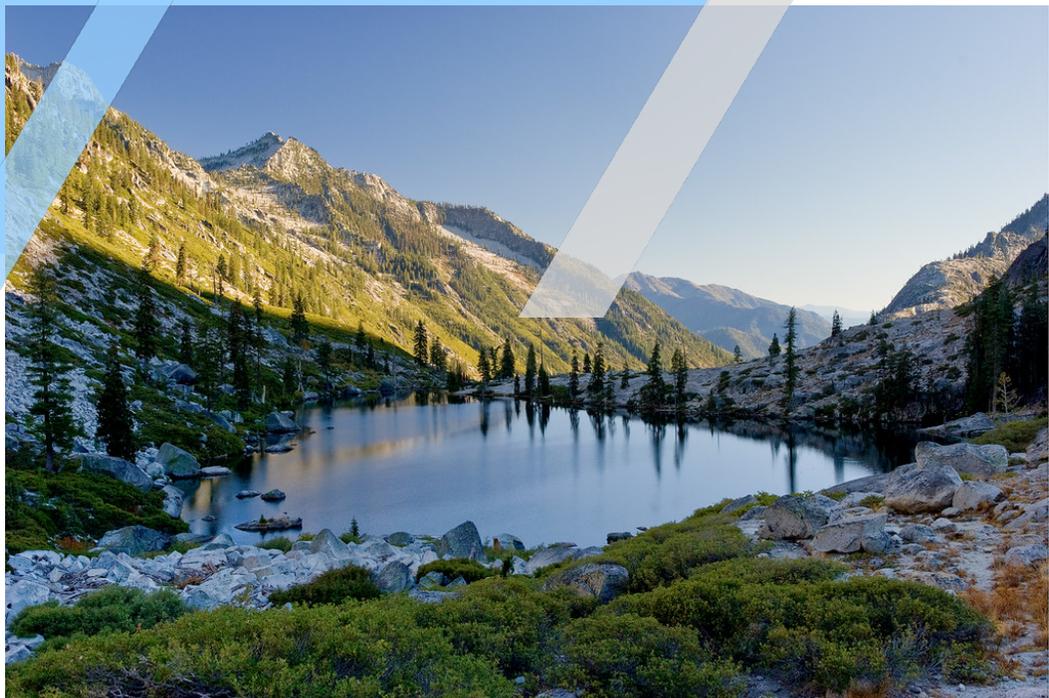# Trinity County
Oral Health Program

Evaluation Plan
2018-2022

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Trinity County Health and Human Services Grant #17-10734

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INTRODUCTION

Executive Summary

In 2018, Trinity County Health and Human Services Department was awarded a five-year grant (2018-2022) from the California Department of Public Health to develop a Local Oral Health Program (LOHP) in Trinity County. Funding came from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. This evaluation plan is a constantly evolving document intended for use in measuring the effectiveness of Trinity County Oral Health Program (TCOHP) activities in meeting the identified needs of the residents of Trinity County and the goals and objectives of the California Department of Public Health (CDPH) *California Oral Health Plan 2018-2022*. Additionally, this plan serves as a learning tool, allowing for mid-course corrections to program, strategies and activities and informs future program planning and direction.

Under the terms of the five-year grant, there are seven required objectives for each local health jurisdiction. Objectives 1 through 5 are focused on planning activities including developing an oral health program infrastructure, convening an advisory committee, conducting an oral health needs assessment, and developing a plan for improving the oral health of Trinity County populations. The Trinity County Oral Health Improvement Plan (TC OHIP) and Action Plan outline strategies and goals and activities designed to meet grant implementation objectives 6 through 8. The objectives focus on conducting preventative oral health activities such as school-based/linked topical fluoride and dental sealant programs, improving Kindergarten Oral Health Assessment (KOHA) rates, and providing training and educational materials to providers and the public on tobacco cessation and reducing intake of sugary beverages. This evaluation plan will measure the success of the selected strategies, serve as a learning tool and as a mechanism for quality assurance as the program progresses over time.

INTRODUCTION

Evaluation Purpose

The purpose of the Trinity County LOHP Evaluation Plan (EP) is to outline the Trinity County Oral Health Program's evaluation methodology and describe how evaluation results will be used for program development and revisions. Evaluation results will:

A. Determine if the program's goals and objectives have been achieved
B. Improve program design and implementation
C. Show the effectiveness of program activities

Ultimately, the EP outlines the steps to collect, analyze, and interpret data about the effectiveness of LOHP activities in meeting our goals and objectives.

