LOOKING BACK TO MOVE FORWARD:

County of San Luis Obispo Local Oral Health Program 2018-2022 Final Evaluation Report

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COUNTY OF SAN LUIS OBISPO
HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

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TABLE OF CONTENTS

1. EXECUTIVE SUMMARY **1**

2. AIMS **2**

3. INTRODUCTION **4**

4. EVALUATION METHODS AND DESIGN **9**

5. RESULTS **10**

6. DISCUSSION, ACTIONABLE RECOMMENDATIONS, AND LESSONS LEARNED **16**

7. APPENDICES **32**

EXECUTIVE SUMMARY

In 2017-2022, the San Luis County Oral Health Program (OHP) committed itself to improving the oral health status of the population within our county. Its main goal was to decrease dental caries experience in children. To achieve this goal, the OHP provided services such as dental screenings, fluoride varnish applications, teeth cleanings, referrals & case management, outreach, and education. In addition to these services the OHP felt a responsibility to recruit and expand Medi-Cal dental providers & auxiliary staff and maintain an active OH Coalition.

Data from previous years showed high caries rates in school aged children. This was partly due to lack of access to dental care and low Medi-Cal utilization amongst beneficiaries. These issues were associated primarily with low-income and minority populations that qualify and or have Medi-Cal benefits.

The purpose of the evaluation was to determine what aspects of the Oral Health Program were successful and what needs revision. These findings will be used to tailor future programming and to provide stakeholders with a cumulative report of the work completed in the last 5 years.

The methods used in this report were primary data, secondary data, and anecdotal data. Most of the data collected and reported was quantitative data, however, some qualitative data was also used.

Some of the key results from the OHP's programming efforts were: increased fluoride applications; established school-based or school-linked dental sealant programs in 17 schools by 2021; increased the percentage of children on Medi-Cal Dental who visit the dentist at least once annually, especially in the below 1yr age group which had an increase of 157.2% by 2019; added 4 new Medi-Cal dental providers to the County; and lastly, saw a decrease in percent of children with untreated decay enrolled in Head Start and State Preschools.

Increasing the scope of work for oral health education, dental screenings, and partnership collaboration enabled the OHP to have a greater impact on the oral health status of children. This was done by reducing the incidence of decay and allowing the completion of many of the objectives outlined in the report. Creative thinking and compromise are fundamental in continuing successful program implementation. Consistency in scheduling, outreach events, and leveraging partnerships have provided better outcomes when working with the community and target population.

AIMS

Since the hiring of the first Oral Health Program Manager (OHPM) in 2011, the mission of the San Luis Obispo Oral Health Program (OHP) has been to develop and maintain countywide efforts that contribute to the improvement of oral health outcomes. This means providing dental screenings in the community, referrals & case management, data collection/reporting, and maintaining an Oral Health Coalition. In 2018, the team of one grew to a team of four which allowed for the expansion of program services. The additional grant funding made it possible for the program to increase community outreach and education, preventive dental services, and expand dental workforce.

All these programming efforts were put in place with the goal of decreasing dental caries experience in children within our county. The purpose of this report is to assess which aspects of our programming were successful in changing oral health outcomes positively and what wasn't successful.

The evaluation questions posed were the following:

1. What progress has been made towards the 14 objectives identified in the SLO Oral Health Improvement plan?

2. What have been the changes in prevention activities (e.g., screenings, fluoride varnish and sealants) and how have they affected the decay experience in children in SLO County?

3. What have been the changes in access to dental providers and how have those changes impacted the utilization rates in the county?

4. How has the OHP developed an oral health surveillance system and utilized its findings to improve programs?

The purpose of these questions was to serve as a guide for the evaluation plan. These questions helped determine how well the program was implemented and if it led to any significant changes.

The key indicators for LOHP program success were the following:

1. Percent of children with decay experience (Head Start & California State Preschool and Kindergarten & Third Grade)

2. Percent of children with untreated decay (Head Start & California State Preschool and Kindergarten & Third Grade)

3. Percent of third grade children with dental sealants

4. Number of schools with a dental sealant program

5. Percent of Medi-Cal children with a dental visit (1 year, 1-2 years, 3-5 years, 6-9 years, 10-14 years, and 15-18 years)

6. Number of children (children 0-5 years) receiving a fluoride varnish through the SLO County Oral Health Program

7. Number of children (children 0-5 years) receiving 3 or more fluoride varnish applications per year through the SLO County Oral Health Program

8. Number of Medi-Cal children receiving a fluoride varnish by a CenCal Health professional

9. Number of SLO County private practice pediatric and general dentists with a full-fee license enrolled in Medi-Cal

10. Number of SLO County private practice pediatric and general dentists with a full-fee license enrolled in Medi-Cal taking new patients

11. Number of dental assistants receiving RDA training through a SLO County sponsored program

12. Number of hygienists receiving RDHAP training through a SLO County sponsored program

13. Number of SLO County residents with fluoridated water

In most cases, progress made on these indicators should be reflective of successful program implementation.

INTRODUCTION

Intended Use of the Evaluation

Since early 2018, the San Luis Obispo County Oral Health Program (OHP) has grown and expanded. Increasing program activities based on LOHP grant objectives, require a summative evaluation to judge the overall effectiveness of our program. We will evaluate program activities and their respective outcomes to assess our successes and short comings. We will note best practices as the next grant cycle approaches.

Need

SLO County includes seven cities and several unincorporated communities, with a population of over 283,000. With a large industry of agriculture, grape growing and wine production, several communities in SLO are home to service industry employees, migrant farm workers, and their families. Countywide, the population is 69% non-Hispanic white and 23% Hispanic. Although only 11% of SLO County's population lives below the Federal Poverty Level (FPL), a substantial portion of the County's population lives near poverty. In February 2018, there were 59,767 Medi- Cal beneficiaries in SLO County (21% of the County's population). Almost half (46%) of SLO County's Medi-Cal beneficiaries is aged 0-21 years old. Only about half of these Medi-Cal beneficiaries use their Medi-Cal Dental benefits. This issue goes together with the lack of access to dental care within the County, which also contributes to the high caries rates found amongst the youth population.

A 2008-9 survey of 716 county preschoolers, ages 3-5 years, found that 57% of the children had decay experience. When stratified by geographic region, children living in the northern regions of the county, where a majority of low-income and migrant families reside, had the highest prevalence of decay experience and untreated tooth decay. In 2010-2011, an elementary school screening survey of a representative sample of kindergarten and third grade children (N=1,642), from 15 public elementary schools, found that 52% of the kindergarten and third grade children had decay experience and 12% had untreated tooth decay. Among third grade children, 42% had dental sealants on at least one permanent molar. In 2016, 45% of the 6–9-year-old dental clinic patients served by Community Health Centers of the Central Coast received dental sealants.

Although SLO County children have slightly better oral health outcomes then the state average, it has significant oral health disparities with low-income and minority children carrying the burden of oral disease. In schools where > 58% of children are eligible for the NSLP, 65% of children have decay experience and 17% have untreated decay. Compared to non-Hispanic white children, Hispanic children have a higher prevalence of decay experience (43% vs. 68%) and untreated decay (10% vs. 16%). The County has approximately 21 elementary schools with a National School Lunch Program (NSLP) of > 50 %.

