survey. An analysis of the results were provided in Progress Report #6. Recently, the survey and results were shared with Dr. Howard Pollick and Marjorie Stocks of the statewide fluoridation advisory committee. Key points from Dr. Pollick's analysis include:

> *There is a perception among a large proportion of respondents that there is a problem with unfiltered tap water. The perception may be real – water looks or tastes bad in some parts of the county – or influenced by the abundance of messages we are all subjected to. The Rethink Your Drink Campaign can be useful in dealing with the messages. It would be appropriate to assess the quality of taste or appearance of tap water in various parts of the county.*
>
> *Based on the results, there may not be sufficient support for fluoridation if there was a ballot. This survey could be duplicated after an education campaign to measure the effect of the campaign.*

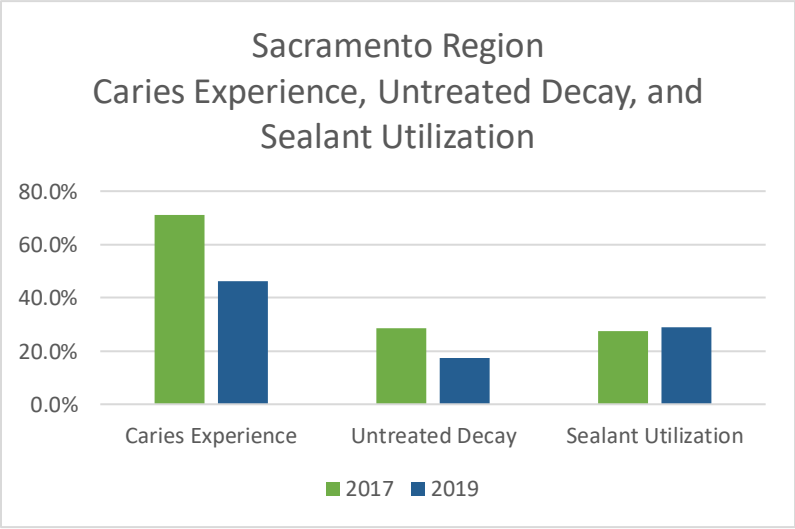
The SCOHP drinking water survey and Dr. Pollick's analysis provide a good baseline for future outreach. Dental providers are key resources for fluoride information to the community and the community would benefit from additional education. SCOHP plans to conduct a social media campaign in the fall of 2022 and follow up with another survey to see if community opinions about fluoride have changed.

No change in the percent of population with access to fluoridated water

The percentage of households that receive optimally fluoridated water remained constant at 65% during the grant term. Unfortunately, Proposition 10 funding to First 5 Sacramento, the most significant proponent and funder of fluoridation projects in the area, is declining. First 5 Sacramento will continue to monitor fluoridation contracts currently in force, with three of the five contracts set to expire in 2027. First 5 Sacramento's current strategic plan does not include oral health or fluoridation projects.

Decreased caries experience and untreated decay in children

According to the 2018-2019 California Third Grade Smile Survey, children in the Sacramento Region, which includes Sacramento, Placer, Yolo, and El Dorado counties, had a caries experience rate of 46.2%, an untreated decay rate of 17.2%, and a sealant rate of 28.9%. According to Status of Oral Health in California: Oral Disease Burden and Prevention 2017, baseline information for children in this age group indicated a caries experience rate of 70.9%, an untreated decay rate of 28.7%, and a dental sealant rate of 27.6%.



Both reports indicate that children from some racial or ethnic minority groups are disproportionately at higher risk for both caries experience and untreated dental decay.

Positive training evaluations

Information provided by post-training follow up surveys indicate that attendees found the training beneficial and better understood the importance of fluoride to oral health at the end of the presentation.

Summary of follow-up activities

No further follow up activities were conducted for this objective due to limited outreach provided. SCOHP is finalizing and prioritizing plans for a social media and billboard campaign to run early in the next grant term. Follow up activities for that project will include analyzing the impact of the social media campaign using impression and click-through rates to the Oral Health website and to assist planning for ongoing community education activities.

Case studies to identify successes, challenges, and recommendations

SCOHP develops and publishes the *Word of Mouth* newsletter biannually with the goal of sharing success stories, challenges, and oral health-related news. The summer 2020 edition of *Word of Mouth* focused on the topic of community water fluoridation and described the results of the drinking water survey conducted in March 2020. The newsletter is sent to an email listserv of over 600 dental providers, school administers, school nurses, and other community stakeholders interested in oral health.

Objective 7: Kindergarten Oral Health Assessment

During this grant cycle, SCOHP staff researched and gained subject matter expertise on the KOHA, developed partnerships, hosted a well-received workshop, developed an action plan, developed a handbook and toolkit, and delivered training and technical assistance to community partners. Moving into the next grant cycle, SCOHP looks forward to increasing collaboration with the Center for Oral Health/Early Smiles Sacramento, the primary provider of school-based screening and fluoride varnish services in Sacramento County, with the goal of integrating messages, promoting KOHA compliance, and expanding services – including tracking the number of children connected to care.

Strategies

- By June 30, 2020, SCOHP will increase the number of school districts that report Kindergarten Oral Health Assessment results into the SCOHR database.
- SCOHP staff will identify best practices and barriers to reporting KOHA results into the SCOHR database, develop a toolkit and guidance protocol, and provide training to a minimum of six (6) schools/districts per fiscal year.
- SCOHP staff will provide follow-up guidance with the goal of increasing reporting by 20% in 2019-2020 with the ultimate goal of 100% reporting by 2021-2022.

Indicators

Short and Intermediate-term:

- Kindergarten Oral Health Workshop completed
- Kindergarten Oral Health toolkit and training developed and disseminated
- Increased number of schools reporting into oral health database (SCOHR)

Long-term:

- Increased number of children, identified during Kindergarten Oral Health Assessment as needing care, connected to dental homes

Outcomes

Kindergarten Oral Health Workshop completed

Kindergarten Oral Health toolkit and training developed and disseminated

During this grant term thirty-six (36) Kindergarten Oral Health Assessment (KOHA) trainings were offered and three hundred sixty-five (365) individuals were trained. This number includes one hundred six individuals who attended the Kindergarten Oral Health Workshop held in January 2019. Attendees represented a broad cross-section of Northern California stakeholders: three state departments, five county offices of education, eleven school districts, fourteen local health departments, and twenty-six school nurses. In addition, there were representatives from advocacy groups, community service organizations, dental insurance plans, dental service providers and professional associations… all with an interest in improving the oral health of California's school children. SCOHP also presented information and KOHA resources to approximately eighty (80) county representatives at the November 2019 CDHP Project Director's Meeting.

Increased number of schools reporting into oral health database (SCOHR)

There are twelve schools districts in Sacramento County. Below is a table of districts that reported into SCOHR during this grant term. Data for 2022 is not available at the time of this report. Of note is the number of districts that resumed or began reporting after the February 2019 Kindergarten Oral Health Workshop and subsequent outreach by SCOHP staff. Given this outcome, SCOHP achieved its goal of 100% district participation by the end of this grant cycle.

School Districts	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Arcohe	☐	☒	☒	☒
Center	☐	☐	☒	☒
Elk Grove	☒	☒	☒	☒
Elverta	☐	☒	☒	☒
Folsom-Cordova	☐	☐	☒	☒
Galt	☒	☒	☒	☒
Natomas	☐	☐	☒	☐
River Delta	☐	☐	☒	☒
Robla	☐	☐	☒	☒
Sacramento City	☒	☒	☒	☒
San Juan	☐	☐	☒	☒
Twin Rivers	☐	☐	☒	☒

Case studies to identify successes, challenges, and recommendations

SCOHP develops and publishes the *Word of Mouth* newsletter biannually with the goal of sharing success stories, challenges, and oral health-related news. The winter 2019, summer 2020, and fall 2021 editions of *Word of Mouth* included articles related to the KOHA and the importance of oral health for school readiness. The newsletter is sent to an email listserv of over 600 dental providers, school administers, school nurses, and other community stakeholders interested in oral health.

Objective 8: Common Risk Factors

Strategies

- Beginning July 1, 2019, SCOHP will develop and deliver tobacco-cessation and sugar-sweetened beverage guidance training to dental professionals.
- SCOHP staff will provide pre-training assessment, training, and post-training follow-up on a minimum of twelve (12) occasions per fiscal year by June 30, 2020.

- SCOHP staff will expand capacity to deliver training by offering continuing education credits, expanding training to non-dental professionals, and offering education via web-based curriculum by June 30, 2022.

Indicators

Short and Intermediate-term:

- Chronic disease program partnerships developed
- Tobacco-cessation and sugar-sweetened beverage curriculum for dental professionals developed
- Increased tobacco-cessation and sugar-sweetened beverage guidance provided by dental professionals to their clients

Long-term:

- Expand capacity to provide continuing education related to other program objectives to dental and non-dental providers and via web-based training

Outcomes

Chronic disease program partnerships developed

SCOHP successfully developed partnerships with both state and local Tobacco Education and Obesity Prevention programs to explore ways to best integrate oral health and common risk factor messaging. In addition, a representative from SCOHP now regularly attends Sacramento's bi-monthly Smoke and Tobacco Free Coalition and Tobacco Taskforce meetings.

Tobacco-cessation and sugar-sweetened beverage curriculum for dental professionals developed.

SCOHP developed tobacco-cessation and sugar-sweetened educational curriculum for dental providers which included a number of resources including a "quit kit" for distribution to patients. The outreach was delivered in-person with the ultimate goal of moving the training to a web-based/webinar format. The early in-person trainings, presented at Sacramento District Dental Society's Mid-Winter Convention, a meeting of the Sacramento Valley Dental Hygienists' Association, Sacramento City Dental Hygiene program, Carrington Dental Hygiene program, and a number of individual dental offices were well-received. The tobacco-cessation

presentation was also delivered to dental professionals at the Lake County Tribal Health Consortium conference. The onset of COVID afforded both a barrier and an opportunity.

COVID was a barrier in that SCOHP staff was limited in their ability provide in-person trainings due to public health restrictions and dental providers prioritized necessary adjustments to their practices. As a result, SCOHP staff transitioned to the development of the web-based curriculum sooner than anticipated. Developing the first webinar – *Protect Your Sweet Smile: Sugar-Sweetened Beverages and Oral Health* – required more time than anticipated. There was a steep learning curve as program staff needed to gain subject matter expertise and become fluent in the approval, concept generation, and editing processes. *Protect Your Sweet Smile* was launched in late January 2022 and SCOHP anticipates the *Saving Smiles: Conversations on Tobacco & Oral Health* video will be released in June 2022. As an incentive, the sugar-sweetened beverage and tobacco-cessation webinars offer one-hour of continuing education credit at no cost to attendees. SCOHP staff continues to offer a combined sugar-sweetened beverage/tobacco cessation virtual presentation to the dental hygiene programs annually.

Outcomes

Increased number of trainings held
Increased number of providers trained

During this grant period, a total of four-hundred seven (407) dental providers were assessed to ascertain their willingness to engage in tobacco-cessation and sugar-sweetened guidance activities, five hundred ninety-four (594) dental providers were trained, and six hundred fourteen (614) dental providers were connected to resources.