Evaluation Team

The Evaluation Team is led by the program coordinator and consists of one Public Health Analyst and members from the Trinity County Oral Health Advisory Committee (TCOHAC). The evaluation team works closely with project partners and other stakeholders to ensure that the evaluation objectives and methods align with program goals and reflect the diversity of the community. The TCOHAC serves as the Evaluation Advisory Group.

Stakeholder Engagement

Stakeholders include staff involved in program operations, those served or affected by the program, and the primary users of the evaluation. Stakeholders that are not a part of the evaluation team may play an advisory role as a member of the TCOHAC or participate in focus groups or other community meetings. Appendix A lists the stakeholders.

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INTRODUCTION

Intended Use & Audience

This EP and the evaluation results will be made available to the general public, external stakeholders, TCOHAC members, and Office of Oral Health (OOH) staff for the purpose of transparency and collaboration. This plan contains specific linkages to a more detailed Action Plan, which provide more clarity about program objectives and activities. The EP will also be used by the Trinity County Oral Health Program to guide program development, inform decision-making, and improve program efficiency.

Evaluation Resources

Evaluation resources include existing staff, the CDPH-OOH Evaluation Resource Guide, and the UCSF Technical Center. Furthermore, evaluation will be supported by existing data and the annual KOHA, etc.

Evaluation Budget

Evaluation activities will be conducted internally using existing staff and budget. The program coordinator will hold primary responsibility for analyzing and reporting data gathered from external sources. It is estimated approximately fifteen percent of the program coordinator's time will be dedicated to program evaluation.

Program Description

The TCOHP operates with the same goal as the California Office of Oral Health (OOH): To improve oral health for all Californians through prevention, education, and organized community action. In Trinity County, this work is accomplished under specific mission and vision statements.

Mission: The Trinity County Oral Health Advisory Committee works to promote optimal oral health for all Trinity County residents by improving collaboration, education, advocacy and access to care.

Vision: We envision a county where all residents achieve optimal oral health through accessible, affordable, and efficient care that includes timely education, prevention and treatment.

Values: In the pursuit of our vision, we are guided by the following values:
  - o Respect- We believe that each person has value.
  - o Collaboration- We will work together to achieve common goals.
  - o Responsibility- We believe we all have responsibility for ourselves, for each other, and for our community as a whole.
  - o Integrity- We value action that demonstrates high moral and professional principles.
  - o Honesty- We will strive to be truthful and trustworthy in our words and action.
  - o Equity- We will work to eliminate inequalities that result from differences in our communities that affect peoples' overall health status.

Focus:
  - o Affordable, equitable access to quality local oral health care that prioritizes both prevention and treatment.

- o Integrated health systems that provide a continuum of services that include education, prevention, treatment and referrals.
- o Informed and engaged communities that promote a culture that values oral health as essential to overall health and well-being.
- o Continue to leverage existing assets and resources and form new partnerships to enhance our capacity to build a community with optimal oral health.

To achieve its mission and vision, the TCOHP has established program goals and objectives, which can be found in Figure 1 on page 8.

Need

The TCOHP is a necessary part of the public health infrastructure in Trinity County because of significant oral health disparities when compared to the state and other counties. Trinity County qualifies as a Dental Health Professional Shortage Area, with only two clinics serving vulnerable populations with Medi-Cal Dental insurance. This is reflected in a population-dentist ratio that is nearly twice as high (2,130:1) as that in the State of California (1,210:1). The lack of dental providers is also reflected in high rates of emergency room visits for non-traumatic dental issues (908/100,000) in Trinity County when compared to state rates (353/100,000).

Context

There are a number of environmental and systemic factors that impact TCLOHP operations. These include major geographic barriers to care, limited public transportation, a limited number of providers enrolled in the Medi-Cal Dental Program, and a pervasive multi-generational belief among residents that fluoridated water is harmful.

BACKGROUND

Figure 1: TCOHP Goals and Objectives

	Objective Number	Objective
Goal Area 1: Education	1.1	Increase the number of oral health outreach events and educational campaigns in Trinity County by 2022.
	1.2	Increase the number of public health professionals, health professionals, and school professionals providing education on oral health to residents in Trinity County by 2022.
	1.3	Increase the level of engagement with target communities around water fluoridation and increase the number of materials available to residents that promote the benefits of fluoride by 2022.
Goal Area 2: Multi-Agency Collaboration	2.1	Increase the number of medical providers and community partners who receive training on how to spot early signs of caries and/or oral health anticipatory guidance by 2022.
	2.2	Increase the number of partners engaged in in the county by 2022.
Goal Area 3: Access to Care	3.1	Increase the number of kindergarten children receiving an oral health assessment by 10% by 2022.
	3.2	Increase the number of preventive oral health services provided to children in school-based & non-clinical settings by 2022.
Goal Area 4: Monitoring & Evaluation	4.1	By 2022, develop and implement an oral health surveillance program and share data with community partners to increase data-driven decision making around oral health in Trinity County.
	4.2	Between 2019 and 2022, maintain a fully staffed county oral health program and oral health coalition in Trinity County.
Goal Area 5: Expansion of Oral Health Workforce	5.1	Increase collaboration with community partners to develop and promote oral health career pathways for students enrolled in Trinity County schools by 2022.
	5.2	Increase the number of professionals who receive a training on applying fluoride varnish outside of clinical settings by 2022.