Stakeholders

Below is a list of Stakeholders (Table 1) determined from the drafting of the OHP Needs Assessment. This list has been revised and edited as dictated by program needs. Stakeholders included, were those involved in program operations, those served or affected the program, and those who were the primary users of the OHP evaluation's findings. Stakeholders were committed and interested in tracking progress, improving prevention and access to clinical services, as well as maintaining a sustainable oral health infrastructure. The Oral Health Coalition has acted as the advisory group for the evaluation of the OHP. In the last 10 years, the Oral Health Coalition has been instrumental in developing and tracking the strategic plans of the Oral Health programming efforts in the County of San Luis Obispo and will continue to do so.

Table 1. Program Stakeholders

Those involved in program operations*	Those served or affected by the program*	The primary users of the evaluation*
• Cal Poly State University	• Paso Robles Housing Authority residents	• CenCal Health
• SLO County Public Health Department	• Peoples' Self-Help Housing residents	• Community Health Centers of the Central Coast (CHC)
• Paso Robles Housing Authority	• Housing Authority of SLO residents	• Smile California—Delta Dental (Medi-Cal Dental)
• Peoples' Self-Help Housing (PSHH)	• CAPSLO beneficiaries	• Oral Health Coalition
• Housing Authority of SLO (HASLO)	• Tri-Counties Regional Center beneficiaries	• Private dentists
• Community Action Partnership of San Luis Obispo County Inc. (CAPSLO)	• Women, Infants and Children (WIC) participants	• SLO County Office of Education
• Promotores Collaborative	• Children's Health and Disability Prevention Program (CHDP)	• Child Health and Disability Prevention Program (CHDP)
	• Food Bank of San Luis Obispo County (Food Bank)	• Central Coast Dental Society
		• Central Coast Dental Hygiene Society
		• First 5 SLO
		• Tolosa Children's Dental Center

	• SLO Medical Education and Research Foundation • Maternal, Child, and Adolescent Health • The Community Foundation San Luis Obispo
*listed stakeholders are in no particular order	

Context

SLO county geographics, industries, and population contributed to the environment that defined the direction of the scope of work implemented by the OHP. As a desirable place to live, SLO attracts high wage earners that have driven the housing market to historic levels. High standards of living vs. near-poverty level lifestyles, as many migrant families experience, have created disparities in access to dental care. An increase in cost of living has expanded the number of community members in need, proportionately increasing the need for dentists who provide Medi-Cal dental services. Lack of an adequate number of these providers has presented the OHP with many challenges in providing access to care. Traditional barriers such as transportation, language, and health literacy continue to be a challenge for many SLO county residents.

Priority Populations

The OHP worked on reaching vulnerable populations, including limited and non-English speaking families, persons with special needs, pregnant women, adolescents, low-income children/adults/seniors. The program's focus was Medi-Cal beneficiaries aged 0-21 years old. Actual target numbers for the different subgroups are laid out in the measurable oral health indicators, outlined previously in the document.

Engagement of Stakeholders

Stakeholders were engaged differently depending on their type of organization (e.g., governmental, nonprofit, and private provider) and their focus area (e.g., educational and medical/dental). Stakeholder engagement varied with the impact of projects they were involved in. Regardless, all Stakeholders remain on the OH Coalition roster. They were sent agendas for bi-monthly meetings and sent yearly reports of OHP program implementation. They were surveyed to access their engagement and interest. Stakeholders, as Coalition members, are engaged informally. Minimal input was received from them that impacted program evaluation.

Schools (e.g., administration staff, faculty, and nurses) were asked to provide feedback on the activities being implemented at their campuses. This feedback gave insight as to how successful projects were, and to the satisfaction of the organization. CAPSLO

engagement was based on willingness to participate in scheduling three school-year screening visits, and by the participation of site managers in oral health education. Non-profit stakeholders engaged by inviting the OHP to educate their staff about the program, and to share ideas on collaboration. 1st Five, SLO County, provided funding to the OHPM. Quarterly reports were submitted, as required, to provide them with progress of program implementation. These reports, with expected outcomes, acted as evaluation tools for OHP outreach.

Since the pandemic, WIC sites have dramatically reduced site visits, preventing the OHP from direct access to their clients. The OHP is in the planning stages of compiling a survey for WIC clients to assess their desire to participate in Dental Days. Upon survey evaluation, the OHP hopes to resume efforts to serve WIC pregnant woman and children. Other attempts were made to access the public during pandemic closures to educate, service and refer. Less success was had at libraries, Peoples' Self-Help Housing (PSHH) and Housing Authority San Luis Obispo (HASLO). With hope of direct access to a subset of our general target population at libraries and low-income housing sites, poor participation from visitors and residents was noted. Efforts are in progress to find better ways to encourage participation at housing sites from discussions between OHP staff and housing site managers.

Stakeholders are engaged indirectly with the dissemination of an evaluation report. A hard copy is shared with close partner agencies. A digital version will be made available on the program's webpage for the public to access and view. The OHP shares news and pertinent information with many community partner stakeholders by email, as a means of communication and collaboration. This sharing of information was used as a tool for input and evaluation by stakeholders. The OHP has become the primary resource for community partners when they are seeking dental knowledge or referrals.

EVALUATION METHODS AND DESIGN

Local dental health advocates in conjunction with the San Luis Obispo Oral Health Program (SLO OHP) have focused on improving oral health outcomes and access to care for our county's youngest and most vulnerable residents since the inception of our program. SLO OHP's priorities have been to identify the community's current health status, to address shortfalls, and build capacity through the collection and dissemination of local oral health metrics. The intent during this process was to use data to understand and determine which interventions were most effective.

Design

The design for this final evaluation consisted of a mixed method approach using primarily quantitative data with some qualitative data. The design used primary data and secondary data sources to complement each other.

Methods

The following are brief descriptions of the main methods used in this evaluation.

Primary data

The primary data sources used in this report include existing project documents and reports such as baseline and endline numbers collected throughout the years. Indicators and performance measures were obtained from primary data sources that include Give Kids a Smile (GKAS), which is coordinated by the Central Coast Dental Society (CCDS). Local primary data has been collected through several different avenues including dental screenings at state funded preschools and Head Start sites in collaboration with First Five. These screenings have allowed the OHP to assess children ages 0-5 and give them the opportunity to receive up to 3 dental screenings with fluoride placement. In addition, WIC clinic sites provided pregnant women, new moms, and babies the opportunity to receive dental education, a visual dental assessment with fluoride varnish placement, and case management. Lastly, the County's Public Health Department dashboard site was a resource to gather local data. The OHP has worked in collaboration with all these partners over the years to screen, assess, and identify children who have extreme dental need, limited resources, and challenges in receiving care. Primary data has allowed the OHP to better track trends over time.

Secondary data

In addition to collecting primary data, secondary data was utilized. The pediatric Medi-Cal enrollee utilization of care and dental caries experience and the System for California Oral Health Reporting (SCOHR) data base were accessed. These data sources played an important role in the OHP's research and development and evaluation of measurables. Secondary data accessed through Medi-Cal allowed the OHP to track what services and benefits were utilized based on billing. SCHOR reporting gave the OHP insights to how many children were seen by a dentist as well as how many children had caries experience prior to completing their first year of school.

Primary and secondary data sources combined gave an overall picture of where the OHP should focus efforts.

Anecdotal data

Primary and Secondary data were a driving factor in the evaluation of our indicators and performance measures. However, anecdotal evidence collected from school nurse meetings hosted by SLO OHP, as well as from other collaborative partners, such as the Child Health and Disability Prevention Program (CHDP), WIC, and First Five, provided the OHP with additional information that went beyond a typical data point. The data that was collected were firsthand accounts from those working directly with children in our county. Their stories were powerful reminders that the statistics presented were tied directly to a child in need in SLO county.