No change in tobacco-cessation and sugar-sweetened beverage guidance provided by dental professionals to their clients

Early follow-up with dental providers that attended common risk factor presentations indicated that the presentations were well-received and that providers intended to increase tobacco-cessation and sugar-sweetened beverage guidance activities as a result of the training. Results of these evaluations were reported in Progress Report #4. Subsequently SCOHP has done minimal follow-up with dental providers due to the impacts of COVID and the recent

transition to web-based curriculum. SCOHP plans a follow-up survey to dental providers in fall 2022 to evaluate the impact of the web-based training on provider behavior.

Case studies to identify successes, challenges, and recommendations

SCOHP develops and publishes the *Word of Mouth* newsletter biannually with the goal of sharing success stories, challenges, and oral health-related news. The winter 2019, spring 2020, winter 2021, and spring 2022 editions of *Word of Mouth* included articles related to the common risk factors for dental disease: sugar-sweetened beverages and tobacco. The newsletter is sent to an email listserv of over 600 dental providers, school administers, school nurses, and other community stakeholders interested in oral health.

Objective 9: Oral Health Literacy

Activities for this objective were twofold: Outreach to health care providers and community service workers that provide services to pregnant and perinatal women and fluoride varnish training delivered to Child Health & Disability Prevention (CHDP) program medical providers. Results and analyses for these projects are discussed separately.

HEALTH CARE PROVIDER AND COMMUNITY SERVICE WORKER TRAINING

Strategies

- Beginning July 1, 2019, SCOHP will collaborate with community partners to deliver oral health literacy training to medical providers and community service workers that provide services to pregnant and perinatal women.
- SCOHP staff will develop and deliver oral health literacy training on a minimum of ten (10) occasions per fiscal year for medical providers and/or community service workers that provide services to pregnant and perinatal women by June 30, 2020.

Indicators

Short and Intermediate-term:

- Guidance document, toolkit, and resources developed
- Training provided to medical providers, home-visiting nurses, and community service workers

Long-term:

Expand program capacity via web-based curriculum and growth of community partnerships.

Outcomes

Increased number of trainings

During this grant period, SCOHP staff developed and delivered eighteen (18) oral health literacy training events to three-hundred twenty-six (326) health care and community service staff that provide services to pregnant and perinatal clients.

Increased number of engaged partners

During this grant period, SCOHP staff engaged eighty (80) unique partners representing thirteen (13) sites and organizations that provide services to pregnant and perinatal clients including, but not limited to, the Women, Infant, and Children's program, Carrington College Dental Hygiene Program, La Familia Counseling Center, Sacramento County Nurse Family Partnership, African American Perinatal Program, and Black Infant Health programs.

Increased number of perinatal women who made a dental visit within 1 year of pregnancy

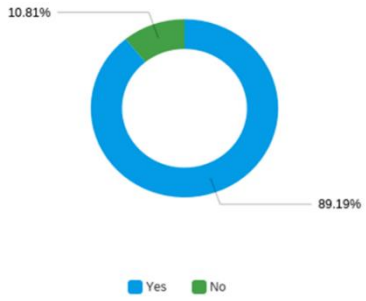
Data from the 2015 – 2016 CDPH Maternal and Infant Health Assessment (MIHA) survey found that approximately thirty-seven point one percent (37.1%) of Sacramento County women with a recent live birth made a dental visit. Data from the 2017 – 2018 MIHA survey found that forty-eight point eight percent (48.8%) of women with a recent live birth in the Sacramento Region, which includes El Dorado, Placer, Sacramento, Sutter, Yolo, and Yuba counties, made a dental visit. Given this, there has been an increase in the number of women in the Sacramento Region people that made a dental visit in our around the year of pregnancy. In addition, the Sacramento Region ranked slightly higher than the statewide total of forty-three point nine percent (43.9%) in 2017 – 2018. However, disparities in dental utilization continue to exist by age, race/ethnicity, income and education.

Increased number of medical providers/home visitors/CSW that offer oral health guidance and care coordination to pregnant and perinatal women.

To evaluate the effectiveness of program activities, SCOHP conducted a follow-up survey with program participants in May, 2022. Forty-two (42) participants responded to the following questions:

1. Since receiving Oral Health Literacy training, has your program or agency incorporated oral health literacy into practice?

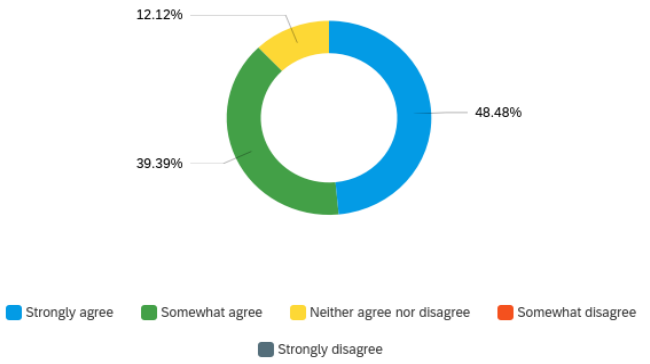
   Eighty-nine point two percent (89.2%) responded YES, ten point eight percent (10.8%) responded NO.



Increased number of people receiving evidence based interventions – Ask Me 3

2. How has your program incorporated oral health literacy into practice?
   - Five point one percent (5.1%) reported distributing Ask Me 3 materials to clients.
   - Thirty two point nine (32.9%) percent reported asking clients about their oral health status.
   - Twenty-five point three (25.3%) reported distributing oral health educational materials to clients.
   - Thirty-six point seven percent (36.7%) reported recommending a dental visit during and/or around pregnancy.

3. How likely are you to continue to promote oral health literacy practices for your organization's clients?



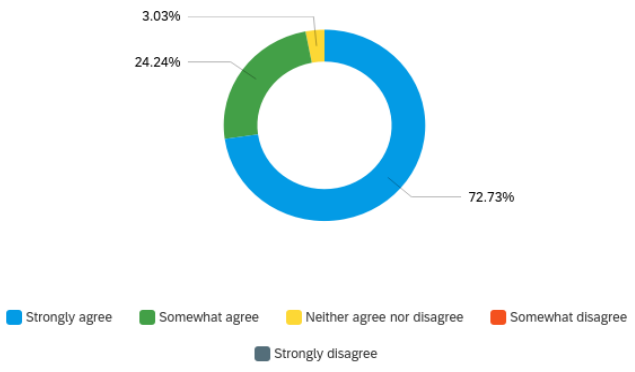
Increased engagement of inter-professional workforce

Enhanced collaboration

Positive training evaluations

4. What challenges, if any, did your program encounter in the planning and/or implementation of oral health literacy practices?
    - "Needs to be reviewed by state WIC"
    - "Improving the referral process, including oral health literacy items in addition to mandated questions/referrals, etc."
    - "The handouts are not available in all languages"
    - "Some clients told me that their dentist will not see them during pregnancy or will not complete procedures until after they have the baby".
5. The Sacramento Count Oral Health literacy training made a difference in the health care provided to our clients.
   48.4% strongly agree, 39.4% somewhat agree, 12.1% neither agree nor disagree, somewhat agree, strongly disagree.

6. The Sacramento County Oral Health Literacy training was valuable to our organization.
   72.3% strongly agree, 24.2% somewhat agree, 3.0% neither agree nor disagree, 0 somewhat disagree, 0 strongly disagree.



6. What can Sacramento County do to improve the oral health literacy training program?
    - "Recommend approaches on how to discuss oral health with clients".
    - "Provide resources for clients without insurance or need help".

- "Include information about why, how, and where to deploy informed decision making".
- "Have a more updated system and status update for referrals being made".
- "Do a training 1 x per year so that staff gain updated and new information about oral health". "
- Monthly emails, updates on Denti-Cal, health events, training aides".
- "Provide printable documents for handing out to clients. Handouts in Spanish would be helpful".

Summary of follow-up activities

Case studies to identify successes, challenges, and recommendations

SCOHP develops and publishes the *Word of Mouth* newsletter biannually with the goal of sharing success stories, challenges, and oral health-related news. The winter 2019, spring 2020, winter 2021, and spring 2022 editions of *Word of Mouth* included articles related to oral health literacy and/or the importance of oral health during and around pregnancy. The newsletter is sent to an email listserv of over 600 dental providers, school administers, school nurses, and other community stakeholders interested in oral health.

FLUORIDE VARNISH & ORAL HEALTH EDUCATION TO CHDP PROVIDERS

Strategies

- SCOHP will collaborate with CHDP to provide a minimum of ten (10) oral health education and fluoride varnish trainings to medical providers per fiscal year beginning January 1, 2019.

Outcomes

Increased number of trainings held

Increased number of providers trained

Increased number of systems engaged

During this grant period, SCOHP staff developed and delivered twenty-two (22) oral health education and fluoride varnish application training to one-hundred eighty-five (185) unique attendees representing eleven organizations including, but not limited to, Avala Pediatrics, Elk Grove Pediatrics, Elica Health Centers, Galt Medical Center, One Community Health,

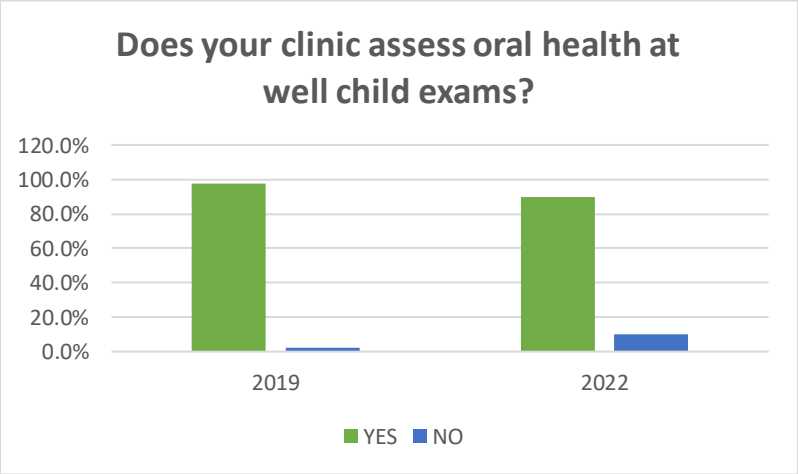
Sacramento Community Clinic, Sacramento Pediatrics, Sacramento County Primary Care Clinic, South Area Pediatrics, Sutter Medical Foundation, and Wellspace Health.

Increased number of medical providers offering fluoride varnish post-training

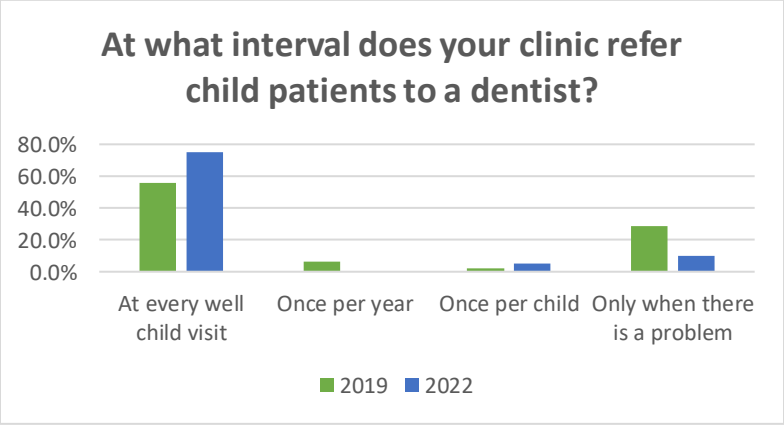
To evaluate the effectiveness of program activities, SCOHP conducted a baseline survey of CHDP medical providers that participated in fluoride varnish training in 2019 and conducted a follow-up survey in May 2022. Forty-six (46) medical or clinic staff responded to the 2019 survey, twenty (20) medical or clinic staff responded to the 2022 survey.