BACKGROUND

Target Population

Improving the oral health of all Trinity County residents is important. However, oral health disparities are worse among vulnerable and underserved populations throughout the county, especially in children. As such, many program activities are planned to improve the oral health of children in school-based and other settings (Objectives 6 & 7). Tobacco use is also substantially higher in Trinity County than other California counties, and Objective 8 was selected in order to focus oral-health improvement efforts on the tobacco-using population.

Stage of Program Development

Collaborative oral health efforts in Trinity County began in 2018 when an LOHP coordinator position was established and the first TCOHAC meeting was held. The program is currently in the planning and implementation phase. This phase involves implementing the chosen strategies to improve oral health from the Oral Health Needs Assessment process, which was completed in September 2019. In addition, TCOHP completed an Oral Health Improvement Plan (OHIP) to address the most important issues identified in the needs assessment. The goals and objectives in the OHIP have direct linkages to the activities and outputs in the logic model described below.

Logic Model

In order to provide a visual description of the linkages between the program's inputs, activities, goals, and outputs, the TCOHP established a logic model that can be found in Appendix B. This model also describes the public health theory that informs the program.

EVALUATION FOCUS

Stakeholder Needs

Evaluation findings will be made available to TCOHP staff, TCOHAC members, collaborating partners, program participants, the public, and the CDPH Oral Health Program. The findings will be used to assess the effectiveness of program activities, ensure accountability, identify strengths and weaknesses, and inform future program efforts and direction. In addition, the evaluation will be used to assess the extent to which the program is progressing toward planned goals and objectives. Evaluation findings will also be available to the general public via the Trinity County Public Health website.

Evaluation Questions

The EP is built around five principal evaluation questions. More detail about the analysis method associated with each question can be found in Appendix C. The five questions are as follows:

1. Has awareness of preventive oral health practices increased as a result of educational strategies identified in the Oral Health Improvement Plan?
2. Has multi-agency collaboration improved access to care and oral health infrastructure?
3. Has access to oral health care improved for vulnerable residents in Trinity County as a result of strategies identified in the Oral Health Improvement Plan?
4. Is the value of the program activities greater than the cost investment in them?
5. Is capacity in place to develop and implement the OHP as it was designed?
6. Have program activities contributed to expanding the local oral health workforce?

Indicators

The value of the program will be measured based on outcomes and products established in the TCOHP logic model. However, the key indicator will be a decrease in the untreated decay rate based on annual data from the Kindergarten Oral Health Assessment. Other indicators for success include:

- Number of children who receive sealants, fluoride varnish, or other preventative services
- Number of meetings with partner organizations focused on the 0-5 population
- Reduction in emergency room visits for non-traumatic dental conditions
- Number of policies that support oral health
- Number of educational materials distributed
- Number of educational sessions with the community
- Number of trainings with medical & dental providers

Evaluation Methods

TCOHP will use a mixed methodology evaluation method, using both quantitative and qualitative data, to increase confidence in the validity and reliability of the evaluation results. Depending on the stage of the program, we will use either formative, process, outcome or impact evaluation methods.

By using a mixed methodology, we hope to paint a detailed picture of program activities, progress, and challenges. Quantitative data can be used to show changes in health outcomes over time, while qualitative data provide stories, justification, or an explanation as to why we see trends in the quantitative data.

EVALUATION FOCUS

Evaluation Standards

In order to assess the quality of our evaluation activities, TCOHP adopted the evaluation standards developed by the Joint Committee on Educational Evaluation, which were further accepted by the CDC. There are four evaluation standards:

1. Utility standard: Evaluation serves the needs of intended users and target population.
2. Feasibility standard: Realistic, prudent, diplomatic, and frugal
3. Propriety standard: Conducted legally, ethically, and in the interest of intended users and target population
4. Accuracy standard: Convey technically adequate information about program features that determines the worth and merit of the TCOHP.