Analyses to quantify indicators or performance measures

SLO OHP compared trends, monitored progress, and determined whether program activities had the desired outcome and met the performance measures for the last 5-year grant cycle.

Data and indicator analyses provided the SLO OHP with descriptive information on demographic and socioeconomic characteristics of SLO county residents. With the data that was presented, SLO OHP developed a crosswalk tool to align program standards. Please see *Appendix C – LOHP Evaluation Grid-Crosswalk.* This crosswalk tool was intended to assist the OHP in recognizing activities that would improve and contribute to strengthening the capacity of care for our Medi-Cal population and acted as a guide for monitoring health status, as well as collection, analysis, and dissemination of data to our stakeholders and the public at large.

Limitations

Limitations that impacted our evaluation methods and data sources include several factors. Secondary data sources often had outdated information and were not necessarily reflective of the current status in our county. In addition to working with old secondary data, the OHP did not have refined data collection methods in place for primary data. This contributed to inconsistencies in data output. The COVID 19 pandemic caused numerous delays as our OHP staff was reallocated to Disaster Service Work (DSW) leaving gaps in data collection and outreach activities. However, even with the limitations that the OHP was presented with, work that aligned with our objectives was able to be accomplished. The OHP has refined and made changes in primary data collection as our program grew and continues to do so as the need arises.

Conclusion

The combined data sources, methods, and analyses of performance measures indicates that there has historically been access to care issues resulting in less utilization of dental services in San Luis Obispo County. SLO OHP has made efforts aimed at identifying and assessing needs for the highest risk populations hoping to contribute to a problem resolution during the last 5-year grant cycle.

RESULTS

This evaluation report focuses on four main questions:

- What progress has been made towards the 14 objectives identified in the SLO Oral Health Improvement plans?
- What have been the changes in prevention activities (e.g., screenings, fluoride varnish, and sealants) and how have they affected the decay experience of children in SLO County?
- What have been the changes in access to dental providers and how have those changes impacted the utilization rates in the county?
- How has the OHP developed an oral health surveillance system and utilized its findings to improve programs?

This section begins with a descriptive overview on the progress of the 14 objectives set for the grant period (2018-2022). Primary and secondary data gathered over the years was used to assess and determine whether the objective was met. See *Appendix B - List of the OHP's 14 Objectives* that guided oral health programming in San Luis Obispo County. Also, *Appendix D - Final 2022 Evaluation Plan Grid* offers a more simplified version on the status of objectives. The section following the descriptive overview of the objectives addresses the rest of the evaluation questions.

I. Progress towards objectives

Increase the number of children receiving topical fluoride varnish through community programs in schools, early childhood centers, WIC, and low-income housing projects by 10% by the end of 2019, and 5% more annually over the next three years

The San Luis Obispo OHP fluoride varnish program targets low-income children at a higher risk for caries. Early intervention minimizes caries re-occurrence and reduces some of the risk factors associated with the child even though the conditions that caused the cavity still exist.

Despite challenges brought on by the 2020 COVID 19 Pandemic, the number of children receiving topical fluoride varnish through programmatic activities in the community was partially met. In 2018, a total of 359 school children ages 0-12, received a fluoride varnish application. This number was used as a baseline for the next four years. In 2019 the OHP was able to facilitate 1,328 fluoride varnish applications. This was a 270% increase over the prior year. In 2020, a total of 623 fluoride varnish applications were applied. This is a 74% increase from baseline but a 53% decrease from the previous year. In 2021 the OHP placed fluoride varnish on 436 children, a 21 % increase from our baseline and a 30% decrease from year 2020. To date, the OHP has completed 517 fluoride varnish applications. This number is reflective of the first six months of year 2022 with the expectation to increase that number pending no further

pandemic restriction changes. Table 2 shows the numbers as well as the changes from year to year.

Table 2. Number of children receiving topical fluoride varnish (Fl. V.) through a community program by year

Year	*# of children*	*% Change- baseline*	*% Change- yearly*
2018	*359*	*-Baseline-*	*-Baseline-*
2019	*1,328*	*270 % increase*	*270 % increase*
2020	*623*	*74 % increase*	*53 % decrease*
2021	*436*	*21 % increase*	*30 % decrease*
2022	*517*	*44 % increase*	*19 % increase*

Moving forward with the next 5-year grant cycle, the San Luis Obispo OHP plans to continue working towards closing the oral health gap by increasing the number of fluoride varnish applications placed.

Increase the number of children receiving fluoride varnish from a non-dental health provider by 10% by the end of 2019, and 5% more annually over the next three years

In 2009, Assembly Bill 667, topical fluoride legislation allowed anyone working in a public health setting to apply fluoride varnish in accordance with a prescription and protocol established by a dentist or physician. Amended sections of the existing law now allowed all dental and medical professionals, as well as non-healthcare individuals such as teachers, parents, *Promotores*, and community health workers to apply fluoride varnish. As it stands, children in San Luis Obispo County can receive fluoride varnish from three sources: their dental home, their pediatrician or primary care provider, and/or the San Luis Obispo OHP.

Below is a short table (Table 3) depicting the number of children receiving fluoride varnish from non-dental health providers. This data comes from CenCal Health's Fluoride Varnish Treatment Utilization Reports. These reports include the number of fluoride varnish applications that were filed by non-dental healthcare professionals in the county for reimbursement from the local federally qualified healthcare center (FQHC).

Only part of this objective was met. By the end of 2019 there was roughly a 28% increase in the number of children receiving fluoride varnish from a non-dental health provider from the previous year (2018). However, the numbers went on a slow decline

over the next years due to the given circumstances and post-COVID-19 pandemic environment. The initial approach used to meet this objective indirectly, was by offering fluoride varnish application trainings to auxiliary medical staff at the local FQHC. The second and most recent activity was the collaboration between the same local FQCH in a six-month quality improvement project to increase the number of fluoride varnish applications to children 0-5 at one of their sites.

Table 3. Number of children receiving fluoride varnish from a non-dental health provider by year

Year	*# of children*	*% Change—baseline*	*% Change—yearly*
2018	*3,428*	*-Baseline-*	*-Baseline-*
2019	*4,379*	*28% increase*	*28% increase*
2020	*3,367*	*2% decrease*	*23% decrease*
2021	*3,315*	*3% decrease*	*1.5% decrease*
2022	*1,531**	*55% decrease*	*54% decrease*
Grand Total	*16, 020*		

*This number is only representative of the fluoride varnish applications in the first and second quarter in 2022, January - June.

Moving forward, for the next grant cycle, the LOHP plans to continue to expand the quality improvement project to other centers within the FQHC system and other non-dental Medi-Cal providers in the county. The OHP would like to continue to increase the number of children receiving fluoride varnish from a non-dental health provider.

Establish school-based or school-linked dental sealant programs in at least three schools by September 2019, with an additional one school annually for the following three years

Local county data on the presence of dental sealants among third grade students was available from a 2010-2011 screening survey. The data showed that of 852 third grader screened, 58.4% of them did not have dental sealants. This data showed there was a need for school-based/school-linked dental sealant programs.