The following is a summary comparing 2019 versus 2022 survey responses.

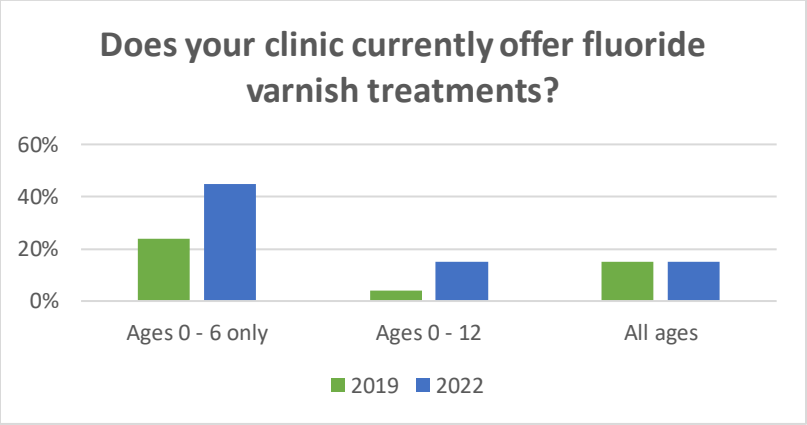
1. Does your clinic assess oral health at well child exams?



2. At what interval does your clinic refer child patients to a dentist for oral health needs?

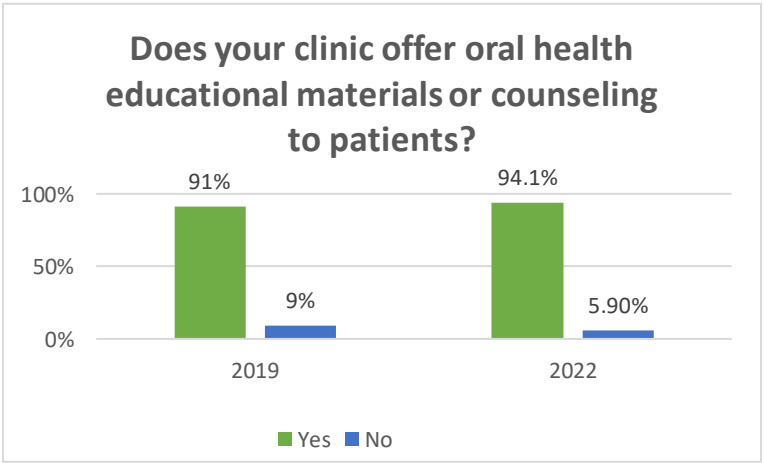


3. Does your clinic currently offer fluoride varnish treatment to patients as a preventive to dental disease?

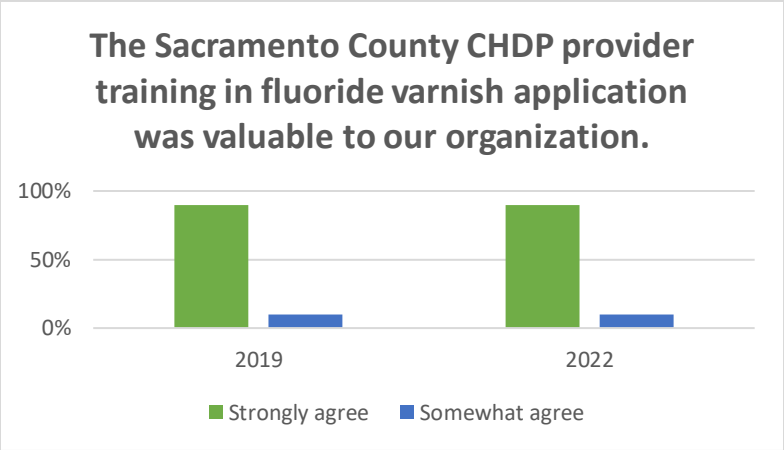


Note: The 2022 survey included the option "We do not currently offer fluoride varnish to our patients". Twenty-five percent (25%) selected this option.

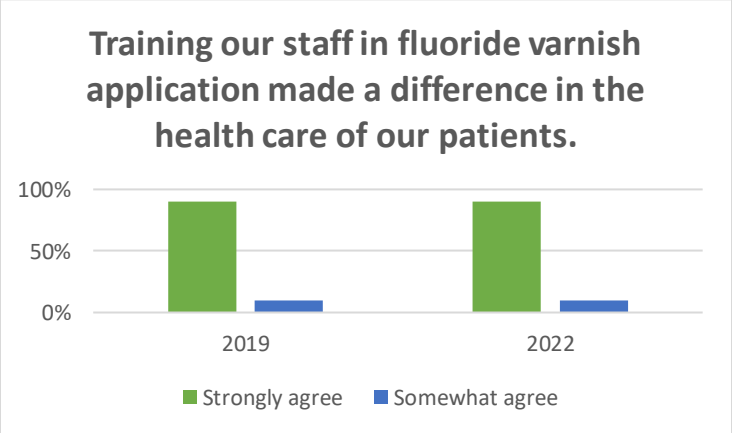
4. How likely are you to continue providing fluoride varnish to your child patients?
   Eight-six percent (86%) of survey respondents in both the 2019 and 2022 surveys said they were extremely likely to continue to offer fluoride varnish treatments.
5. Does your clinic assess patients for caries risk using one of the Caries Risk Assessment tools available such as the AAP/Bright Futures Caries Risk Assessment (CAMBRA)?
   Sixty-six percent (66%) of 2019 survey respondents said they used a caries risk assessment tool. Forty-seven percent (47%) of 2022 survey respondents said they use a caries risk assessment tool, twenty-four percent (24%) said they did not use a caries risk assessment tool and twenty-nine percent (29%) were not sure if a caries risk assessment tool is used in their clinic.
6. Does your clinic offer oral health educational materials or counseling to patients?



7. The Sacramento County CHDP provider training in fluoride varnish application was valuable to our organization.



8. Training our staff in fluoride varnish application made a difference in the health care of our patients.



In addition to the questions above, both surveys asked respondents: What can Sacramento County Public Health do to improve the fluoride varnish program? Suggestions included “offer materials regarding the benefits of fluoride varnish and before and after care for distribution to patients” and “provide an annual refresher training and mandatory training for all new medical hires”.

Objective 11: Community Engagement

The Medi-Cal Dental Advisory Committee (MCDAC) was established by the Sacramento County Board of Supervisors in December 2012. The purpose of MCDAC is to provide oversight and guidance to improve Medi-Cal Dental utilization rates, the delivery of oral health

and dental care services, including prevention and education services, in the dental managed care and fee-for-service Medi-Cal Dental system. The SCOHP Program Coordinator is a voting member of MCDAC and, beginning February 2019, SCOHP assumed responsibility for also providing staff support for the MCDAC. SCOHP began reporting the MCDAC activities in bi-annual progress reports to CDPH – OOH in fiscal year 2019-2020.

Indicators

Short and Intermediate-term:

- Convene and maintain core workgroup
- Maintain schedule of meetings
- Identify issues and priorities related to Medi-Cal Dental utilization rates and delivery of oral health services
- Convene ad hoc subcommittee: Special Needs/General Anesthesia Workgroup to identify work plan to improve access to dental care services for special needs populations
- Contract a Sacramento County study to assess delivery system capacity and barriers to care for special needs and general anesthesia services in Sacramento County
- Advance recommendations to MCDAC for advocacy and as a community resource
- Adhere to the terms of the Committee charter

Long-term:

- Continue to monitor utilization, access, and barriers to dental care for Medi-Cal Dental beneficiaries
- Engage stakeholders
- Report as required to the Sacramento County Board of Supervisors, the California Department of Health Care Services, and the California Department of Public Health – Office of Oral Health

Outcomes

MCDAC meets at least quarterly with representatives from the Department of Health Care Services (DHCS) Medi-Cal Dental Division and reports annually to the Sacramento County Board of Supervisors, DHCS, and the California Legislature. SCOHP staff responsibilities include, but are not limited to:

- Scheduling, convening, and facilitating MCDAC and ad hoc subcommittee meetings;
- Coordinating with the Chair and Vice Chair to set agendas and prepare minutes;
- Acting as a resource for information related to utilization, access, and barriers to dental care for Medi-Cal Dental beneficiaries; and
- Recruiting and facilitating the appointment of MCDAC members.

Participation with MCDAC presents SCOHP with the unique opportunity to bring a public health perspective to community stakeholders and facilitates the building of partnerships. During this grant cycle, individual members of MCDAC have attended SCOHP Advisory Committee meetings and participated on the Sacramento County Oral Health Needs Assessment report review committee. Also during this grant cycle, MCDAC identified the need for a study of the general anesthesia/dental care needs of persons with developmental and intellectual disabilities. Using Proposition 56 grant funds, support from SCOHP staff, and participation by many community stakeholders, the report *Painful Realities: General Anesthesia Access in Sacramento GMC Dental Managed Care* was published in June 2020. The report was widely shared and brought attention to the many strategies identified to increase access and care utilization, as well as to reduce the need for general anesthesia services.

Part VI – Discussion, Actionable Recommendations, and Lessons Learned

The following is an analysis of the results of program activities listed by work plan objective. Evaluation results will be shared with SCOHP staff, SCOHP advisory committee members, Sacramento County Public Health leadership, and the CDPH Office of Oral Health. Data and statistics that confirm the assertions below were listed in Part V: Results.

Objectives 1 – 5

What did we do?

The program hired staff, developed an advisory committee, defined a mission, vision, and values statement, conducted and published an oral health needs assessment, strategic plan, and evaluation plan. The advisory committee was actively engaged throughout the process. SCOHP conducted a cumulative evaluation survey of advisory committee members in May 2022 to inform future planning and engagement activities.

How well did we do it?

All planning activities were successfully completed and required documents and progress reports were submitted approved by CDPH-OOH in a timely fashion. Advisory committee members were actively engaged throughout the process and contributed to decision making.

What difference did our program make or what changes occurred because of our program?

Assessment, planning, and implementation activities allowed for launch in all key objective areas. Data gathered for the needs assessment were used to inform strategic planning and were shared as a resource for community members. Results of the advisory committee evaluation survey were used to increase opportunities for members to participate and offer feedback.

Limitations

1. Staff and county resources for producing large studies such as needs assessments and evaluation plans are limited.
2. The quality of evaluation data varies due to differences in collection methods, imprecise metrics, and reliance on reporting from community partners without oversight capability.

Lessons Learned

Community engagement is critical to successful assessment, planning, implementation and planning.