DATA COLLECTION

Data Collection

TCOHP will use both qualitative and quantitative data for its program evaluation, as well as data from primary and secondary sources. Secondary data will be collected where available, including from the following sources:

- The California Dental Association for System of California Oral Health Reporting (SCOHR)
- Trinity County Office of Education for Kindergarten oral health assessment data
- Trinity County Office of Education and the California Department of Education Ed-Data for demographic data
- Medi-Cal Dental Program utilization data will be collected annually
- Maternal Infant Health Assessment survey (MIHA) data
- Office of Statewide Planning and Development data (ED visits, etc.)
- California Dept. of Education free and reduced price lunches in school data, collected annually.
- Medical-Dental integration data (aggregate) will be collected as it is available.
- Trinity Smiles Program screening forms (aggregate)
- National Health Interview Data
- National Health and Nutrition Examination Survey
- National Cancer Institute: Surveillance, Epidemiology and End Results Program
- Partnership Health Plan of California
- Annual State Reports

Primary quantitative data will include surveys, pre-and post-test assessments, and questionnaires. Other sources may include attendance rosters and meeting minutes from TCOHAC meetings.

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DATA COLLECTION

Qualitative data will come in the form of key informant interviews, focus groups, feedback from public meetings or questionnaires and any subsequent interviews conducted with stakeholders at various stages of program development.

The program coordinator will be responsible for oversight, coordination and collection of data generated by program activities. Data will be stored using a combination of hard copy and electronic methods. Data collected in hard copy format will be scanned and entered onto excel spreadsheets and stored on County Servers. Any data containing PHI or other sensitive information will be stored according to HIPAA guidelines.

The core evaluation team over the course of the project will consist of a public health analyst (lead evaluator), Trinity County Oral Health Program Coordinator (data manager), and Health Education Supervisor. A consultant or contractor may also be retained for specific purposes, such as conducting analysis of primary and secondary data collected for the Needs Assessment, or as an outside evaluator over the course of the Program Evaluation. The core evaluation team will analyze and interpret the data. Members of the TCOHAC evaluation workgroup as well as TCOHAC membership will be included in interpreting and justifying conclusions.

Evaluation Plan Grid

Refer to the Evaluation Plan Grid (Appendix C) for a summary of the data collection and analysis plans for the evaluation. Evaluation activities and data collection are ongoing throughout the LOHP, though specific indicators may be monitored on a quarterly or monthly basis depending on program activities. The Evaluation Plan Grid also contains linkages to the goal areas of the 2019-2022 Trinity County Oral Health Improvement Plan.

ANALYSIS & INTERPRETATION

Analysis

Quantitative data will be analyzed using basic, descriptive statistics. More advanced analyses can be performed in Stata by the public health analyst, if required. Quantitative data will include:

- KOHA annual data, compared across years
- # of students screened, meetings, educational sessions, etc.
- FTEs utilized by program

Qualitative data comes from the community surveys, questionnaires, interviews with stakeholders and/or the general public, focus groups, and feedback from meetings and community forums. Interview, focus group, survey data will be analyzed with Content Analysis to determine common themes. Where possible, linkages between quantitative and qualitative data will be made clear.

Interpretation

The Evaluation Team will review the results and discuss evaluation conclusions. Data will be evaluated against the benchmarks established prior to implementation, taking into account the intended program goals and performance measures. Justification of conclusions will also include a discussion summarizing the likely mechanism(s) of change. Evaluation and Evaluation Summary reports will be developed. The report will include the processes used during analysis, recommendations and lessons learned.

REPORT & DISSEMINATION

Dissemination

The EP will be disseminated to stakeholders, TCOHAC members, Trinity County Public Health, and CDPH in a timely manner to generate learning opportunities. A variety of channels and formats will be used as determined by the Communication Plan found in Appendix B. The Program Coordinator and TCOHAC members will disseminate the evaluation findings.

Use

The evaluation findings will be used to help the TCOHP make informed decisions and refine program activities to be as effective as possible. Possible uses of the evaluation findings are to:

- Support program activities and decisions
- Ensure accountability to adjust when things aren't working
- Build awareness around our program and the issues it addresses
- Leverage support from stakeholders
- Discover and share new knowledge
- Replicate or scale successful program or models
- Develop recommendations for next steps
- Make adjustments to the evaluation design or process