Like previous objectives, this one was also met, but not without impact from the COVID-19 pandemic. In academic year 2018-2019, plans for school-based/school-linked programs were on track to offer dental services to students on several campuses throughout SLO County. By the end of that same academic year, a total of 12 elementary school campuses, from two different school districts, had well established

school-based dental sealant programs. These programs offered dental sealants and other preventive services. In the beginning of school year 2019-2020, an additional 5 schools were added bringing up the total of schools to 17. Sealant programs were primarily offered at schools where 50% or more of the student body participated in the FRPM program; nine of the 17 schools met the criteria. As existing sealant programs drew more attention and grew in popularity, other school districts were interested establishing programs at their schools—San Miguel, Shandon, and Paso Robles Unified School Districts. Unfortunately, in early spring of 2020 all school-based/school-linked dental sealant programs were ended due to the COVID-19 pandemic and school closures. During the 2021-2022 school year, school-based/school-linked programs were reinstated in 7 schools, with 3 schools receiving services by the end of the school year. Table 4 below shows the growth and sudden shrinking of the school-based/school-linked dental sealant programs in San Luis Obispo County.

Table 4. Number of school-based or school-linked (SB/SL) dental sealant programs in schools by academic year

Academic Year	*# of SB/SL sealant programs*	*Baseline/Goal*	*% Change-baseline*	*% Change-yearly*
2018/2019	*0*	*0*	*---*	*---*
2019/2020	*12*	*3*	*300% increase*	*300% increase*
2020/2021	*17*	*4*	*325% increase*	*42% increase*
2021/2022	*7*	*5*	*40% increase*	*59% decrease*

Moving forward and pending pandemic restriction changes, school-based/school-linked dental sealant programs are projected to resume in 2022-2023 in the 7 schools. The previous sealant programs had proved successful in treating Medi-Cal dental insured children on school campuses. Schools and families were just starting to develop familiarity and comfort with the project. The hope is to continue on-campus preventive services provided by an RDHAP, supported by the SLO LOHP, increasing the number of children receiving services.

Increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and their parents

The County of San Luis Obispo Oral Health Program has been offering services that provided anticipatory guidance and education on oral health to children and their parents since 2014. By 2018, the OHP had well established partnerships across the nonprofit and education sectors. It had a well working relationship with First 5 San Luis Obispo and the Cal Poly Student Dental Club.

Before 2018, programmatic activities were informational. The education sessions that were provided to parents and children lasted between 10-15 min and became known as "informal" education. After 2018, with the growth of the program, the OHP began more structured educational presentations that were anywhere from 20-60 minutes. These longer presentations became what was considered "formal" education and is what is being reported in the tables below.

Table 5. Number of "formal" education sessions to parents in the community by year

Year	*# of sessions*	*# of parents*	*% Change-baseline*	*% Change-yearly*
2018	*2*	*45*	*-Baseline-*	*-Baseline-*
2019	*11*	*128*	*450% increase*	*450% increase*
2020	*9*	*95*	*350% increase*	*18.2% decrease*
2021	*20*	*181*	*900% increase*	*122.2% increase*
2022	*5*	*46*	*150% increase*	*75% decrease*
Cumulative 2018-2022:	*47*	*495*	*---*	*---*

Table 6. Number of "formal" education sessions to students in the community by year

Year	*# of sessions*	*# of students*	*% Change-baseline*	*% Change-yearly*
2018	*2*	*92*	*-Baseline-*	*-Baseline-*
2019	*8*	*601*	*300% increase*	*300% increase*
2020	*2*	*108*	*0% increase*	*75% decrease*
2021	*1*	*36*	*50% decrease*	*50% decrease*
2022	*7*	*125*	*250% increase*	*600% increase*
Cumulative 2018-2022:	*20*	*962*	*---*	*---*

Other than the change from "informal" to "formal" education, there was also an increase in partnerships developed over the years. One new partnership was with the local Children's Health and Disability Prevention Program (CHDP). Together we delivered Fluoride Varnish Application trainings to medical staff. The main goal of these trainings was to help increase medical staff's knowledge on the benefits of fluoride varnish so could speak with parents and better advocate on this topic. Another partnership formed after 2018 was with CAPSLO. Through this partnership the OHP was able to provide education to parents, teachers, family advocates, and site supervisors (a total of 169 CAPSLO staff).

The OHP also expanded its programming in the education sector. Oral health education curriculum was delivered to kindergarten age students up to sixth grade. The same curriculum was also shared with school nurses and faculty to be implemented in the classroom when Oral Health Program staff was not able to present.

In the last year, despite the post-pandemic conditions, the OHP continued to increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and their parents. Program staff was able to access dental staff and held virtual dental provider trainings on Rethink Your Drink (RYD). As explained in Table 7, three different trainings were held through Zoom. Overall, the COVID-19 pandemic affected the Oral Health Program's programming efforts in this objective, however, it did not completely halt all efforts. Moving forward the Oral Health Program intends to continue to grow and increase the current programmatic activities, as well as expand into other sectors. For example, grow Tobacco Cessation Training and resource services to dental practices in the county and better engage with community health workers, such as the *Promotores Collaborative of San Luis Obispo*. Increasing these efforts will enrich relationships with community partners leading to better oral health education for families.

Table 7. Number of RYD trainings to providers in the community by year

Year	*# of RYD trainings*	*# of providers*	*% Change-baseline*	*% Change-yearly*
2018	*0*	*0*	*-Baseline-*	*-Baseline-*
2019	*0*	*0*	*0% increase*	*0% increase*
2020	*0*	*0*	*0% increase*	*0% increase*
2021	*3*	*35*	*300% increase*	*300% increase*
2022	*1*	*2*	*100% increase*	*67% decrease*
Cumulative 2018-2022:	*4*	*37*	*---*	*---*

Increase the percentage of SLO County residents who live in areas with fluoridated water by 10% by June 2022

Data available from 2017 to 2021, showed that about 17% of the county lives in an area with fluoridated water. Only 3 public water systems in San Luis Obispo County fluoridate their water. Over this 4-year period, there was a 6% increase in the number of residents that live in areas with fluoridated water. See Table 8 below. The activities relating to community water fluoridation were limited. The LOHP was able to connect with one water system to talk about the fluoridation of water. This same jurisdiction allowed one of their water engineers to speak to members of the Oral Health Coalition. Being that the OHP is a service of the local Public Health Department, its ability to do more than educate on this topic has been a challenge.

Progress towards this objective has been slow and it has been projected that meeting the target is not possible. However, in the future, the OHP is looking forward to receiving clear guidance on ways to work towards increasing the percentage of SLO County residents who live in areas with fluoridated water.

Table 8. Percentage of SLO County residents who live in areas with fluoridated water by year

Year	*# Fluoridated public water systems*	*Population served*	*% Change—baseline*	*% Change—yearly*
2017	*2*	*44,199*	*-Baseline-*	*-Baseline-*
2018	*2*	*44,199*	*No change*	*No change*
2019	*2*	*46,749*	*6% increase*	*6% increase*
2020	*3*	*46,779*	*6% increase*	*0.06% increase*
2021	*3*	*46,779*	*6% increase*	*No change*
*2022**	*3*	*46,779*	*6% increase*	*No change*
Overall % change: 6% increase				

*There are no new reports for the year 2022, data being used for 2022 is the same being used for 2021.

Increase the number of dentists who are willing to see pregnant women by 20% by June 2022

Before the COVID-19 pandemic, in 2018 and 2019, the Oral Health Program frequently saw and provided dental screenings, education, and referrals to dental homes for pregnant women at WIC offices during “Dental Days.” By providing this service, the OHP intended to increase the number of pregnant women visiting a dentist and receiving dental care. However, in late 2019 WIC offices closed to undergo training and set up of a new card system. Subsequently, pregnant women stopped being seen by the OHP. WIC offices continued to be closed until mid-2021 due to the impact of the COVID-19 pandemic.