Recommendations

1. If possible, plan budget funds to contract needs assessment and evaluation studies.
2. Provide feedback to stakeholders regarding data inconsistencies; strive for common metrics.

Objective 6

Activities conducted under objective 6 are twofold: surveillance of schools in the county that received preventive oral health services from school-based/linked programs and delivering community water fluoridation education to water engineers, operators and community stakeholders. These two activities are discussed separately below.

SCHOOL SURVEILLANCE

What did we do?

SCOHP developed a surveillance spreadsheet to identify high need schools in the county and collaborated with community partners to track the number of children that receive oral health screenings, topical fluoride applications, dental sealants and oral health education. The goal of this project was to assist community partners in program planning, reducing duplication of services, and providing information to assist evaluation activities.

How well did we do it?

Surveillance activities successfully accomplished the short and intermediate term goals of:

- Increased capacity
- Enhanced collaboration
- Targeted surveillance
- Coordinated system to address needs
- Data and resources to inform decision making
- Increased number of engaged partners

Long-term goals such as a reduction in caries experience and untreated decay for kindergarten and third grade children and for number of children with a dental sealant on a molar will be assessed in periodic needs assessments.

What difference did our program make or what changes occurred because of our program?

As a result of surveillance activities, SCOHP developed numerous partnerships with community stakeholders committed to expanding school-based/link oral health services. The spreadsheet was shared with community partners to assist in program planning and surveillance information was communicated to advisory committee members and others through a bi-annual newsletter.

Limitations

- School-based/linked activities were significantly impacted by COVID-19. Disruption of in-person programs reduced overall capacity to provide preventive services.

- Sacramento County has a mandatory dental managed care delivery system and school programs are grant reliant. This makes it difficult to plan and expand sustainable projects. In addition, ongoing uncertainty about the fate of dental managed care in the county makes long-term planning difficult.
- Most school-based/linked programs collect data based on the school year schedule. CDPH-OOH requests information from by calendar year. This presents a challenge for reporting accurate information.
- School based/linked programs often collect different data points than are requested by CDPH-OOH. This presents a challenge for offering correct information.
- The need for school-based/linked programs at high risk schools is high and current programs are unable to serve all schools.

Lessons learned

There are a large number of children being served by school-based/linked programs, but large gaps continue. Surveillance helps to visualize discrepancies, but only helps if new programs come online to fill the gaps. Disseminating information about the availability of the surveillance spreadsheet and continued advocacy is key to expanding services to underserved populations. Persistence and community partnerships are key to successful surveillance.

Recommendations

- Expand capacity to deliver surveillance resource, including data mapping, to local agencies, organizations and partners.
- Continue to advocate for expansion of existing programs and promotion of additional services including dental sealants.
- Include charter schools in surveillance activities.
- Encourage consistent reporting metrics amongst school-based/linked programs and CDPH-OOH.

COMMUNITY WATER FLUORIDATION

What did we do?

SCOHP developed and delivered community water fluoridation information to water engineers, operators, and community stakeholders. SCOHP conducted a community survey to assess

beliefs and behaviors related to drinking fluoridated tap water. The purpose of the survey was to inform program efforts in developing social media and billboard messaging to promote the benefits of community water fluoridation. Campaign materials have been developed and are currently routed to Sacramento County Public Health leadership and to CDPH-OOH for approval. SCOHP plans to launch a month-long campaign in August 2022.

How well did we do it?

Water fluoridation activities accomplished these short and intermediate goals:

- Increased capacity
- Enhanced collaboration
- Increased number of engaged partners
- Data and resources to inform decision making
- Increased number of water operators/engineers trained
- Increased number of community members trained

The percentage of the population with access to fluoridated water did not change (65%) during this grant period. First 5 Sacramento, the most significant proponent and funder of community water fluoridation projects in the county, does not include fluoridation or other oral health activities in the current strategic plan due to funding reductions.

Long-term goals such as a reduction in caries experience and untreated decay for kindergarten and third grade children and for number of children with a dental sealant on a molar will be assessed in periodic needs assessments. However, as discussed in the results section above, there was a reduction in caries experience and untreated decay for 2019 in Sacramento County when compared to the *Status of Oral Health in California: Oral Disease Burden and Prevention* report of 2017.

What difference did our program make or what changes occurred because of our program?

Despite limitations, SCOHP successfully conducted a community drinking water survey to inform program efforts and developed a public messaging campaign to promote consumption of fluoridated water. Results of the survey provides valuable information to assess the effectiveness of future efforts. Training evaluations for the limited number of fluoridation

education events offered were positive and indicated that attendees found the training beneficial and better understood the importance of fluoride to oral health.

Limitations

There were a number of challenges in this project area including:

- The COVID-19 pandemic limited opportunities for in-person trainings and required staff and technology changes to deliver trainings remotely.
- Staff responsible for project activities took extended leave, others were redirected for COVID response.
- SCOHP originally proposed a partnership to conduct a fluoridation feasibility study for water districts in the county that do not deliver fluoride. However, funding losses to First 5 Sacramento and lack of political interest in stakeholder communities derailed the project.
- Resources available for conducting public message campaigns are limited and it took significant time and resources to research, develop, co-brand, and translate resources that are available.

Lessons Learned

SCOHP needs to be fully staffed in order to accomplish program goals, however, through flexibility and community partnerships, it is possible to adapt to changing circumstances. When possible, cross-training staff for all projects is valuable to avoid lapses in coverage in the event of staff changes.

Recommendations

- Utilize results of 2020 water survey to inform future projects, including public messaging campaigns.
- Conduct follow-up surveys to evaluate changes in public belief.
- Surveille the activities of water districts currently under contract with First 5 Sacramento to ensure fluoridation activities continue once contract monitoring expires beginning 2027.

Objective 7

The goal of this objective is to identify best practices and barriers to reporting KOHA results into the SCOHR database.

What did we do?

In order to better understand the issues surrounding compliance with KOHA reporting, SCOHP organized a one-day workshop to inform program planning, bring together relevant stakeholders, and educate the community. SCOHP then developed and disseminated a KOHA toolkit and provided trainings to school and district personnel responsible for reporting.

How well did we do it?

KOHA activities accomplished the short and intermediate term goals of:

- Increasing capacity
- Enhanced collaboration
- Developing targeted surveillance
- Coordinating systems to address need
- Increased data and resources to inform decision making
- Increased number of engaged partners
- Increased number of school partners trained
- Increased number of schools reporting KOHA into SCOHR
- Increased engagement of inter-professional workforce
- K & 3rd grade caries experience and untreated decay
- Preventive dental visits for children 1-20

Long-term goals such as a reduction in caries experience and untreated decay for kindergarten children and an increased number of dental visits for children age 1 – 20 are assessed in periodic needs assessments. However, as discussed in the results section above, there was a reduction in caries experience and untreated decay for 2019 in Sacramento County when compared to the *Status of Oral Health in California: Oral Disease Burden and Prevention* report of 2017.

What difference did our program make or what changes occurred because of our program?

At the beginning of the grant term only five (5) school districts reported KOHA results into SCOHR. As a result of disseminating the toolkit, educational outreach, and technical assistance provided to school nurses and other stakeholders, all twelve (12) of the school districts in the county reported for 2019 – 2020 and eleven of twelve (11/12) reported in 2020 – 2021. To date, ten of twelve (10/12) have reported for 2021 – 2022 and SCOHP staff is in conversations with the remaining two districts to encourage reporting by the due date.

Limitations

Limitations encountered during this grant period include a delay in the release of an updated KOHA assessment form, navigation and reporting difficulties with the SCOHR system, insufficient screening infrastructure, and disruptions related to COVID-19 school-closures and restricted access to students.

Lessons Learned

Key takeaways from this project include:

- Partnerships and communication are critical to ongoing outreach for this objective.
- Securing use of passive consent requires policy changes specific to each district.
- The System of California Oral Health Reporting (SCOHR) is limited due to confusing reporting categories (participating versus non-participating), incorrect accounts being created, and potential for duplicative reporting due to unidentified tracking of KOHA results.

Recommendations

- Continue advocacy for adoption of passive consent policies,
- Continue community engagement to increase partnerships,
- Continue community education to increase the perceived value of oral health screenings, and
- Expand outreach to charter schools.

Objective 8

The goal of this objective is to develop and deliver tobacco-cessation and sugar-sweetened beverage guidance to dental professionals and to expand capacity to deliver training to non-dental providers via web-based curriculum.

What did we do?

SCOHP successfully developed partnerships with both state and local Tobacco Education and Obesity Prevention programs to explore the best ways to incorporate oral health information into existing messaging. SCOHP staff also built relationships by participating in Tobacco Free Coalition and Tobacco Taskforce meetings. Early in the grant term, SCOHP developed curriculum and delivered trainings in dental offices, at professional association meetings, and in dental hygiene programs. In addition, SCOHP staff delivered a tobacco-cessation presentation at an inter-professional conference hosted by the Lake County Tribal Health Consortium. SCOHP partnered with the Dental Transformation Initiative to leverage funding for a sugar-sweetened beverage webinar and built the infrastructure to host the content and to provide continuing education credits as an incentive for dental providers. A tobacco-cessation webinar was produced and will launch July 1, 2022.

How well did we do it?

Activities in this objective accomplished the short and intermediate-term goals of:

- Increasing capacity
- Enhancing collaboration
- Developing a coordinated system to address needs
- Increasing data and resources to inform decision making
- Increasing the number of engaged partners
- Engaging an inter-professional workforce
- Increasing the number of tobacco-cessation and sugar-sweetened beverage trainings conducted

Long-term goals such as a reduction in tooth loss for ages 35 – 44 and 65+ and reduction of the number of cases of oral/pharyngeal cancers detected early are assessed in periodic needs

assessments. At the time of this report, an updated oral health needs assessment for Sacramento County is in progress.

What difference did our program make or what changes occurred because of our program?

SCOHP developed resources and conducted a significant number of trainings during this grant term raising awareness of the importance of dental provider participation in tobacco-cessation and sugar-sweetened guidance for patients in dental practices.

Limitations

The COVID-19 pandemic significantly limited SCOHP's ability to offer in-person training and the resulting evaluation required to determine the effectiveness of outreach. The level of technological support available in the county and staff expertise in the area of video production and website hosting is limited. SCOHP will launch a renewed effort to engage providers via web-based training beginning in July 2022 and plans follow-up evaluation activities in fall 2022.

Lessons Learned

- The process of developing both webinars required a steep learning curve and a significant funding commitment.
- Marketing plans are an important component for successful outreach to dental providers. It remains to be seen whether this project will ultimately be cost efficient.

Recommendations

- Continue and expand marketing strategies for web-based trainings,
- Continue and expand outreach to non-dental health providers and community service workers.

Objective 9

What did we do?

1. SCOHP adapted the work plan for this objective based on low dental utilization rates for pregnant and perinatal persons identified in the 2018 Sacramento County needs assessment. SCOHP staff researched, developed, and delivered oral health education and evidence-based oral health literacy curriculum relevant to medical providers and

community services workers that provide services to pregnant and perinatal persons. To accomplish this goal, SCOHP partnered with programs such as Maternal, Child, and Adolescent Health, Black Infant Health, Nurse Family Partnership, Comprehensive Perinatal Service Providers, Women, Infants, and Children (WIC), community medical groups, and more.

