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Part I. Organizational Description

A. Program Description

Redwood Community Action Agency's (RCAA) TOOTH Plus Rural Health Care Services Outreach Program is a consortium of community organizations seeking to improve the state of oral health in rural Humboldt County through expansion of community-based early intervention tactics that include preventative education, screenings and fluoride varnish services in preschool and a County-wide public campaign to increase the oral health literacy of the County's daycare providers, parents and community at large.

The enhanced oral health services provided by RCAA's TOOTH Plus Project is being coordinated through a consortium of health care providers that includes nonprofits and government agencies focused on children's health. These entities came together through planning and identified the following priorities and goals for the RHCSOP grant: increase oral health literacy and proper hygiene practices of parents, caregivers, and children ages 0-6 in Humboldt County; improve the oral health and wellness of children ages 0-6 in Humboldt County through school-based preventative services; increase the number of low-income preschool children with an established dental home. As a result, TOOTH Plus will reduce the percentage of children entering kindergarten with untreated decay, reduce the utilization of hospital-based dental services and of emergency room use for oral health issues.

There is a 12-year history of government, agencies, foundations and individuals committed to improving oral health for low-income children in Humboldt County. These groups see oral health as an integral part of overall health and represent a continuum of care, including education, prevention, and restoration. The Dental Advisory Group (DAG) has been an on-going forum for 12 year. It is recognized by many as an important facet of collaboration in Humboldt to address children's oral health needs.

A key accomplishment of the TOOTH Plus coalition was to strategically prioritize a prevention element into the already existing coalition. This step helped to define our mission and direction. Partnerships have developed between RCAA and members of both the DAG and Pediatric Oral Health Initiative Leadership Team, which have now proven to be financially and programmatically successful.

B. The Need for the Program

Humboldt County's dental crisis became well documented after The Humboldt County Children's Oral Health Report was released in July 2001. The report revealed that 91% of students from one randomly selected elementary school required dental treatment after being examined. Of these students, 85% had untreated cavities, with an average of almost five teeth affected per child. The report identified that only four pediatric dentists practice in the county, none of whom accept Medi-Cal. The only options for low-income families with MediCal are three community clinics that have a waiting period of four months. Additionally, only five out of 48 communities have access to fluoridated drinking water. The report also revealed that access to treatment is poor for all low-income children due to 1) isolation, 2) lack of transportation, 3) lack of oral health education and awareness, 4) lack of oral health supplies, 5) lack of preventive services, and 6) economic hardship.

In addition, more than a quarter of Humboldt County's students entering kindergarten have untreated dental decay. Geographic isolation, lack of transportation and limited access to dental care contribute to Humboldt County's ranking as number one among California counties for emergency room visits for preventable dental conditions. Between 2008 and 2013, at least 675 children received hospital-based dentistry services of which 75 percent were ages 0-5 and 90 percent were Medi-Cal patients.

The Humboldt State University report, "Healthy Teeth for Life: Assessing Children's Oral Health-Humboldt County-September 2014" made recommendations based on five years of aggregated data on the status of children's oral health in Humboldt County including county data gleaned from the California Kindergarten Oral Health Assessment from 2009-2014 and children's hospital-based dentistry data from 2008-2013. Recommendations made included:

1. Target specific geographic regions for prevention, early intervention, and treatment.
2. Increase focus on oral health services for children age 0-5 to reduce the decay rate among kindergarten students.
3. Focus on filling data gaps related to children's oral health.
4. Continue to explore innovations in cross-sector collaboration amongst providers and organizations working on children's oral health with a focus on improving the continuum of care for low-income children on MediCal.

As a result, the existing TOOTH Program decided to expand current oral health education services from preschool, first, third and fifth grade students to include kindergarteners, children 0-5 in daycare settings, childcare providers, expectant women and parents.

C. Overarching Goals

TOOTH Plus aims to reduce the percent of Humboldt County children entering kindergarten with untreated decay and reduce the utilization of emergency and hospital-based dentistry services. The goals of TOOTH Plus mirror four Healthy People 2020 Initiative's Oral Health Objectives for Children and Adolescents and Access to Preventive Services. The overarching goals of the project are outlined below:

- Increase oral health literacy and proper hygiene practices of parents, caregivers, and children ages 0-6 in Humboldt County through targeted childcare provider education and a county-wide bi-lingual public health campaign.
- Improve the oral health and wellness of children ages 0-6 in Humboldt County through increased access to school-based preventative services including education, screenings and fluoride varnish.
- Increase the number of low-income preschool children with an established dental home in Humboldt County through case managers who will assist families with finding a dental home and overcoming the barriers that have kept them from establishing one.