Up until now, this has been the only programmatic activity that dealt with pregnant women over the course of the grant cycle. The OHP has not kept track of the percent of dentists willing to see pregnant women and was not able to make any progress in this area. As it stands, there is no data to report on for this objective.

For the future, the program wishes to focus on this objective and work closely with dental providers to establish a baseline and work towards increasing it by educating on the safety and importance of providing dental care to pregnant women. The plan is that once WIC “Dental Days” are reinstated, the OHP could provide outreach and referrals for pregnant women once again. Another programmatic effort that is foreseen in the future is to engage with prenatal groups at hospitals and mobile clinics to offer education to pregnant women on the importance of oral health for them and their baby.

Table 9. Number of pregnant women seen at a WIC clinic by year			
Year	*# Pregnant moms at WIC*	*% Change- baseline*	*% Change- yearly*
2018	*39*	*-Baseline-*	*-Baseline-*
2019	*43*	*10.3% increase*	*10.3% increase*
2020	*0*	*100% decrease*	*100% decrease*
2021	*0*	*0% increase*	*0% increase*
2022	*4*	*90% decrease*	*400% increase*

Increase the percentage of children on Medi-Cal Dental who visit a dentist at least once annually by 10% by June 2022

A vision of the LOHP has been to help bridge the gap in access to dental care and strive to connect the community's most vulnerable populations to dental care resources. An important component of care is utilizing the benefits that come with Medi-Cal Dental coverage and receiving routine preventive care. It is recommended that children see their dentist at least twice a year, or every six months, for a routine check-up. Nevertheless, there are children that have never been to the dentist and others that have gone without care for long periods of time.

Part of the LOHP's programming included activities that educated and encouraged parents to take their children to the dentist at a young age and reinforced the importance of visiting the dentist twice a year. Throughout the years the OHP hosted parent educational sessions that provided the most up-to-date information and guidance regarding dental insurance coverage options available through Medi-Cal Dental. Other activities include the implementation of a virtual dental home program as well as the piloting of a community-based screening and referral program. All this with other programming activities contributed towards meeting the target measures for this objective. Over the years, there has been an increase in the percentage of children on Medi-Cal Dental who visit the dentist at least once annually. Table 10, below, shows the increased percentages over the years. The data comes from California's Department of Healthcare Services' data portal, data was only available for the following years 2016 to 2019. From the table, it is noticeable that each age group category had percent increase, the increase was from 10.5% to 157.2%.

Table 10. Percentage of children on Medi-Cal Dental who visit a dentist at least once annually by age group and year					
Age Group	*2016 (Baseline)*	*2017*	*2018*	*2019*	*% Change—baseline (2016-2019)*
<1 year	*5.63%*	*3.07%*	*.99%*	*14.48%*	*157.2% increase*
1-2 years	*43.41%*	*40.76%*	*32.58%*	*51.90%*	*19.6% increase*
3-5 years	*54.29%*	*54.96%*	*55.30%*	*62.51%*	*15.1% increase*
6-9 years	*56.83%*	*58.17%*	*61.19%*	*62.78%*	*10.5% increase*
10-14 years	*51.96%*	*53.15%*	*56.94%*	*58.31%*	*12.2% increase*
15-18 years	*37.69%*	*40.04%*	*44.02%*	*48.18%*	*27.8% increase*

Overall, the LOHP has made sure to have an impact on encouraging families to visit the dentist and establish dental homes. Moving forward for the next grant cycle, the LOHP plans to continue its work at helping to close the gap in access to care and hopes to further develop the dentistry at school program, which is a continued and renewed version of the virtual dental home program. Through this program, it is hoped that more children will be referred to dental homes and hence continue the trajectory of increasing the number of children that see the dentist at least once a year.

Increase the number of general and pediatric dentists in SLO County accepting new Medi-Cal Dental patients by two per year, for the next three years

A constant barrier that the community in San Luis Obispo County faces in accessing dental care is a common barrier seen in other counties, a shortage of general and pediatric dentists that accept Medi-Cal Dental. Therefore, for this grant cycle the OHP sought to increase the number of such providers. Through strong partnerships with providers, state initiatives that incentivized referral acceptance, and continuous outreach to dental practices, the following trajectory was possible in the County.

In 2018 there was one new Medi-Cal dental provider, *CaliDental*, to San Luis Obispo County. Two new providers, A Halcyon Dental and Friendly Smiles, started seeing new patients in 2019, meeting the goal of adding two providers each year. In 2020, Paso Pediatrics, became the second pediatric provider to accept and treat Medi-Cal dental patients at their practice.

County shutdowns and shelter in place orders were all factors that contributed to the shortage of dental workforce in the County. This made it even more difficult to recruit new providers. No additional providers have been added since 2020. However, the OHP continues to strengthen relationships with local dentists and RDHAPs to encourage their enrollment as Medi-Cal dental providers. The hope is to increase the number of general and pediatric dentists in SLO County accepting new Medi-Cal dental patients through consistent relationship building.

Maximize availability of services through increasing services by non-dentist auxiliary practitioners through dental assistant and hygienist scholarship and support programs

Maximizing availability of services through increased training and licensure of non-dentist auxiliary staff increases the capacity of dentists to treat more patients. The San Luis Obispo Oral Health Program was one of the recipients that received funding for licensing and retaining Registered Dental Assistants and Registered Dental Hygienists in Alternative Practice. This funding allowed the OHP to pilot a dental workforce enhancement project. The OHP partnered with a traveling program to offer local trainings for Dental Assistants interested in pursuing their RDA license. In addition to licensing RDA's, licensing Registered Dental Hygienist in Alternate Practice was also provided. As previously mentioned, our county continuously struggles with meeting the demand for Medi-Cal Dental providers in addressing the need for all dental care needs. Having increased workforce for preventive services is key for early caries risk intervention. Unfortunately, funding for this programmatic activity stopped causing the OHP to put workforce enhancement on pause. Table 11 shows that the OHP was successful in this activity given the unparalleled challenges brought on by the COVID-19 pandemic. Despite these challenges the OHP still feels that enhanced workforce is an important first step in making sure there are ample Medi-Cal Dental providers in our County and together with County leaders was able to add and adopt the following shared legislative priority in the 2022 County of San Luis Obispo County State Legislative/Regulatory Platform under the Health and Human Services section (pgs. 34-35) (see *Appendix E*).

Table 11. Number of RDAs and RDHAPs trained by year		
Year	*RDA's Trained*	*RDHAP's Trained*
2017	*0*	*0*
2018	*9*	*2*
2019	*33*	*1*
2020	*6*	*3*
2021	*0*	*0*
2022	*0*	*0*

Reduce the percentage of 3rd grade children, Head Start and California State Preschool children with untreated tooth decay by 10% by June 2022

Tooth decay in children can lead to tooth decay in adulthood. Therefore, earlier detection of tooth decay is better for oral health outcomes. Studies show that severe caries experience during early childhood typically result in more severe caries experience during adulthood. The consequences of untreated tooth decay are the same for young and old teeth alike- further decay, pain, infection of the teeth and gums, and even tooth loss. However, oral health problems affect children differently than adults. Children generally heal quicker than adults and oral health issues are not compounded by adult habits such as tobacco or alcohol use. Therefore, reducing the percentage of 3rd grade children, Head Start and California State Preschool children with untreated tooth decay by 10% seemed like a great objective to measure success of the program. If there are less children with tooth decay, then this would result in less adults with tooth decay.