Refer to the Communication Plan (Appendix D) for details on implementation of evaluation findings.
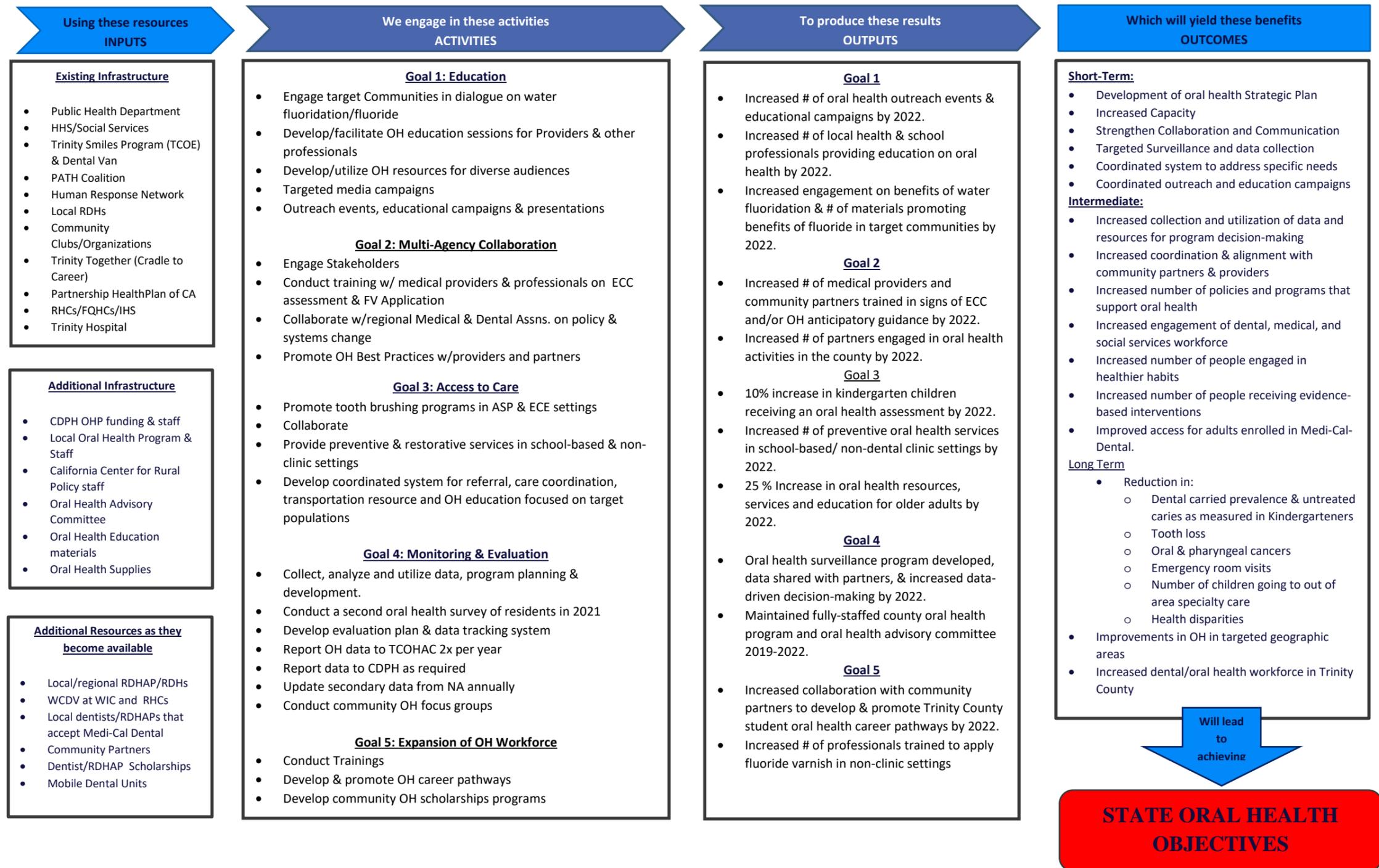
Stakeholders

Those involved in program operations	Those served or affected by the program	The primary users of the evaluation

Oral Health Program Staff
Oral Health Advisory Committee Members:
■ Shasta-Trinity Head Start
■ Trinity County Office of Education
■ Trinity County Behavioral Health
■ Trinity County Health & Human Services
   o Adult Services Program
■ Human Response Network
   o Tobacco Prevention
   o Home Visiting Program
   o Early Head Start
   o Prevention Services
   o Perinatal Services
   o Trinity County First 5
■ Trinity County Public Health
   o Trinity County WIC Program
   o Trinity County NEOP/SNAP-ED
   o Trinity County CHDP
   o Trinity County MCAH
■ Southern Trinity Health Services
■ Mountain Communities Healthcare District Clinics
■ Redding Rancheria-Trinity Health Center
■ Partnership HealthPlan of CA
	Program Target Populations:
	■ Children 0-5 years of age and their parents
	■ School-aged Children
	■ Pregnant Women
	■ CWSHN
	■ Adults with disabilities, older adults and caregivers
	
	Elementary, Middle & High Schools
	Parents
	Teachers
	Medical Providers
	Dental Providers
	Community members
	