2. SCOHP also researched, developed, and delivered oral health education and fluoride varnish resources and trainings to medical providers enrolled in CHDP.

How well did we do it?

Activities in this objective accomplished the following short and intermediate term goals:

- Increasing capacity
- Enhancing collaboration
- Increasing data and resources to inform decision making
- Increasing the number of engaged partners
- Increasing engagement of an inter-professional workforce
- Increasing the number of people receiving evidence based interventions
- Increasing the number of dental visits during pregnancy
- Increasing the number of health care providers and community service workers providing oral health guidance and care coordination
- Increasing the number of trainings provided
- Increasing the number of providers trained
- Increasing the number of positive evaluations
- Increasing stakeholder commitment
- Increasing the number of children receiving dental services by a non-dental provider

What difference did our program make or what changes occurred because of our program?

According to evaluation survey results detailed above, the oral health literacy, oral health education, and fluoride varnish trainings conducted during this grant term:

- Increased the number of health care providers and community services workers that offer oral health services and resources to clients in their care.

- Increased the number of health care providers and community services workers committed to promoting oral health education and services.
- Increased health care providers and community service workers perception of the quality of care they provide for clients in their care.
- Increased the number of children age 0 – 12 receiving fluoride varnish by non-dental health care providers.

Limitations

Activities for this objective were greatly impacted by COVID-19. Limitations included reduction in ability to offer in-person trainings, time and resources lost during the transition to virtual outreach, the need for medical providers to prioritize organizational response to COVID, and extended staff leave during the grant term. Additional challenges include limited partner response to follow-up and little to no interface with doctors or clinic supervisors with decision-making capacity.

Lessons Learned

- Cross training staff to deliver trainings for all objectives will improve capacity during staff changes.
- Transitioning to remote/virtual training required technological training and adaptation, but was ultimately well-received and often more convenient for community partners.

Recommendations

- Increase evaluation capacity to understand downstream impacts for clients.
- Expand oral health literacy outreach to dental professionals using the toolkit developed by UC Berkeley.
- Review and integrate oral health literacy, oral health education, and fluoride varnish training messages to increase capacity for outreach.

Objective 11

Activities for this objective were related to MCDAC, a standing committee established by the Sacramento County Board of Supervisors in 2012. The SCOHP program coordinator has held

a voting seat on MCDAC since conception and SCOHP began providing administrative support to the committee in 2019.

What did we do?

SCOHP:

- Scheduled and convened a core workgroup and maintained and recruited members.
- Assisted in identifying priorities related to Medi-Cal Dental utilization and delivery of care and developed action and communication plans.
- Submitted summary reports the Sacramento County Board of Supervisors, the California Department of Health Care Services Medi-Cal Dental Division.
- Facilitated and convened MCDAC subcommittees including the Special Needs/General Anesthesia workgroup.
- Contracted and provided oversight for the "*Painful Realities: General Anesthesia Access in Sacramento GMC Dental Managed Care*" study.

How well did we do it?

Activities for this objective accomplished the following short and intermediate term goals:

- Increasing capacity
- Enhancing collaboration
- Targeting surveillance
- Developing coordinated system to address needs
- Increased data and resources to inform decision making
- Increased number of engaged partners

Long-term goals such as an increase in the number of preventive dental visits for Medi-Cal Dental beneficiaries age 1 – 20, a decrease in caries experience for kindergarten and third grade children, a decrease in the number of children receiving dental care under general anesthesia, and a reduction in tooth loss for ages 35 – 44 and 65+ are assessed in periodic needs assessments. At the time of this report, an updated oral health needs assessment for Sacramento County is in progress.

What difference did our program make or what changes occurred because of our program?

Participation with MCDAC presents SCOHP with the unique opportunity to bring a public health perspective to community stakeholders and facilitates the building of partnerships. During this grant cycle, individual members of MCDAC have attended SCOHP Advisory Committee meetings and participated on the Sacramento County Oral Health Needs Assessment report review committee. Also during this grant cycle, MCDAC identified the need for a study of the general anesthesia/dental care needs of persons with developmental and intellectual disabilities. Using Proposition 56 grant funds, support from SCOHP staff, and participation by many community stakeholders, the report *Painful Realities: General Anesthesia Access in Sacramento GMC Dental Managed Care* was published in June 2020. The report was widely shared and brought attention to the many strategies identified to increase access and care utilization, as well as to reduce the need for general anesthesia services.

Limitations

Objective 11 is an added/additional activity and beyond the original scope of work. Providing staff support to MCDAC is enormously time consuming and detracts from time that could be spent on the other goals of the grant.

Lessons learned

It is important to prioritize and balance time spent between all program projects.

Recommendations

- Communicate to Sacramento County Public Health leadership the need for increased staff support for MCDAC.
- Identify and share priorities of CDPH – OOH and the California Oral Health Plan 2018 – 2028 with MCDAC and explore opportunities for partnership.

Additional Program Activities

SCOHP participated in a number of notable activities during this grant term beyond those required by the grant. These activities are described below and added at the end of the Final 2022 Evaluation Grid (Table 2).

What did we do?

- In response to the COVID-19 pandemic, SCOHP staff coordinated vaccination opportunities for two thousand twenty-two (2022) dental providers from ninety-one (91) regional zip codes.
- In 2021, SCOHP continued the work of the Dental Transformation Initiative by planning, coordinating and distributing more than 99,000 oral health supplies to fifty-four (564) community agencies.
- SCOHP collaborated with the Dental Transformation Initiative to leverage funding to develop and launch a new Sacramento County Oral Health website.
- SCOHP collaborated with the Dental Transformation Initiative to fund and launch the "Protect Your Sweet Smile: Sugar-Sweetened Beverages and Oral Health" continuing education webinar for dental providers.

How well did we do it?

SCOHP successfully partnered to finance and develop and launch technological resources that benefit the goals of the CDPH – OOH/Proposition 56 grant. SCOHP responded to the COVID-19 pandemic in a timely fashion to provide resources to dental providers and the community.

What difference did our program make or what changes occurred because of our program?

Additional activities conducted by the program resulted in the successful vaccination and protection of critical health care providers, delivered necessary oral health supplies and educational resources to the community, and developed of technological resources that are available to the community beyond the life of the grant.

Limitations

The work from home transition, related technological changes, and adaptation to virtual meetings for program outreach were challenging and time consuming.

Lessons Learned

- Communication between state and local health authorities is critical to timely response in public health emergencies.

- Communication between departments, divisions, and individual local programs is critical to timely and effective response in public health emergencies and for effective braiding and leveraging of resources.

Recommendations

- Communication, partnerships, and planning are critical to responding to unexpected events.
- Communication and partnerships are critical for leveraging opportunities to enhance program performance.

In conclusion, despite the considerable challenges that resulted from the COVID-19 pandemic, SCOHP successfully developed program infrastructure and the resources necessary to conduct activities for the current and future grant terms. It is our goal to continue to be forward thinking and innovative and to utilize the results of this evaluation to inform and adapt future projects.

TABLE 1: SCOHP LOGIC MODEL

INPUTS

Existing Infrastructure

- Funding
- Staff
- Existing programs and services
- Data

ACTIVITIES

Planning

- Convene advisory committee
- Map assets
- Conduct needs assessment
- Identify goals
- Develop strategic plan

Implementation

- Surveille school-based preventive oral health services
- Advocate for access to community water fluoridation
- Develop programs to assist schools in administering the Kindergarten Oral Health Assessment (KOHA)
- Develop training and resources to assist dental professionals in providing tobacco cessation and sugar-sweetened beverage guidance
- Collaborate with CHDP to provide resources and training to medical providers for preventive oral health services
- Collaborate to improve oral health literacy for vulnerable populations: pregnant and perinatal women.

OUTPUTS

Products

- Oral Health Needs Assessment
- Map of assets/resources
- Community Oral Health Improvement Plan
- Surveille schools that participate in screening, fluoride, and sealant programs
- List of water fluoridation campaign activities*
- Tool kit and resources to assist school districts in administering the KOHA
- Continuing education and resource materials to assist dental health professionals in providing tobacco cessation and sugar-sweetened beverage guidance
- Oral health resources and fluoride varnish training to medical providers in CHDP program
- Oral Health Literacy tool kit to assist medical professionals, community service workers, and home visitors in providing outreach to pregnant and perinatal women
- Qualitative case studies to share best practices.

OUTCOMES

Impacts - Short Term

- Increased capacity
- Enhanced collaboration
- Targeted surveillance
- Coordinated system to address specific needs

Intermediate

Increased

- Data and resources for program decision making
- # engaged partners
- # policies and programs that support oral health
- Engagement of inter-professional workforce
- # people engaged in healthier habits
- # people receiving evidence-based interventions

Long Term

Increased

- % population with access to fluoridated water
- # dental professionals providing tobacco cessation and sugar-sweetened beverage guidance to clients
- # children under age 6 receiving dental services by a non-dental provider
- # DV during pregnancy
- # community workers/home visitors providing oral health guidance and care coordination

Reduced

- Caries experience and untreated decay (K and 3rd grade data)
- Tooth loss (35-44 and 65+ y/o)
- # children treated under GA

STATE OBJECTIVES

Indicators

Increased

- % population with access to fluoridated water
- # dental professionals providing tobacco-cessation guidance
- Preventive dental visits for children including Medi-Cal eligible children aged 1-20
- # children aged 6-9 with a dental sealant on a molar
- # children under age 6 receiving dental services by non-dental provider
- # DV for people with diabetes
- # DV during pregnancy
- # cases of oral /pharyngeal cancers detected early
- # community service workers/home visitors providing oral health guidance and care coordination
- # FQHCs providing dental services
- # patients who receive dental services at FQHCs
- # DDS that practice in shortage areas

Reduced

- Caries experience and untreated decay (K & 3rd data)
- Tooth loss (35-44 and 65+ y/o)
- # ER visits for preventable dental conditions
- # children treated under GA

TABLE 2: FINAL 2022 EVALUATION PLAN GRID

Evaluation Questions:

1. **Was the work plan implemented as intended?**
2. **What did we do?**
3. **What difference did our program make or what changes occurred because of our program?**

Activities & Outputs	Indicators & Data Sources	Grant Implementation (Baseline Year)	Grant Closeout FY 21-22	Was measure met?	How well did you do? Increase, decrease, no change	Notes
OBJECTIVE 6 – SCHOOL PROGRAM SURVEILLANCE						
6.1.1 ID schools that meet high need criteria 6.1.2 ID schools that participate in screening programs 6.1.3 ID # of children that receive screenings 6.1.4 ID schools the participate in fluoride programs 6.1.5 ID # children that receive fluoride applications 6.1.6 ID schools that participate in sealant programs	**Indicators** 1. Increased capacity 2. Enhanced collaboration 3. Targeted surveillance 4. Coordinated system to address needs 5. Data and resources to inform decision making 6. # engaged partners 7. # people receiving evidence-based interventions 8. K & 3rd grade caries experience and untreated decay	2018 = 0	2022 = 4	Yes	1. Increase 2. Increase 3. Increase 4. Increase 5. Increase 6. Increase 7. No change 8. No change* 9. No change*	*Long term goal assessed in periodic needs assessment - Numerous community partnerships developed - Surveillance spreadsheet developed - Surveillance spreadsheet shared with community partners - School program subcommittee formed to strategize improvements