After analyzing the available data, it was determined that this objective was only partially met. Table 12, below, shows that the percentage of children with untreated decay among the younger group, those in Head Start and California State Preschools, decreased from 33% to 28% over time. Compared to their younger counterparts, the slightly older children in kindergarten and 3rd grade seemed to have tripled.

Table 12. Percent of children with untreated tooth decay by group and year				
Year	*% Children w/ untreated decay HS & PS*	*% Children w/ untreated decay K & 3rd*	*% Change-baseline*	*% Change- year to year*
2008-2009 2010-2011	*33%*	*12%*	*-Baseline-*	*-Baseline-*
2018-2019	*20%*	*23%*	*HS/PS: 40% decrease; K/3rd: 92% increase*	*HS/PS: 40% decrease; K/3rd: 92% increase*
2019-2020	*29%*	*41%*	*HS/PS:12% decrease; K/3rd: 242% increase*	*HS/PS: 45% increase; K/3rd: 78% increase*
2020-2021	*31%*	*27%*	*HS/PS: 6% decrease; K/3rd: 125% increase*	*HS/PS: 7% increase; K/3rd: 34% decrease*
2021-2022	*28%*	*40%*	*HS/PS: 15% decrease; K/3rd: 233% increase*	*HS/PS: 10% decrease; K/3rd: 48% increase*

Data used to analyze the status of this objective was data that was compiled over the years. This was not data gathered from one single screening, it was data gathered at different events that was filtered to meet the same criteria.

The criteria used to filter the data of children from the Head Start and California State Preschools was as follows:

- Data gathered at a Head Start or Preschool screening
- To avoid the double counting of numbers, data was only used from a student's first screening (a child could have had multiple screenings throughout the years).
- Of those students that meet the first 2 criteria, anyone who had a 2 or a 3 rating, meaning they had some level of tooth decay.

Now the criteria used to clean the data for the kindergarten and 3rd grade rates was:

- Anyone that was screened that was 5 at the time of the screening (with these we made sure we did not include anyone that was at a Head Start or Preschool, to avoid double counting) or that was either 8 or 9.
- Then of the total that met this criterion, how many also scored a 2 or 3 on their screening results.

Increase the percentage of children on Medi-Cal Dental aged 1-2 years who visit a dentist by 10% by June 2022

In agreement with national guidelines, locally the San Luis Obispo Oral Health Program also delivers consistent messaging to the community. The OHP encourages parents to take their children to the dentist either by their first tooth or by their first birthday. The sooner children establish a routine of going to the dentist and become familiar with the smells, sounds, and sights of the dental office, the more comfortable they will become.

Based on the most recent available data, from the year 2016 to 2019 there was almost a 20% increase in the percentage of children on Medi-Cal dental aged 1-2 years who visited a dentist (see Table 13). The percentage doubled in 3 years. Although this data looks promising, the reality is that those numbers might not present a very accurate picture of the current situation since the 2019 COVID-19 pandemic. A lot has changed since then, dental offices were closed and many only treated patients on an emergent bases delaying preventive treatment for this population.

Table 13. Percent of children aged 1-2 on Medi-Cal Dental with and annual dental visit by year

Age Group	*2016 (Baseline)*	*2017*	*2018*	*2019*	*% Change from Baseline (2016 to 2019)*
1-2 years	*43.41%*	*40.76%*	*32.58%*	*51.90%*	*19.6% inc. from baseline*

Support improved capacity to provide comprehensive oral health care for children and adults with special needs (physical, developmental, social/emotional, and mental)

Comprehensive oral health care for all is something that the San Luis Obispo Oral Health Program strives for. Programmatic activities that highlight the ways the OHP supports this is by nurturing a relationship with Tri-Counties Regional Health Care Services. Their mission is to provide those with specialized health care who have needs directly related to, or the direct result of, a developmental disability and care is required to protect health, safety, or to prevent regression. Their services include employing a full time RDH who specializes in coordinating dental services for those with physical, developmental, and mental needs.

Making case management and care coordination available to all despite special conditions is another way that the OHP supports improved capacity to provide comprehensive oral health care for children and adults with special needs. Over the course of the last five years there have been success stories of children with special health care needs being placed in dental homes and receiving treatment they needed. For example, the OHP case managed a 5-year-old boy with severe autism that was identified at a school screening. This family had recently moved to the area and did not have a dental home. The family had already been to one provider, but treatment was not successful, and the dentist was unable to provide care. The OHP screened this child but was limited in what they were able to identify. The Health Education Specialist on the team worked with the family to get them connected to a pediatric provider that later thought the less traumatic way to handle the case was to minimize the child's stress and complete any necessary treatment all at once. The child was referred out to a surgery center where the child received dental care under anesthesia. Another story is that of a13-year-old girl with cerebral palsy. She had been going to a dentist, but the mother was concerned with her care. The dentist would see the child but not provide treatment. The mother noticed black spots on her teeth and felt it best to see another provider. Through communication, the OHP was able to connect the child to a pediatric provider who was able to perform a cleaning. After the appointment the mother called and was crying because the dentist had been great with her child and provided the treatment she needed.

The OHP will continue to help facilitate a safe environment to meet the unique needs of children and adults who require specialized services. The OHP will provide additional support when needed to make sure all members of our community get the care they need.

Maintain a fully staffed county oral health program and an Oral Health Coalition in SLO County

The San Luis Obispo County Public Health Department's Oral Health Program was established in 2011 when the first program manager was hired. The OHP only employed a program manager and one part-time dental hygienist until 2018 when new funding allowed for the hiring of additional program staff. In 2019 the program tripled in size acquiring an Administrative Services Officer (ASO), two Health Education Specialists (HES), a Senior Account Clerk (SAC), and IT support. With the growth in staff, The OHP had the ability to broaden the scope of program activities. Over the years there have been staff changes and attrition, as is normal with any program.

First and foremost, the OHP lost two staff members, the SAC and IT support due to the end of a funding source in early 2020. As expected, the COVID-19 pandemic also had an impact on program staff. With the state of emergency in place, all OHP program staff were activated as Disaster Service Workers (DSWs) for approximately a year from early 2020 until early 2021. Program staff were reassigned to emergency response roles and all program activities stopped abruptly. Remaining program staff has returned to their

assigned roles since the summer of 2021. Current program staff include the Program Manager (PM), the Administrative Services Officer (ASO), and two Health Education Specialists (HES). Moving forward there will be yet another change in program staff as the new grant cycle begins. There will only be one Health Education Specialist. The programmatic activities of the OHP continue to change to support grant objectives even with less community outreach, increased case management, school closures and social distancing pandemic restrictions. The Oral Health Program is committed to maintaining a fully staffed program and an active Oral Health Coalition to the best of their ability even with fewer resources and everchanging environment.

II. Changes in prevention actives and decay experience in children

Overall, the main change in prevention activities in San Luis Obispo County was the ability to increase the scope of work for oral health education, dental screenings, and partnership collaboration. The addition of two Health Education Specialists (HES) created the capacity for expansion of oral health education in schools and community groups. Education in the classroom was something that the OHP had set the foundation for with hopes to build on in the future. The dental screening and fluoride varnish application program grew as well. Initially, only the California State Preschool children participated. However, evolving partnerships with programs such as CAPSLO, allowed the OHP to screen and apply fluoride varnish to children in Head Start programs.