	Clients, Patients and Participants of:
	■ Southern Trinity Health Services
	■ Mountain Communities Healthcare District Hospital and Clinics
	■ Redding Rancheria-Trinity Health Center
	■ Partnership HealthPlan of CA
	■ Trinity County WIC
	■ Trinity County Public Health Nursing
	■ Trinity County Office of Education
		PH/LOHP Staff involved in program operations
		Community Partners/Stakeholders
		Epidemiologists
		Researchers
		CDPH Oral Health Program
		Public Health
		Oral Health/Dental/Medical Associations
		Oral Health Programs
		Health Care Organizations
		Health Programs
		Health Care Providers
		Dental Providers

Logic Model

Using these resources — INPUTS

Existing Infrastructure

- Public Health Department
- HHS/Social Services
- Trinity Smiles Program (TCOE) & Dental Van
- PATH Coalition
- Human Response Network
- Local RDHs
- Community Clubs/Organizations
- Trinity Together (Cradle to Career)
- Partnership HealthPlan of CA
- RHCs/FQHCs/IHS
- Trinity Hospital

Additional Infrastructure

- CDPH OHP funding & staff
- Local Oral Health Program & Staff
- California Center for Rural Policy staff
- Oral Health Advisory Committee
- Oral Health Education materials
- Oral Health Supplies

Additional Resources as they become available

- Local/regional RDHAP/RDHs
- WCDV at WIC and RHCs
- Local dentists/RDHAPs that accept Medi-Cal Dental
- Community Partners
- Dentist/RDHAP Scholarships
- Mobile Dental Units

We engage in these activities — ACTIVITIES

Goal 1: Education

- Engage target Communities in dialogue on water fluoridation/fluoride
- Develop/facilitate OH education sessions for Providers & other professionals
- Develop/utilize OH resources for diverse audiences
- Targeted media campaigns
- Outreach events, educational campaigns & presentations

Goal 2: Multi-Agency Collaboration

- Engage Stakeholders
- Conduct training w/ medical providers & professionals on ECC assessment & FV Application
- Collaborate w/regional Medical & Dental Assns. on policy & systems change
- Promote OH Best Practices w/providers and partners

Goal 3: Access to Care

- Promote tooth brushing programs in ASP & ECE settings
- Collaborate
- Provide preventive & restorative services in school-based & non-clinic settings
- Develop coordinated system for referral, care coordination, transportation resource and OH education focused on target populations

Goal 4: Monitoring & Evaluation

- Collect, analyze and utilize data, program planning & development.
- Conduct a second oral health survey of residents in 2021
- Develop evaluation plan & data tracking system
- Report OH data to TCOHAC 2x per year
- Report data to CDPH as required
- Update secondary data from NA annually
- Conduct community OH focus groups

Goal 5: Expansion of OH Workforce

- Conduct Trainings
- Develop & promote OH career pathways
- Develop community OH scholarships programs

To produce these results — OUTPUTS

Goal 1

- Increased # of oral health outreach events & educational campaigns by 2022.
- Increased # of local health & school professionals providing education on oral health by 2022.
- Increased engagement on benefits of water fluoridation & # of materials promoting benefits of fluoride in target communities by 2022.

Goal 2

- Increased # of medical providers and community partners trained in signs of ECC and/or OH anticipatory guidance by 2022.
- Increased # of partners engaged in oral health activities in the county by 2022.

Goal 3

- 10% increase in kindergarten children receiving an oral health assessment by 2022.
- Increased # of preventive oral health services in school-based/ non-dental clinic settings by 2022.
- 25 % Increase in oral health resources, services and education for older adults by 2022.

Goal 4

- Oral health surveillance program developed, data shared with partners, & increased data-driven decision-making by 2022.
- Maintained fully-staffed county oral health program and oral health advisory committee 2019-2022.

Goal 5

- Increased collaboration with community partners to develop & promote Trinity County student oral health career pathways by 2022.
- Increased # of professionals trained to apply fluoride varnish in non-clinic settings

Which will yield these benefits — OUTCOMES

Short-Term:

- Development of oral health Strategic Plan
- Increased Capacity
- Strengthen Collaboration and Communication
- Targeted Surveillance and data collection
- Coordinated system to address specific needs
- Coordinated outreach and education campaigns

Intermediate:

- Increased collection and utilization of data and resources for program decision-making
- Increased coordination & alignment with community partners & providers
- Increased number of policies and programs that support oral health
- Increased engagement of dental, medical, and social services workforce
- Increased number of people engaged in healthier habits
- Increased number of people receiving evidence-based interventions
- Improved access for adults enrolled in Medi-Cal-Dental.