By meeting the above listed goals, it is hoped that there will be a reduction in tooth decay for children and an increased focus on improving children's oral health through coordinated education and outreach.

Part II. Logic Model

INPUT/RESOURCES

Redwood Community Action Agency (RCAA) will provide staff for oral health education and preventive services

Northcoast Children's Services (NCS) will provide case management staff for establishing dental homes. NCS will provide access to the target population of preschool parents & children ages 3-5

Changing Tides Family Services will provide access to the target population of childcare providers and children in childcare 3-6

Humboldt County Office of Education will provide access to the target population of kindergarten students ages 5-6

California Center for Rural Policy will provide data analysis & annual progress reports for TOOTH Plus

Bayview Consulting will execute the County-wide Public Education & Media Campaign

ACTIVITIES

Oral health screenings for low-income preschool students

Fluoride varnish treatments for low-income preschool students

Dental home case management services for low-income preschool students

Oral health literacy trainings for daycare providers

Oral health education for children in daycare and kindergarten classes

Oral health literacy workshops for expectant women and parents

County wide public education campaign through the use of print, social media, advertisements, and public service announcements

OUTPUTS

500 students will receive an oral health screening at the beginning of preschool

200 students will receive two fluoride varnish treatments during each school year

80 preschoolers will receive dental home case management

500 children in daycare will get two oral health lessons & dental kits each year

80 childcare providers will be trained annually

1,400 kindergarten students will get two oral health lessons & free dental kits each year

100,000 individuals will learn about the importance of oral health through county-wide Public Education Campaign

275 parents/parents-to-be will participate in dental disease prevention workshops

1,500 new parents will receive oral health information & dental supply kits

SHORT & LONG TERM OUTCOMES

Increase oral health literacy & proper hygiene practices of parents, caregivers, & children ages 0-6 in Humboldt County

Improve the oral health & wellness of children ages 3-6 in Humboldt County through increased access to school-based preventive services

Increase the number of low-income preschool children with an established dental home in Humboldt County

Reduction in the occurrence of dental decay in children ages 6 & under

IMPACT

Reduction in percentage of children entering kindergarten with untreated decay

Reduction in county-wide utilization of hospital-based dental services

Reduction in county-wide utilization of emergency room use for oral health issues

Part III. Evaluation Questions

The primary outcome evaluation questions that we seek to answer are:

1. Do children ages 0-6 in Humboldt County have increased access to school-based preventative services including education, screenings and fluoride varnish to improve oral health and wellness?
2. Is there an increase in the number of low- income preschool children with an established dental home in Humboldt County through case managers who assist families with finding a dental home and overcoming the barriers that have kept them from establishing one?
3. Is there an increase in oral health literacy and proper hygiene practices of parents, caregivers, and children ages 0-6 in Humboldt County through targeted childcare provider education and a county-wide bi-lingual public health campaign?

The primary process evaluation questions that we seek to answer are:

1. How well are partners being documenting and tracking the activities they are responsible for reporting purposes, follow-up and program improvement?
2. Were program activities by the designated deadline?
3. What progress has been made in implementing the evidence-based/promising practice models, which are the: Community Outreach and Engagement, School-Based Model and the Dental Home Model?

Part IV. Data Collection Plan

Quarterly consortium meetings will require a progress report from each partner on the PIMS and Project-Specific Measures of each goal to assure regular progress towards meeting those goals each project year. An annual project assessment and written report will be generated by consortium partner, the California Center for Rural Policy, based on the outputs and outcomes of TOOTH Plus which are tracked and measured.

Each of the three goals requires different data collection strategies, please see below:

Goal 1: Increase oral health literacy and proper hygiene practices of parents, caregivers, and children ages 0-6 in Humboldt County.

Data Tracking: RCAA will administer knowledge assessments, collect workshop feedback surveys and sign-in sheets to track and measure the progress toward meeting this goal. RCAA staff will document and record data using Excel spreadsheets that will be provided to CCRP to analyze and report annually.

Baseline: The activities associated with this goal currently do not exist in the target community, which make the baseline data for this goal is zero.

Goal 2: Improve the oral health and wellness of children ages 0-6 in Humboldt County through school-based preventative services.

Data Tracking: Each month RCAA will track and monitor the number of screenings and fluoride varnish treatments completed to ensure delivery of two screenings and fluoride varnish treatments within the school year. Information will be tracked through entry into an Excel spreadsheet that will be provided to CCRP to analyze and report annually.

Baseline: The activities associated with this goal currently do not exist in the target community, which make the baseline data for this goal is zero.

Goal 3: Increase the number of low-income preschool children with an established dental home in Humboldt County.