6.1.7 ID # children that receive sealants in sealant programs 6.1.8 ID high risk schools NOT participating in school OH programs 6.E.1 ID strategies to increase the number of screenings, fluoride, and sealants delivered 6.E.2 ID and share success stories to sustain program efforts	9. # children with a dental sealant on a molar **Data Sources** - Center for Oral Health - HRSA – FQHC sealants - CDPH – OOH Smile Survey - California Department of Education - Sacramento County Office of Education - Community partners - Program records - Summary analysis					- Newsletter developed/shared
Activities & Outputs	**Indicators & Data Sources**	**Grant Implementation (Baseline Year)**	**Grant Closeout FY 21-22**	**Was measure met?**	**How well did you do? Increase, decrease, no change**	**Notes**
OBJECTIVE 6: COMMUNITY WATER FLUORIDATION						
6.2.1 Conduct water fluoridation education for community members 6.2.2 Conduct water fluoridation for operators engineers	**Indicators** 1. Increased capacity 2. Enhanced collaboration 3. # engaged partners 4. Data and resources to inform decision making	2018 = 0	2022 = 78	Yes*	1. Increased 2. Increased 3. Increased 4. Increased 5. No change 6. Increased 7. Increased 8. No change	*Long term goal assessed in periodic needs assessments - Program outputs impacted by COVID and staff leave - Training curriculum developed

6.2.3 Adapt or create culturally appropriate fluoridation materials 6.2.4 Conduct a community fluoridation awareness campaign	5. % population with access to fluoridated water 6. # of water operators/engineers trained 7. # of community members trained 8. # public service announcements / campaign impressions 9. K & 3rd grade caries experience and untreated decay **Data Sources** - Program records - First 5 Sacramento - CDC My Water's Fluoride - Summary analysis - CDPH-OOH Smile Survey				9. No change*	- Community drinking water survey conducted & analyzed - Social media campaign in progress
Activities & Outputs	**Indicators & Data Sources**	**Grant Implementation (Baseline Year)**	**Grant Closeout FY 21-22**	**Was measure met?**	**How well did you do? Increase, decrease, no change**	**Notes**
OBJECTIVE 7: KINDERGARTEN ORAL HEALTH ASSESSMENT (KOHA)						
7.1	**Indicators** 1. Increased capacity	2018 = Number of districts not	2022 – Number of districts not	Yes	1. Increase 2. Increase 3. Increase	*Long term goal assessed in periodic needs assessments

ID school districts not currently reporting KOHA results into SCOHR 7.2 ID relevant KOHA stakeholders 7.3 ID barriers and best practices for improving KOHA reporting 7.4 Organize and host one (1) KOHA workshop 7.5 Develop KOHA action plan 7.6 Recruit champions 7.7 ID target schools for intervention 7.8 Provide guidance to schools 7.9 Follow-up KOHA reporting 7.E.1 ID strategies to increase KOHA reporting, ID new policies developed 7.E.2 Share success stories to help sustain program efforts	2. Enhanced collaboration 3. Targeted surveillance 4. Coordinated system to address need 5. Data and resources to inform decision making 6. # engaged partners 7. # school partners trained 8. # schools reporting KOHA into SCOHR 9. Engagement of inter-professional workforce 10. K & 3rd grade caries experience and untreated decay 11. Preventive dental visits for children 1-20 **Data Sources** - Program records - SCOHR database - CDPH-OOH Smile Survey - DHCS open data portal - Needs Assessments - Summary analysis	reporting into SCOHR - 10	reporting into SCOHR – 0		4. Increase 5. Increase 6. Increase 7. Increase 8. Increase 9. Increase 10. No change* 11. No change*	- KOHA Workshop planned and delivered - Toolkit developed and distributed - Targeted surveillance conducted - Gaps identified - Toolkit developed and distributed - Partnerships and collaborative opportunities explored and implemented - Inter-professional workforce engaged

Activities & Outputs	Indicators & Data Sources	Grant Implementation (Baseline Year)	Grant Closeout FY 21-22	Was measure met?	How well did you do? Increase, decrease, no change	Notes
OBJECTIVE 8: COMMON RISK FACTORS						
8.1, 8.5 Partner with TEP and OPP for collaboration and message integration 8.2, 8.6 Assess dental professional readiness to implement tobacco and SSB guidance 8.3, 8.7 Develop and deliver tobacco and SSB guidance to dental professionals 8.4, 8.8 Create and inventory or tobacco and SSB resources for dental professional 8.9 Expand capacity to provide training to dental providers by offering continuing education incentive 8.10 Expand tobacco and SSB outreach to include non-dental providers that work	**Indicators** 1. Increase capacity 2. Enhanced collaboration 3. Coordinated system to address needs 4. Data and resources to inform decision making 5. # engaged partners 6. Engagement of inter-professional workforce 7. # DPs providing tobacco and SSB guidance 8. Tooth loss (35-44 & 65+) 9. # cases of oral/pharyngeal cancers detected early 10. # tobacco & ssb trainings held **Data Sources**	2018 = 0	2022 = 407 dental providers assessed 594 dental providers trained 614 dental providers connected to resources	Yes*	1. Increase 2. Increase 3. Increase 4. Increase 5. Increase 6. Increase 7. No change ** 8. No change *** 9. No change *** 10. Increase	*Launch impacted by COVID ** Evaluation begins late 2022 *** Long term goals evaluated in periodic needs assessments - SSB and Tobacco curriculum developed and delivered in “live” format. - Web-based curriculum developed and launched. - Partnerships developed

with vulnerable populations 8.11 Expand capacity to deliver web-based training 8.E.1, 8.E.2 Conduct follow-up to determine how many dental professionals implemented tobacco and SSB guidance to clients 8.E.3 ID and share success stories to help sustain program efforts	- Program records - Stakeholder surveys - Ongoing evaluation - Needs Assessments - Summary analysis					
Activities & Outputs	**Indicators & Data Sources**	**Grant Implementation (Baseline Year)**	**Grant Closeout FY 21-22**	**Was measure met?**	**How well did you do? Increase, decrease, no change**	**Notes**
OBJECTIVE 9: ORAL HEALTH LITERACY						
9.1 Implement evidence-based oral health education and health literacy program 9.2 ID and recruit community partners 9.3 Assess partners for readiness to implement	**Indicators** 1. Increase capacity 2. Enhanced collaboration 3. Data and resources to inform decision making 4. # engaged partners	2018 = 0	2022 = 164 partnerships developed, 261 = assessments conducted, 64 = trainings delivered to 68 = sites and organizations	Yes*	1. Increase 2. Increase 3. Increase 4. Increase 5. Increase 6. Increase 7. Increase ** 8. Increase 9. Increase 10. Increase	*Impacted by COVID and staff leave **Long term goals evaluated in periodic needs assessments - Partnerships developed - Toolkit and resources developed & delivered - OHL and FV curriculum developed & delivered

oral health and health literacy program 9.4 Develop toolkit with resources 9.5 Develop and deliver tailored trainings 9.6 Collaborate with CHDP to provide FV training to medical providers 9.E.1 Conduct follow-up activities to determine effectiveness of training ID and share success stories to help sustain program 9.E.2 Analyze evaluations and make improvements for program improvements	5. Engagement of interprofessional workforce 6. # people receiving evidence based interventions 7. # dental visits during pregnancy 8. #CSW/HV providing oral health guidance and care coordination 9. Number of trainings provided 10. Number of providers trained 11. # positive evaluations 12. Stakeholder commitment 13. # children receiving dental services by a non-dental provider **Data Sources** - Program records - Stakeholder surveys - Ongoing evaluation - MIHA survey - Summary analysis - Needs assessments		and ~ 84 systems engaged.		11. Increase 12. Increase	

Activities & Outputs	Indicators & Data Source	Grant Implementation (Baseline Year)	Grant Closeout FY 21-22	Was measure met?	How well did you do? Increase, decrease, no change	Notes
OBJECTIVE 11: COMMUNITY ENGAGEMENT ACTIVITIES						
11.1 Convene a core group (MCDAC) 11.2 Maintain workgroup and recruit members 11.3 Maintain a schedule of meetings 11.4 ID priorities related to Medi-Cal Dental utilization and delivery of care 11.5 Develop communication plan 11.6 Engage stakeholders to create a common mission and shared values 11.7 Develop an action plan 11.E.1 ID priorities addressed, successes, challenges and lessons learned in evaluation report	**Indicators** 1. Increased capacity 2. Enhanced collaboration 3. Targeted surveillance 4. Coordinated system to address needs 5. Data and resources to inform decision making 6. # engaged partners 7. Preventive DV for MC children 1-20 8. K & 3rd grade caries experience and untreated decay 9. Tooth loss (35-44 & 65+) 10. # children treated under GA **Data Sources** - Committee records	2017	2022 = see notes	Yes	1. Increase 2. Increase 3. Increase 4. Increase 5. Increase 6. Increase 7. No change* 8. No change* 9. No change* 10. No change*	*Long term goal assessed in periodic needs assessments - All activities related to MCDAC completed - Reports generated and submitted to DHCS and the County Board of Supervisors - Meetings convened - Workgroup maintained - Members recruited - Priorities identified - Action plan developed - Facilitated the planning meetings of the Special Needs/General Anesthesia workgroup - Contracted and provided oversight for "*Painful Realities: General Anesthesia Access in Sacramento GMC Dental Managed Care*" study.

11.E.2 ID success stories to share to help sustain program efforts	- Reports from DHCS Medi-Cal Dental Division - Needs assessments - Summary analysis					

ADDITIONAL PROGRAM ACTIVITIES

NOTABLE SUCCESSES	ACTIVITY	OUTCOME MEASURE	STATUS	NOTES
COVID-19	Facilitate access to SCPH COVID-19 vaccination opportunities for dental health care providers	Dental providers successfully vaccinated	Completed	SCOHP staff coordinated registration at UC Davis COVID-19 vaccination clinic and others for an estimated 2022 dental providers from 91 regional zip codes during this reporting period.
DTI/SCOHP COLLABORATION	Plan and distribute oral health supplies purchased by the DTI pilot project into the community	DTI purchased oral health items distributed into the community	Completed	Funding for DTI pilot projects ended in December 2020, leaving a surplus of oral health supplies needing to be distributed into the community. SCOHP staff planned, coordinated, and distributed more than 99,000 oral health supplies to 54 community agencies in early 2021. See the Progress Report #7 attachments for a list of supplies distributed and recipient agencies.
DTI/SCOHP COLLABORATION	Leveraged funding from the Dental Transformation Initiative to develop and launch new Oral Health website	Website developed and launched	Completed	
DTI/SCOHP COLLABORATION	Leveraged funding from the Dental Transformation Initiative to produce and launch “Protect Your Sweet Smile: Sugar-Sweetened Beverages	Webinar produced and launched	Completed	

	and Oral Health" webinar for dental providers			

ATTACHMENT 1: 2018 – 2022 EVALUATION PLAN GRID

Note: Program Coordinator is responsible for data collection. Evaluation team is responsible for data analysis.