All the prevention actives that were implemented over the years had an impact on the decay experience in children. There are noticeable trends in oral health outcomes and are noted in some of the objectives outlined above. The initial trend for this grant cycle shows signs of moving in a positive direction. This can possibly be attributed to the increased funding in oral health by the state. However, impacts of the COVID-19 pandemic are noticeable as well. Starting in 2020 the numbers noticeably show a decrease. In some objectives, where the goal is to increase, the numbers fall below target and sometimes even below the baseline. If the COVID-19 pandemic did not exist, it would be assumed that the trajectory would have been positive and outcome measures would have seen an incline. The pandemic set programs back in a downward spiral.

III. Changes in access to dental providers and impact on utilization rates

Like many counties in the state, San Luis Obispo County lacks dental health providers. However, over the years the Oral Health Program has worked closely with state partners to change that. As it is described in the eighth objective above, there were four new Medi-Cal providers added to San Luis Obispo County. However, this is not enough to meet the demands of the community and additional providers are still needed.

IV. Oral health surveillance system

Develop and implement an oral health surveillance system (disease prevention, coverage, utilization, and outcomes) and report data regularly

The San Luis Obispo Oral Health Program collects data from activities that have been implemented over the years. Although, a formal oral health surveillance system like the California OH Surveillance Plan has not been developed, the OHP continues to gather information and data to use for formal reporting purposes. Reporting includes quarterly and annual progress reports to grantors and other stakeholders such as the coalition through several mixed media platforms.

The OHP utilizes different methods of quantitative and qualitative data collection to assess if goals have been met. For example, the OHP has an Excel data sheet with information collected from dental screenings that date back to 2018. This document has demographic information and screening assessment results. Data from this document is used to measure the success of program objectives.

The OHP has been successful and transparent in reporting duties and understands that it is a legal obligation. Not only does the OHP evaluate data, but also reassess the collection methods. Creating open and transparent reporting allows stakeholders to forecast future needs and better understand the barriers the community faces in achieving healthier teeth and smiles. Moving forward, the OHP will continue to improve and refine the reporting system in place. This is done to be in line with the California Office of Oral Health Surveillance System Oral Health Indicators.

DISCUSSION OF ACCOMPLISHMENTS, ACTIONABLE RECOMMENDATIONS AND LESSONS LEARNED

Over the course of the last 4 years, the San Luis Obispo Oral Health Program has used the 14 objectives outlined in the 2018-2022 SLO Oral Health Improvement Plan and in *Appendix B* as a guide to assure that all programmatic activities were in line with meeting performance measures. As highlighted in the *Results* section and the *Final 2022 Evaluation Plan Grid*, almost all objectives were met. Please reference those sections and *Appendix D - Final 2022 Evaluation Plan Grid*, for an update on the status of the objectives. This section will focus on highlighting the OHPs accomplishments, limitations, lessons learned and actionable recommendations and will close with an explanation of how the findings are planned to be communicated to stakeholders and the wider community.

I. Accomplishments

Process Measures

Despite barriers that arose during this grant cycle, the San Luis Obispo OHP was able to accomplish the following (in no order):

- Provided 3,263 topical fluoride varnish applications to children in the community through community programs in schools, early childhood centers, WIC, and low-income housing projects.
- Supported Medi-Cal Dental providers by providing up to date resources, policies, and guidelines for the dental practice during the COVID-19 pandemic.
- Developed relationships with schools before the COVID-19 pandemic, during, and post pandemic. Most schools did not have children back on their campuses until April of 2021 but continued to provide food for anyone enrolled in the FRPM lunch program. Maintaining relationships with school staff allowed the OHP to be present at school food distributions to offer screenings, fluoride varnish application, and case management. At these events, the Program was able to supply toothbrush kits, education, and other resources.
- Served as a resource for families in need of dental care by providing continuous education to parents about early dental disease prevention during the COVID-19 pandemic.
- SLO OHP personally case managed 1,034 children. Case management included providing a list of current dental providers for those who did not have a dentist, scheduling a dental appointment with a provider, providing transportation, and interpretation at dental appointments. The OHP also

collaborated with dental contractors to provide services on site at schools. Dental providers who saw children on site were managed by the dental provider and are not included in the totals listed below in Table 14.

Table 14. Number of Children Case Managed by the OHP

Year	*# Children Case Managed*
2018	*70*
2019	*134*
2020	*213*
2021	*415*
2022	*202*
Grand Total	*1,034*

- Provided services during the pandemic through continued collaboration with community partners such as First 5, CAPSLO Head Start, Boys and Girls Club, and State Preschools.
- Students seen on campus for preventive dental services were able to follow up with restorative care in dental practices during the COVID-19 pandemic to have treatment completed.
- Established the foundation for all Kindergarten Oral Health Assessment (KOHA) work. Before 2018, the San Luis Obispo OHP did not have any programmatic activities related to KOHA.
- Expanded program activities to include Rethink Your Drink (RYD) and Tobacco Cessation education to dental practices and dental related societies in the county.

Outcome Measures

When looking at LOHP outcome measurements and goals, we can say we did not always meet our target but still managed to make a difference in our community. Our data over the last 5-year grant cycle show an increase in Medi-Cal utilization rates and a decrease in caries rates. Michelangelo Buonarroti once said, “The greater danger for most of us is not that our aim is too high and we miss it, but that it is too low, and we hit it.”

Given the circumstances surrounding the COVID-19 pandemic, many of SLO OHP projected outcome measures fell short during years 2020 and 2021. Please reference the final evaluation plan grid for more detailed information. However, our program still looked at creative ways to meet goals and changed course on how we could still meet objectives on a smaller scale. An example of this was to create virtual learning modules instead of providing in person education during group gathering restrictions and school

closures. SLO OHP focused on working with a handful of schools who had established relationships with our program instead of targeting multiple districts. In addition to virtual learning modules, age-appropriate education packets were created with RTYD, tobacco cessation, general hygiene, fluoride varnish and sealant education. These packets were distributed to families during school lunch pick up and drive through screening events in lieu of formal education sessions. The Oral Health Program was a resource and made an impact and will continue to do so in the next 5-year grant cycle.

Our data shows that the community at large is better off with the Oral Health Program in practice. As noted earlier in our evaluation, San Luis Obispo has very few Medi-Cal providers, is rural, and has great need. Medi-Cal families rely on our program to help navigate current providers and link them with dental care. The Oral Health Program has fostered improvement in the community through triaging care, preventive dental services, education, and collaboration with Medi-Cal offices and stakeholders. Our relationships in the community increased access to dental care improving patient outcomes.

II. Limitations

In this section limitations that impacted the program will be described. If these limitations continue to be present, they will be addressed in the next grant cycle.