Data Tracking: NCS will track the number of students and monitor the progress of each on a

monthly basis. A total number of students receiving case management services and their outcomes will be provided to RCAA and CCRP to analyze and report annually

Baseline: The activities associated with this goal currently do not exist in the target community, which make the baseline data for this goal is zero.

Part IV. Analysis Plan

Program data will be submitted to CCRP by consortium members on an annual basis. CCRP will conduct annual analysis and prepare an annual written report of TOOTH Plus's progress towards meeting program goals by utilizing data collected by the consortium.

SPSS and Atlas.ti will be utilized in order to analyze both quantitative and qualitative data provided from knowledge assessments, feedback surveys and preventive oral health service logs. Data will be analyzed by a CCRP Research Analyst and reviewed by the CCRP Director of Health.

Descriptive statistics will be used in order to describe and summarize the findings from the data in order to track progress and to identify emerging patterns from the data. There is no current baseline data or the baseline data can be considered zero since grant activities were not in place prior to the grant. Annual reports for program years 2 and 3 will include comparative analysis of previous years' progress.

Part VI. Communications/Dissemination Plan

Prior to the dissemination of the evaluation results to the general population, all reports will first be shared internally with all consortium partners. As a group all communications (i.e. through Facebook, twitter, press releases, Smile Humboldt.org, etc.) will be reviewed prior to disseminating any evaluation results.

The California Center for Rural Policy (CCRP) is the consortium partner that will be creating and disseminating the annual report of TOOTH Plus project results. Although CCRP will be creating the annual report, each consortium partner will contribute in the plan outlined below:

Consortium Partner	Target Audience for Dissemination	Dissemination Plan
California Center for Rural Policy (CCRP)	Academic, Community and Research Communities	- Post annual report to CCRP website and promote results through Facebook, twitter and campus communication resources.
Bayview Consulting	Policymakers, Stakeholders (Health Providers) and General Public	- Mail printed reports to: Humboldt County Board of Directors, City Managers, St. Joseph's Health Foundation, North Coast Clinics Network, Tribal Offices, County and State Legislators' Offices, local and state Dental Societies and Hygienist Associations. - Distribute press releases about annual results to local newspapers. - Printed reports will be disseminated to members of the DAG and POHILT.
Humboldt County Office of Education (HCOE)	Humboldt County Elementary School Parents, Teachers, Principals and Superintendents	- Printed reports will be disseminated via inter-district mail distribution from HCOE to all school districts in the county.
Northcoast Children's Services (NCCS)	Humboldt County Preschool Parents, Teachers, Site Directors, NCS Board of Directors and General Public	- Printed reports will be disseminated from NCS to preschool stakeholders. - Access to the annual progress report will be made available on www.ncsheadstart.org .
Changing Tides (CT)	Humboldt County childcare Providers, CT Board of Directors and General Public	- Printed reports will be disseminated from CT to childcare providers/stakeholders. - Access to the annual progress report will be made available on www.changingtidesfs.org .
Redwood Community Action Agency (RCAA)	General Public, Oral Health Stakeholders, RCAA Board of Directors	- Post annual report to RCAA website and promote results through Facebook.

Part VII. Evaluation Work Plan

Intervention/Strategy: Redwood Community Action Agency's TOOTH Plus is an oral health and disease prevention project aimed at improving the oral health of children ages 0-6 by increasing the oral health literacy of parents, caregivers and children while improving access to dental assessments, fluoride varnish and dental homes							
P/O	Evaluation Questions	Indicator(s)	Data Source/ Instrument	Methods	Target Population	Timeline	Individual(s) responsible
O	Do children ages 0-6 in Humboldt County have increased access to school-based preventative services including education, screenings and fluoride varnish to improve oral health and wellness?	700 Head start applications will be reviewed	Head start applications reviewed	Record the number of applications reviewed	Head Start Students, ages 0-6 and families/parents	Data will be reported annually to CCRP	NCCS, RDH, TOOTH Program
		700 parent letters will be sent out to families with screening and assessment information included	Letters sent with screening and assessment information included	Record the number of letters sent that included screening and assessment information			
		500 children will receive an oral health screening	Oral health screening assessments	Record the number of completed assessments			
		200 children will receive one fluoride varnish treatment	Oral health screening assessments	Record the number of completed assessments where children received fluoride varnish			
O	Is there an increase in the number of low- income preschool children with an established dental home in Humboldt County through case managers who will assist families with finding a dental home and overcoming the barriers that have kept them from establishing one?	100 families offered dental home case management	Case management files	Record the number of offered dental home case management	Head Start Students, ages 0-6 and families/parents	Data will be reported annually to CCRP	NCCS, TOOTH Program
		80 families will be provided dental home case management services	Case management files	Record the number of families who received dental home case management services			