Evaluation Question	Indicator or Performance Measure (Objective/Activity #)	Data Source and Frequency	Evaluation Method	Analysis Method with Standard of Comparison
Year 2 **Was the Work Plan implemented as intended? (Why or Why not?)** **Years 3 – 5** **What did we do?**	**School Database:** - Community partnerships developed **(6.1.2-6.1.6)** - School-based/linked preventive program spreadsheet developed **(6.1.8)** **Fluoridation Outreach:** - Water operators/engineers trained on the benefits of community water fluoridation **(6.2.2)** - Community members trained on the benefits of community water fluoridation **(6.2.1)** - Public awareness campaign conducted **(6.2.4)** **Kindergarten Oral Health Assessment – KOHA:** - KOHA Workshop completed **(7.4)** - KOHA Toolkit/intervention plan developed **(7.5-7.9)** **Common Risk Factors:** - Chronic disease program partnerships developed **(8.1, 8.5)** - Dental professional partnerships developed **(8.3)**	**School Database** (annual): - Sacramento County Office of Education - California Department of Education - Community partners **Fluoridation Project:** - Number of water operators/engineers trained (quarterly) - Number of community members trained (quarterly) - List of public service announcements / campaign impressions (quarterly) **KOHA:** - Workshop (one-time event) training roster, post-event evaluation - Number of schools trained (quarterly) - Number of schools reporting KOHA results (annual) from San	Mixed methods including quantitative data collected through document review and surveys and qualitative data collected through case studies and summary analysis of successes, challenges and barriers.	Mixed methods **Quantitative:** - Increased / decreased Partnerships and collaborations - Increased / decreased surveillance - Increased / decreased number of water operators / engineers trained - Increased / decreased number of community members trained - Increased / decreased number of public service announcements - Increased/decreased data and resources available for program decision making - Increased / decreased number of

	- Tobacco-cessation and sugar-sweetened beverage guidance training curriculum and resources for dental professionals developed **(8.3-8.8, 8.E.1, 8.E.2)** **Oral Health Literacy** (outreach directed toward medical providers, home-visiting nurses, and community service workers providing services to pregnant and perinatal women): - Provider partnerships developed **(9.2)** - Guidance document, Toolkit, resources, and training curriculum developed **(9.4-9.5)** - CHDP fluoride varnish curriculum developed. **(9.6)** **Community Engagement Activities** (activities specific to the Medi-Cal Dental Advisory Committee) - Convene meetings **(11.1)** - Maintain workgroup and recruit members **(11.2)** - Maintain a schedule of meetings **(11.3)** - Identify priorities and issues related to Medi-Cal Dental utilization and access to services **(11.4)** - Develop a communication plan **(11.5)** - Engage stakeholder to create a common vision **(11.6)** - Develop an action plan **(11.7)**	Joaquin County Office of Education or California Dental Association **Common Risk Factors** (quarterly): - Number of tobacco-cessation trainings held - Number of dental professionals trained in tobacco-cessation guidance - Number of dental professionals that follow up with guidance after training - Number of sugar-sweetened beverage trainings held - Number of dental professionals trained in sugar-sweetened beverage guidance - Number of dental professionals that follow up with guidance after training **Oral Health Literacy** (quarterly): - Number of trainings provided - Number of providers trained		school districts in County that report KOHA results - Increased / decreased number of dental providers that offer tobacco-cessation and / or sugar—sweetened beverage guidance to clients - Increased / or decreased number of medical providers, home-visiting nurses, and community service workers that offer oral health literacy resources to pregnant and perinatal women - Increased / or Decreased number of non-dental professionals that offer fluoride varnish Applications. **Qualitative:** - Summary analysis of successes, challenges and barriers.

		Community Engagement (bi-annually): - Committee records as required by charter (ongoing) - Report to CHPD – OOH (bi-annually)		
Evaluation Question	**Indicator or Performance Measure**	**Data Source and Frequency**	**Evaluation Method**	**Analysis Method with Standard of Comparison**
What worked and what did not?	**School Database:** - Resources/data shared - Programs informed **Fluoridation Project:** - Collaborations enhanced **(6.2.1-6.2.4)** - Oral health awareness increased **(6.2.1-6.2.4)** **KOHA:** - Gaps identified **(7.7)** - Collaborations enhanced **(7.6, 7.8, 7.9, 7.E.2)** - Interventions positively received **(7.9, 7.E.1)** - KOHA reporting processes improved **(7.9)** - KOHA reporting increased **(7.9)** **Common Risk Factors:** - Number of positive evaluation ratings from stakeholders **(8.E.1, 8.E.2)** - Knowledge/resources of stakeholders **(8.E.1, 8.E.2)** - Stakeholder commitment **(8.E.1, 8.E.2)**	**School Database:** - Communication records (quarterly) - Summary analysis (bi-annual) **Fluoridation Project:** - Program records - One time project: tap water survey (summary analysis) - Summary analysis (bi-annual) **KOHA:** - San Joaquin County Office of Education database/California Dental Association database (annual) - Stakeholder surveys - Ongoing evaluation	Mixed methods including quantitative data collected through document review and surveys and qualitative data collected through case studies and summary analysis of successes, challenges and barriers.	Mixed methods **Quantitative:** - Increased / decreased Partnerships and collaborations - Increased / decreased surveillance - Increased/decreased data and resources available for program decision making - Increased / decreased number of school districts in County that report KOHA results - Increased / decreased number of dental providers that offer tobacco-

	Oral Health Literacy: - Number of positive evaluation ratings from stakeholders **(9.E.1, 9.E.2)** - Knowledge/resources of stakeholders **(9.E.1, 9.E.2)** - Stakeholder commitment **(9.E.1, 9.E.2)** **Community Engagement** - Meetings scheduled and convened (11.1, 11.3) - Workgroup maintained, members recruited (11.2) - Stakeholders engaged, priorities identified (11.4, 11.6) - Action plan developed (11.7)	- Follow-up data collected three-months post-training **Common Risk Factors:** - Program records (quarterly) - Stakeholder surveys - Ongoing evaluation - Follow-up data collected three months post-training **Oral Health Literacy:** - Program records (quarterly) - Stakeholder surveys - Ongoing evaluation - Follow-up data collected six-month post training. **Community engagement:** - Committee records (bi-annual progress reports)		cessation and / or sugar—sweetened beverage guidance to clients - Increased / or decreased number of medical providers, home-visiting nurses, and community service workers that offer oral health literacy resources to pregnant and perinatal women - Increased / decreased number of non-dental professionals that offer fluoride varnish applications **Qualitative:** Summary analysis of successes, challenges and barriers.
Evaluation Question	**Indicator or Performance Measure**	**Data Source and Frequency**	**Evaluation Method**	**Analysis Method with Standard of Comparison**
What difference did the effort make to the organization, participants, and community?	**School Database:** - Enhanced collaboration **(6.1.2-6.1.6)** - Targeted surveillance **(6.1.2-6.1.6)**	**School Database:** - Communication records (quarterly) - Summary analysis (bi-annual)	Mixed methods including quantitative	Mixed methods **Quantitative:** - Increased / decreased

	- Data and resources for program decision making **(6.1.1-6.1.8)** **Fluoridation Project:** ~~- Increase capacity~~ - Enhanced collaboration **(6.2.1-6.2.4)** Number of engaged partners **(6.2.1-6.2.4, 6.E.2)** Number of people receiving evidence-based interventions **(6.2.1-6.2.4, 6.E.2)** - Caries experience and untreated decay in children **(6.2.1-6.2.4)** - Tooth loss **(6.2.1-6.2.4)** **KOHA:** - Increased capacity **(7.6-7.9, 7.E.1, 7.E.2)** - Enhanced collaboration **(7.6, 7,8, 7.9, 7.E.1, 7.E.2)** - Targeted surveillance **(7.7, 7,8 7.9)** - Coordinated system to address specific needs **(7.1-7.3, 7.5-7.E.2)** - Number of engaged partners **(7.2, 7.6, 7.7,7.E.1, 7.E.2)** - Caries experience and untreated decay in children **(7.E.2)** - Tooth loss **(7.E.2)** **Common Risk Factors:** - Increased capacity **(8.1-8.11)** - Enhanced collaboration **(8.1-8.11)** - Number of engaged partners **(8.1-8.11)** - Number of people engaged in healthier behavior **(8.E.1-8.E.3)** - Number of dental professionals providing tobacco-cessation and sugar-	**Fluoridation Project:** - Program records (quarterly) - SETA Head Start Dental Screening* - Center for Oral Health* - Caries prevalence and tooth loss* - Summary analysis of successes, challenges, and barriers (bi-annual summary report) *Annual **KOHA:** - San Joaquin County Office of Education /California Dental Association (annual) - Stakeholder surveys ○ Ongoing evaluation ○ Follow-up data collected three-months post-training **Common Risk Factors:** - Program records (quarterly) - Stakeholder surveys ○ Ongoing evaluation ○ Follow-up data collected three months post-training - KOHA* - SETA Head Start Dental Screening*	data collected through document review and surveys and qualitative data collected through case studies and summary analysis of successes, challenges and barriers.	Partnerships and collaborations - Increased / decreased surveillance - Increased/decreased data and resources available for program decision making - Increased / decreased number of people receiving evidence-based interventions - Increased / decreased percent of population with access to fluoridated water - Increased / decreased caries experience and untreated decay in children - Increased / decreased tooth loss - Increased /decreased number of school districts in County that report KOHA results - Increased / decreased capacity

	sweetened beverage guidance to clients **(8.E.1-8.E.2)** - Caries experience and untreated decay in children **(8.E.3)** - Tooth loss **(8.E.3)** **Oral Health Literacy:** - Increased capacity **(9.2-9.E.2)** - Enhanced collaboration **(9.2-9..E.2)** - Coordinated system to address specific needs**(9.2-9.E.2)** - Number of engaged partners **(9.2-9.E.2)** - Engagement of inter-professional workforce **(9.2-9.E.2)** - Number of people engaged in healthier habits **(9.E.1)** - Number of people receiving evidence-based interventions **(9.E.1)** - Number of children under age 6 receiving dental services by a non-dental provider **(9.6, 9.E.1)** - Number of dental visits during pregnancy **(9.E.2)** - Number of CSW / home visitors providing oral health guidance and care coordination **(9.E.1-9.E.2)** - Caries experience and untreated decay in children **(9.E.2)** - Tooth loss. **(9.E.2)** **Community Engagement:**	- Center for Oral Health* - Behavioral Risk Factor Surveillance System* - National Cancer Institute* - Summary analysis of successes, challenges, and barriers *Annual **Oral Health literacy:** - Program records (quarterly) - Key informant interviews and stakeholder surveys ○ Ongoing evaluation ○ Follow-up data collected six-months post training - MIHA survey* - KOHA* - SETA Head Start Dental Screening* - Center for Oral Health* - Behavioral Risk Factor Surveillance System* - Summary analysis of successes, challenges, and barriers. *Annual **Community Engagement:** - Improved utilization rates as demonstrated		- Increased / decreased number of dental providers that offer tobacco-cessation and / or sugar—sweetened beverage guidance to clients - Increased / or decreased number of medical providers, home-visiting nurses, and community service workers that offer oral health literacy resources to pregnant and perinatal women - Increased / decreased number of perinatal women who made a dental visit within 1 year of pregnancy - Increased / decreased number of non-dental professionals that offer fluoride varnish applications - Program rating increases / decreases over time