Long Term

- Reduction in:
  - Dental carried prevalence & untreated caries as measured in Kindergarteners
  - Tooth loss
  - Oral & pharyngeal cancers
  - Emergency room visits
  - Number of children going to out of area specialty care
  - Health disparities
- Improvements in OH in targeted geographic areas
- Increased dental/oral health workforce in Trinity County

Will lead to achieving

STATE ORAL HEALTH OBJECTIVES

Evaluation Plan Grid

Evaluation Question	Goal Area	Performance Measure	Data Source	Evaluation Method	Analysis Method
I. Has awareness of preventive oral health practices increased as a result of educational strategies identified in the Oral Health Improvement Plan?	Goal Area 1: Education	- Increased # of oral health outreach events & educational campaigns by 2022. - Increased # of local health & school professionals providing education on oral health by 2022. - Increased engagement on benefits of water fluoridation & # of materials promoting benefits of fluoride in target communities by 2022.	- Trinity County Public Health annual data collection - Trinity County Office of Education (TCOE) - Trinity County Public Health annual data collection	- Quantitative - Quantitative - Quantitative	- Increase or decrease in # of events and campaigns - Increase or decrease in # of professionals providing education - Increase or decrease in # of community events and materials distributed around fluoride
II. Has multi-agency collaboration improved access to care and oral health infrastructure?	Goal Area 2: Multi-Agency Collaboration Grantee Objective 7	- Increased # of medical providers and community partners trained in signs of ECC and/or OH anticipatory guidance by 2022. - Increased # of partners engaged in oral health activities by 2022. - Increase collaboration with partners to implement prevention policies in school-based and other settings by 2022	- Trinity County Public Health annual data collection, dental clinics - Trinity County Public Health - Trinity County Public Health internal records	- Quantitative - Quantitative - Mixed Methods (interviews with stakeholders; review of internal records)	- Increase or decrease in # of providers and partners trained - Increase or decrease in # of partners engaged - Increase in guidance documents provided to schools, increase in partners, increase in participating schools, stakeholder satisfaction
III. Has access to oral health care improved for vulnerable residents in Trinity County as a result of strategies identified in the Oral Health Improvement Plan?	Goal Area 3: Access to Care	- 10% increase in kindergarten children receiving an oral health assessment by 2022. - Increased # of preventive oral health services in school-based/ non-dental clinic settings by 2022. - 25% Increase in oral health resources, services and education for older adults by 2022.	- Annual KOHA data - TCOE, Head Start preschools, mobile dental van - Trinity County Public Health, senior centers, dental clinics	- Quantitative - Quantitative - Quantitative	- Increase or decrease in KOHA assessments - Increase or decrease in services - Increase or decrease in # of services, resources, education sessions

IV. Is the value of the program activities greater than the cost investment in them?	Goal Area 4: Monitoring & Evaluation	- Oral health surveillance program developed, data shared with partners, & increased data-driven decision-making by 2022.	- Trinity County Public Health	- Mixed Methods (interviews with stakeholders, decision-makers; # of data sharing agreements)	- Increase in data sharing agreements; stakeholder satisfaction with data
		- Maintain fully-staffed county oral health program and oral health advisory committee for 2019-2022.	- Trinity County Public Health	- Mixed Methods (interviews with decision-makers; # of members)	- Increase in members; member satisfaction
	Grantee Objective 5	- Develop an Evaluation Plan to monitor progress by 2020	- Trinity County Public Health	- Mixed Methods (meeting records, interviews with staff)	- Completed Evaluation Plan, staff and member satisfaction with process
	Addendum	- The cost savings (in health $) associated with program activities is greater than FTE investment.	- Trinity County Public Health	- Mixed methods (cost-benefit analysis)	- FTE/$ per year, # of objectives accomplished; quality of accomplishments
V. Is capacity in place to develop and implement the OHP as it was designed?	Grantee Objective 1	- # of OHP staff (FTE) - # of OHP staff (FTE) needed - # of trainings available - # of trainings attended per staff member - Effectiveness of training	- Trinity County Public Health internal records	- Mixed methods (training records; staff surveys, etc.)	- Increase in # of positions over time, proportion of positions filled, & trainings attended per year; Increase in staff satisfaction with training effectiveness
	Grantee Objective 2	- Capacity to produce a needs assessment	- Trinity County Public Health internal records	- Mixed methods (meeting records; member surveys, etc.)	- Needs assessment instrument identified, completed needs assessment, member satisfaction with process
	Grantee Objective 3	- Capacity to inventory resources to address oral health needs in vulnerable communities	- Trinity County Public Health internal records	- Mixed methods (meeting records; member surveys, etc.)	- Completed and published assets map, community survey conducted, member satisfaction with process
	Grantee Objective 4	- Capacity to produce an oral health improvement plan	- Trinity County Public Health internal records	- Mixed methods (meeting records; member surveys, etc.)	- Completed Improvement Plan & Action Plan, qualitative description of communications flow, member satisfaction with process
VI. Has the OHP developed sufficient workforce	Goal Area 5: Expansion of	- Increased collaboration with community partners to develop &	- Trinity County Public Health	- Mixed Methods (interviews with	- Increase in # of collaborations; increase in perceived quality of