		72 families receiving case management services found dental homes	Case management files	Record the number of families who found dental homes			
O	Is there an increase in oral health literacy and proper hygiene practices of parents, caregivers, and children ages 0-6 in Humboldt County through targeted childcare provider education and a county-wide bilingual public health campaign?	One day care provider meeting will be scheduled	Completed provider meeting	Record completion date of provider meeting	Day care providers, children enrolled at daycare sites, kindergarten teachers, children in kindergarten age 4-6,	Data will be reported annually to CCRP	CTFS, TOOTH Program
		80 day care providers will receive training in oral health wellness and proper oral hygiene	Sign-in sheet Pre/post lesson survey	Record numbers from sign in sheet Administer surveys after lesson			CTFS, TOOTH Program, RDH
		150 day care providers will receive letters offering oral health lessons	Number of sent letters	Record the number of letters sent			CTFS, TOOTH Program, RDH
		50 day care providers will schedule oral health lessons for children enrolled at their site	Sign-in sheet/# enrolled	Record the number of individuals on the sign/in sheet/enrolled			TOOTH Program
		500 children in daycare will receive two oral health and wellness lessons	Pre/post lesson test	Administer surveys before and after lesson			TOOTH Program
		50 kindergarten teachers will receive letters offering two oral health lessons for students	Number of sent letters	Record the number of letters sent			HCOE, TOOTH Program
		40 kindergarten teachers will schedule oral health lessons for children enrolled in their classrooms	Number of teachers participating	Record the teacher's name on the sign/in sheet/enrolled			TOOTH Program
		1,400 children in kindergarten will receive two oral health and wellness lessons	Pre/post lesson test	Administer surveys before and after lesson			TOOTH Program
		30 community programs will help identify strategies for information dissemination and distribution of oral health supplies	Sign-in sheet	Record the number of individuals on the sign/in sheet/enrolled			TOOTH Program
		1,775 women and parents will receive oral health and hygiene literature and dental supplies	Sign-in sheet	Record the number of individuals on the sign/in			TOOTH Program

				sheet/enrolled			
		Oral health and wellness presentations made to 275 pregnant women/ families, caregivers and parents	Sign-in sheet	Record the number of individuals on the sign/in sheet/enrolled			TOOTH Program
		Multiple venues for information dissemination created for use in oral health and wellness campaign	Number of confirmed venues	Record the number of confirmed venues			Bayview Consulting, Precision Intermedia TOOTH Program
		3 core messages created by TOOTH Plus partners and incorporated into the outreach campaign	Number of completed core messages	Record the number of confirmed messages incorporated into the outreach plan			Bayview Consulting, Precision Intermedia, TOOTH Program, NCCS, CTFS
		New TOOTH Plus website released to community at large	Completed website	Record completion of website, including date			Bayview Consulting, Precision Intermedia, TOOTH Program
		Comprehensive media and outreach plan implemented	Implementation of outreach plan	Record and track outreach plan to determine completion			Bayview Consulting, Precision Intermedia, TOOTH Program
P	How well are partners being documenting and tracking the activities they are responsible for reporting purposes, follow-up and program improvement?	# of partners who properly documented and tracked the activities that they were responsible for	Excel data files Annual evaluation meeting with CCRP/TOOTH	Record the number of completed data files	NA	Data will be reported annually to CCRP	TOOTH Program, California Center for Rural Policy
P	Were program activities by the designated deadline?	# of partners who completed activities by designated deadline	Excel data files Annual evaluation meeting with CCRP/TOOTH	Record the date of when activities were completed and compare to designated deadline	NA	Data will be reported annually to CCRP	TOOTH Program, California Center for Rural Policy

P	What progress has been made in implementing the evidence-based/promising practice models, which are the: Community Outreach and Engagement, School-Based Model and the Dental Home Model?	Comprehensive media and outreach plan implemented	Excel data files Annual evaluation meeting with CCRP/TOOTH	Record the number of completed activities of each model	NA	Data will be reported annually to CCRP	TOOTH Program, California Center for Rural Policy
		# of dental disease prevention trainings for daycare providers					
		# of bilingual oral health workshops for expectant women and parents					
		# of school-based education for children in daycare settings and kindergarten classroom					
		# of annual oral health screenings by registered dental professional for Humboldt County's low-income students attending Early Head Start, Head Start and State Preschools					
		# of annual fluoride varnish applications by registered dental professional for Humboldt County's low-income students attending Early Head Start, Head Start and State Preschools					

***In the first column, indicate whether each question is a process (P) or outcome (O) question**