	- Increased access to dental care service, including oral health education, for Medi-Cal Dental beneficiaries **(11.2)**	by data provided by the Department of Health Care Services (bi-annual progress reports) - Summary analysis of successes, challenges and barriers.		- Increased utilization of Medi-Cal Dental care services by eligible beneficiaries Qualitative: - People engaged in healthier habits - Availability of diverse knowledge resources - Engagement of inter-professional workforce.
Evaluation Question	**Indicator or Performance Measure**	**Data Source and Frequency**	**Evaluation Method**	**Analysis Method with Standard of Comparison**
What next?	**School Database:** - TBD - Expand mapping parameters **(6.1-6.E.2)** - Targeted projects **(6.1-6.E.2)** **Fluoridation Project:** - TBD **(6.2.1-6.E.2)** **KOHA:** - TBD **(7.1-7.E.1)** - Increased capacity for schools to connect children to care **(7.1-7.E.1)** **Common Risk Factors:** - TBD **(8.1-8.E.3)** - Expand outreach through web-based curriculum **(8.1-8.E.3)** **Oral Health Literacy:** - TBD **(9.1-9.E.2)**	**School Database:** - TBD as program matures **Fluoridation Project:** - TBD as program matures **KOHA:** - TBD as program matures **Common Risk Factors:** - TBD as program matures **Oral Health Literacy:** - TBD as program matures **Community Engagement:**	Mixed methods including quantitative data collected through document review and surveys and qualitative data collected through case studies and summary analysis of successes,	Methods TBD as program matures and successes, challenges, and barriers are analyzed. -

	- Expand outreach through web-based curriculum **(9.1-9.E.2)** - Expand network. **(9.1-9.E.2)** **Community Engagement:** - TBD. Currently dynamic situation with Governor's 2020-2021 budget proposing elimination of GMC dental in Sacramento County. **(11.4, 11.6, 11.7)**	- TBD as legislation develops	challenges and barriers.	

ATTACHMENT 2: SACRAMENTO COUNTY DRINKING WATER SURVEY 2020

Demographics

Please **check one box** for each category below.

Age	Gender	Race	Ethnicity	Preferred Language Spoken at Home
☐ Under 18 ☐ 18 - 24 ☐ 25 - 39 ☐ 40 - 60 ☐ 60+	☐ Male ☐ Female	☐ White ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian and Alaska Native	☐ Hispanic or Latino or Spanish Origin ☐ Not Hispanic or Latino or Spanish origin	☐ English ☐ Spanish ☐ Farsi ☐ Arabic ☐ Chinese ☐ Tagalog ☐ Vietnamese ☐ Hmong ☐ Russian ☐ Other _____

Belief Questions

1. Do you agree that fluoride is good for your teeth?
   ☐ Yes ☐ No ☐ I don't know

If you answered ***yes***, why?	If you answered ***no***, why?

☐ A family member or friend told me ☐ A dental health professional told me ☐ I found information either from the Internet, TV, radio, or social media ☐ I saw outdoor advertisements ☐ Other (please explain) _____	☐ A family member or friend told me ☐ I don't know what fluoride is ☐ I never learned any information about fluoride ☐ Other (please explain) _____

2. Do you think the ***unfiltered tap water at your home*** is safe?
   ☐ Yes ☐ No ☐ I don't know

If you answered ***yes***, why?	If you answered ***no***, why?
☐ I never have issues with tap water at home ☐ I read the report from my water district ☐ The water tastes and/or looks fine ☐ Other (please explain) _____	☐ I've had past issues with tap water at home ☐ There's been past issues with water in our community ☐ The water tastes and/or looks bad ☐ Other (please explain) _____

3. Do you agree that your ***tap water at home*** should include fluoride?
   ☐ Yes ☐ No ☐ I don't know

If you answered ***yes***, why?	If you answered ***no***, why?

☐ I think it helps to prevent cavities ☐ I think it can prevent unwanted dental work ☐ I read or heard good information about drinking water with fluoride ☐ Other (please explain) _____	☐ I get enough fluoride from toothpaste ☐ I don't think it's good for my health ☐ I read or heard negative information about drinking water with fluoride ☐ Other (please explain) _____

4. Do you agree that all water districts should add fluoride in drinking water?
   ☐ Yes ☐ No ☐ I don't know

If you answered ***yes***, why?	If you answered ***no***, why?
☐ I think it can help prevent cavities for everyone ☐ Because everyone deserves a healthy smile ☐ It saves money in the long run ☐ Other (please explain) _____	☐ I don't think it is healthy to drink fluoridated water ☐ Some people might not want to drink water with fluoride ☐ I don't know enough about water fluoridation ☐ Other (please explain)

Behavior Questions

5. What type of water do you drink ***at home?*** **Check all that apply.**
   ☐ Tap water with no filter
   ☐ Filtered tap water
   ☐ Plastic bottled water

☐ Carbonated/sparkling water ☐ Other

_____

6. What type of water do you drink ***outside of your home*****? <u>Check all that apply.</u>**
   - ☐ Tap water with no filter
   - ☐ Filtered tap water
   - ☐ Plastic bottled water
     - ☐ Carbonated/sparkling water ☐ Other

     _____
   - ☐ Why do you choose the type of water you drink? **<u>Check all that apply.</u>**
   - ☐ Costs
   - ☐ Easy to use
   - ☐ Safety
   - ☐ Environmentally friendly (e.g. reduce plastic pollution)
   - ☐ How it tastes
   - ☐ How it looks
     - ☐ Other (please specify)

     _____

A map of Sacramento County's fluoridated community tap water supply is available at <u>bit.ly/SCfluoridemap</u>.

For additional information on community water fluoridation, please visit the Centers for Disease Control and Prevention Water Fluoridation Training Course at <u>https://www.cdc.gov/fluoridation/engineering/training.htm</u>

ATTACHMENT 3: SACRAMENTO COUNTY DRINKING WATER SURVEY RESULTS 2020

Report for Sacramento County Drinking Water Survey 2020

Completion Rate:

Totals: 48

Age (years)

VALUE	PERCENT	RESPONSES
Under 18	2.1%	10
18 - 24	2.5%	12
25 - 39	31.3%	149
40 - 60	29.8%	142
60+	34.2%	163

Totals: 476

Gender

VALUE	PERCENT	RESPONSES
Male	22.3%	106
Female	77.1%	366
Prefer not to state	0.6%	3

Totals: 475

Race

VALUE	PERCENT	RESPONSES
White	79.6%	379
Black or African American	7.4%	35
Asian	6.7%	32
Native Hawaiian or Other Pacific Islander	1.5%	7
American Indian and Alaska Native	4.8%	23

Totals: 476

Ethnicity

VALUE	PERCENT	RESPONSES

Hispanic or Latino or Spanish Origin	15.3%	73
Not Hispanic or Latino or Spanish origin	84.7%	403

Totals: 476

Preferred Language Spoken at Home

VALUE	PERCENT	RESPONSES
English	94.7%	450
Spanish	2.9%	14
Farsi	0.2%	1
Tagalog	0.2%	1
Vietnamese	0.2%	1
Hmong	0.4%	2
Other	1.3%	6

Totals: 475

Do you agree that fluoride is good for your teeth?

VALUE	PERCENT	RESPONSES
Yes	70.8%	308
No	12.4%	54

I don't know	16.8%	73

Totals: 435

If you answered yes, why?

VALUE	PERCENT	RESPONSES
A family member or friend told me	9.2%	28
A dental health professional told me	82.6%	252
I found information either from the Internet, TV, radio, or social media	21.6%	66
I saw outdoor advertisements	0.3%	1
Other (please explain)	15.4%	47

If you answered no, why?

VALUE	PERCENT	RESPONSES
A family member or friend told me	20.4 %	11
I never learned any information about fluoride	1.9%	1
Other (please explain)	81.5%	44

Do you think the unfiltered tap water at your home is safe?

VALUE	PERCENT	RESPONSES
Yes	42.7%	185

No	40.2%	174
I don't know	17.1%	74

Totals: 433

If you answered yes, why?

VALUE	PERCENT	RESPONSES
I never have issues with tap water at home	60.9 %	112
I read the report from my water district	41.8%	77
The water tastes and/or looks fine	39.1%	72
Other (please explain)	9.2%	17

If you answered no, why?

VALUE	PERCENT	RESPONSES
I've had past issues with tap water at home	16.2%	28
There's been past issues with water in our community	23.1%	40
The water tastes and/or looks bad	61.3%	106
Other (please explain)	32.4%	56

Do you agree that your tap water at home should include fluoride?

VALUE	PERCENT	RESPONSES
Yes	42.0%	182
No	28.9%	125
I don't know	29.1%	126

Totals: 433

If you answered yes, why?

VALUE	PERCENT	RESPONSES
I think it helps to prevent cavities	76.4%	139
I think it can prevent unwanted dental work	44.0%	80
I read or heard good information about drinking water with fluoride	36.8%	67
Other (please explain)	2.2%	4

If you answered no, why?

VALUE	PERCENT	RESPONSES
I get enough fluoride from toothpaste	37.1%	46
I don't think it's good for my health	33.9%	42
I read or heard negative information about drinking water with fluoride	45.2%	56
Other (please explain)	28.2%	35

Do you agree that all water districts should add fluoride in drinking water?

VALUE	PERCENT	RESPONSES
Yes	35.8%	155
No	30.7%	133
I don't know	33.5%	145

Totals: 433

If you answered yes, why?

VALUE	PERCENT	RESPONSES
I think it can help prevent cavities for everyone	83.1%	128
Because everyone deserves a healthy smile	41.6%	64
It saves money in the long run	39.0%	60
Other (please explain)	1.3%	2

If you answered no, why?

VALUE	PERCENT	RESPONSES
I don’t think it is healthy to drink water with fluoride	48.5%	64
Some people might not want to drink water with fluoride	53.0%	70
I don’t know enough about water fluoridation	12.1%	16
Other (please explain)	18.2%	24

What type of water do you drink at home? Check all that apply.

VALUE	PERCENT	RESPONSES
Tap water with no filter	31.6%	135
Filtered tap water	60.7%	259
Plastic bottled water	41.5%	177
Carbonated/sparkling water	22.7%	97
Other	8.0%	34

What type of water do you drink outside of your home? Check all that apply.

VALUE	PERCENT	RESPONSES
Tap water with no filter	25.1%	107
Filtered tap water	48.5%	207
Plastic bottled water	67.7%	289
Carbonated/sparkling water	24.4%	104
Other	8.7%	37

Why do you choose the type of water you drink? Check all that apply.

VALUE	PERCENT	RESPONSES
Costs	30.7 %	131

Easy to use	51.3%	219
Safety	54.6%	233
Environmentally friendly (e.g. reduce plastic pollution)	41.2%	176
How it tastes	70.0%	299
How it looks	20.6%	88
Other	6.3%	27