				stakeholders; # of collaborations)	career pathways
capacity and infrastructure to maintain the program and improve oral health in the community?	Workforce	promote Trinity County student oral health career pathways by 2022.			
		- Increased # of professionals trained to apply fluoride varnish in non-clinic settings	- Trinity County Public Health	- Quantitative	- Increase or decrease in # of professionals trained
	Grantee Objective 1	- # of staff required to maintain OHP activities	- Trinity County Public Health	- Quantitative	- Increase or decrease in # of staff, vacancies, & trainings
		- # of staff hired			
		- # of vacancies			
		- # of trainings scheduled and attended by staff			
		- Increased oral health knowledge among OHP staff			
	Grantee Objective 6	- Implemented evidence-based programs to achieve CA Oral Health Plan Objectives by 2022	- Trinity County Public Health internal records, secondary oral health data (KOHA)	- Mixed Methods (interviews with stakeholders; changes in population health data)	- Member satisfaction with programs, decrease in cavities in young children, increase in sealant application, increase in culturally-relevant educational materials provided, increase in children screened.
	Grantee Objective 8	- Increase promotion of protective oral health factors and collaboration with dental offices to address tobacco and sugar consumption	- Trinity County Public Health internal records	- Mixed Methods (interviews with stakeholders; review of records)	- Increase in # of dental offices that receive information, increase in # of trainings and attendance, stakeholder satisfaction.

Communications Plan

Key Measure Description	Audience of Communication	Mode of Delivering Information	Frequency of Delivering Information	Person Responsible for Communication
1. Number of children who receive sealants, fluoride varnish, or other preventative services	• TCOE • FQHCs/RHCs/IHS • Mountain Communities Healthcare District • Public Health • CDPH • Partners/Stakeholders • Community	- Trinity County Public Health Website/TCOHP Webpage - TCOH Advisory Committee Meeting - TCOHP Newsletter - Progress Report - Community Coalition meetings - Letter to Superintendent	Bi-Annually	Program Coordinator
2. Number of meetings with partner organizations focused on the 0-5 population	• TCOE • School Districts • TC Oral Health Advisory Committee • CDPH • Public Health • Partners/Stakeholders • Community	- Trinity County OHP Webpage - TCOH Advisory Committee Meeting - Progress Report - Trinity County Oral Health Program - Letter to Superintendents - Community Coalition Meetings	Bi-Annually	Program Coordinator
3. Reduction in emergency room visits for non-traumatic dental conditions	• CHDP • PHC (Managed Care) • FQHCs/RHCs/IHS • Public Health • CDPH • Partners/Stakeholders • Community	- Trinity County Public Health Website/TCOHP webpage - Letter to CHDP Providers - TCOH Advisory Committee Meeting - Progress Report - Trinity County Oral Health Program	Annually	Program Coordinator
4. Number of policies that support oral health	• Partners/Stakeholders • TCOH Advisory Committee • Public Health • TCHHS • CDPH • Professional Health/Dental Assns.	- Trinity County Public Health Website/TCOHP Webpage - TCOH Advisory Committee Meeting - Progress Report - Trinity County Oral Health Program - TCOHP Newsletter	Annually	Program Coordinator
5. Number of educational materials distributed	• Partners/Stakeholders • TCOH Advisory Committee • CDPH • Public Health • TCOE	- Trinity County Public Health Website/TCOHP Webpage - TCOH Advisory Committee Meeting - Progress Report - Trinity County Oral Health Program - TCOHP Newsletter	Bi-Annually	Program Coordinator

6. Number of educational sessions with the community	• Partners/Stakeholders • Public Health • CDPH • TCOH Advisory Committee • CHDP • HIS/FQHCs/RHCs	- Trinity County Public Health Website/TCOHP Webpage - TCOH Advisory Committee Meeting - Progress Report - Trinity County Oral Health Program - TCOHP Newsletter	Bi-Annually	Program Coordinator
7. Number of trainings with medical and dental providers	• Partners/Stakeholders • Public Health • CDPH • TCOH Advisory Committee • CHDP • PHC • HIS/FQHCs/RHCs • Professional Health/Dental Assns.	- Trinity County OHP Webpage - TCOH Advisory Committee Meeting - Progress Report - Trinity County Oral Health Program - Letter to Superintendents	Bi-Annually	Program Coordinator