- Geographic locations present barriers to care. San Luis Obispo County has rural areas with few Medi-Cal Dental providers. Children at FRPM schools have a higher likelihood of being Medi-Cal recipients and historically struggle with access to care.
- Schools' capacity for outside programs. Schools are hesitant to allow non-essential personnel on campus limiting the continuation of school-based and school linked sealant programs.
- Access to schools and students was impacted due to school closures, post pandemic restrictions, workforce shortage, and funding.
- Public fear of group gatherings and changing CDC guidelines limited attendance at outreach events.
- Collaborative partners had limited program capacity, staff turnover, and new guidelines for collaborations made it arduous to get back into normal programming.
- Dental offices continue to be limited in the number of patients they see due to continued COVID-19 protocols. Many offices are still playing" catch up" with established patients and are unable to accept new clients.
- Many dental offices continue to struggle with limited trained staff.
- Teachers limit guest educator time in the classroom. COVID-19 school closures caused children to fall behind in academic work. Teachers are protective of the time they have with students.
- School staff wariness of new collaborations for screening, education, and outreach events for fear of additional work or possible COVID exposure.
- Difficulty in accessing dental practices for RYD and Tobacco Cessation trainings. As noted above, dental offices have limited staff and are

struggling to fit patients in for treatment let alone train staff on elective education.
- A lack of champions for community water fluoridation. The San Luis Obispo OHP has limited ability to advocate on this topic. Our OHP consists of government employees and our county has protocols in place for employees.
- OHP staff reallocated to DSW work during the COVID 19 pandemic limiting our availability to work on grant objectives.
- SLO County is a fee for service County. Not having managed care in place makes electronic referrals difficult.

The COVID-19 pandemic greatly limited the ability of SLO OHP to screen, coordinate care, and educate the public. Most programs and scheduled events were canceled to slow the spread of COVID. The events that were maintained were poorly attended. WIC clinics were closed, low-income housing sites no longer allowed outside services, and most collaborative partner organizations were halted. In addition, the OHP staff were re-allocated to disaster service work limiting our ability to focus on the oral health status in our community.

SLO OHP had struggles implementing preventive dental services and education prior to COVID. School programs had slow implementation due to perceived work demand for school staff, limited teaching time for teachers, and lack of space available at school sites. However, even with these limitations SLO OHP successfully implemented dentistry at school programs through consistent relationship building. Unfortunately, these activities came to a stop with school closures in 2020.

School programs like Dentistry at School offered preventive dental services in a non-traditional setting helping to alleviate some of the scheduling burden for our Medi-Cal offices. Dentistry at School opened appointment times in the office for restorative procedures. Schools have re-opened but are still navigating how to allow outside programs back on campus while continuing to keep children and staff safe.

Even prior to COVID, residents of San Luis Obispo County have had limited access to dental care. SLO County has long struggled with having enough dental providers to meet the demands of the community, however the pandemic has exacerbated the problem significantly.

Now more than ever, dental offices in SLO County are struggling to keep up with the increased demand for dental care services due largely from the delay in receiving routine care and treatment during the pandemic. As the need for dental services has increased, dental practices continue to be short-staffed. A specific need we have seen is dental practices struggle to hire and retain mid-level dental staff such as registered dental hygienists and registered dental assistants.

Having a shortage of providers is one limitation that affects SLO OHP's ability to meet objectives in many ways. It has limited our ability to properly case manage and place people in a dental home. It has also impacted our ability to find collaborative partners willing to take on sealant program and referral projects. Dental offices who suffer from

staff shortages have limitations in accepting new patients and cannot take on additional work. This has made it difficult for SLO OHP to meet our objectives.

III. Actionable recommendations and lessons learned

Below is a list of lessons learned and actionable recommendations for the future.

- To increase participation at screenings and education outreach, the San Luis Obispo OHP learned to leverage other partnerships such as school food distributions for drive-through screenings during COVID-19 times when it was hard to reach the community.
- Consistency in scheduling outreach events is key. This has been important in building relationships and trust in our community. The Program has found that having a continued presence in the community opened new opportunities for the education and placement of children in dental homes.
- There is a continued lack of pediatric dental providers who accept Medi-Cal in our county and who provide services to children with extensive dental needs. The OHP has continued to build relationships, refer, and case manage for our local dentists. We have learned that collaborating with our providers and being a resource has opened doors for us to be able to place patients in a dental home.
- Educating both children and parents on the importance of oral health, establishing a dental home early, and encouraging preventive services that include fluoride and sealants have been a key message for school-based and school-linked sealant program; especially during COVID when overall health is so important. We have learned that the community is more aware of the importance of staying healthy. Incorporating dental health into a person's overall health has been key to encouraging routine dental care.
- Creative thinking and compromise have played a role in successfully placing people in a dental home. Schools and low-income housing have limited resources and are overwhelmed. Providing toothbrush kits and education have been a way to stay in touch without being a burden.
- SLO OHP has learned that suppling virtual educational material is an alternative to in person education. Schools continue to struggle to find balance. Giving teachers educational tools that can be used when it is convenient for them has allowed flexible options and increased the odds of collaboration.
- Present data to school administration supporting the idea that children who have good oral health are better focused, healthy, and have more confidence. Good oral health = better students.
- SLO OHP continues to adapt to the changing needs of the community and stake holders. We are consistent in our collaboration and provide support where we can.
- The OHP has learned that continuing to invest in relationships with school nurses, even during distant learning, has allowed us to participate in KOHA events to have more consistent SCHOR data reported.

Communication of Findings

As stated earlier in the report, stakeholders are engaged indirectly with the dissemination of an evaluation report and a hard copy is shared with close partner agencies.

The Oral Health Program reports regularly to our stakeholders through several mixed media platforms. The OHP holds bi-monthly meetings for our coalition and stake holders to provide updates and share progress of our successes, barriers, and lessons learned through infographics, power point, and email. In addition to bi-monthly meetings, we report to the State semi-annually and comprise an annual report for our stake holders and coalition members. Lastly, the OHP shares data on our Public Health dashboard in collaboration with the County's overall community health improvement plan (CHIP). A digital version of our final report will be shared with our stakeholders and made available on the OHP's webpage for public access and viewing.

Creating open and transparent reporting allows our stakeholders such as First Five, CAPSLO, and State Preschools to better forecast future needs. Collaboration is a vital component of our program. Reporting allows us to track trends and better understand our communities' barriers and needs for future endeavors.

APPENDICES

Appendix A – Budget Closeout

Year 5

7/01/2021 - 6/30/2022

*** APPROVED BUDGET & JUSTIFICATION 12/1/2021 ***

*** APPROVED B&J 4th Quarter Revision 4/27/2022 ***

Personnel

Position Title	Bi-weekly Salary	Annual	FTE %	New FTE%	Pay Periods	Original Amount	Proposed budget revision	Year 5 APPROVED Budget	4th Quarter Revision	4th QTR New Budget	Revision 6.24.22	6.24.22 Shift fund line items
Oral Health Program Manager	$3,659	$95,139	~~3%~~	15%	26	$1,902.78	$2,397.22	$4,300.00	$7,550.00	$11,850.00	$928.10	$12,778.10
Department Automation Spec	$3,145	$81,770	~~25%~~	0%	26	$20,442.50	-$20,442.50	$0.00	$0.00	$0.00	$0.00	$0.00
ASO	$2,739	$71,219	~~50%~~	70%	26	~~$0.00~~	$49,000.00	$49,000.00	-$16,950.00	$32,050.00	$928.10	$32,978.10
Senior Account Clerk	$1,895	$49,270	~~50%~~	0%	26	~~$24,635.00~~	-$24,635.00	$0.00	$0.00	$0.00	$0.00	$0.00
Health Education Specialist 1 pfl	$2,716	$70,621	~~50%~~	70%	26	$0.00	$49,000.00	$49,000.00	-$2,350.00	$46,650.00	$11,476.00	$58,126.00
Health Education Specialist 2 ec	$2,716	$70,621	~~100%~~	70%	26	$70,621.20	-$21,621.20	$49,000.00	$7,050.00	$56,050.00	-$5,786.29	$50,263.71
					Total Personnel	$117,601.48	$33,698.52	$151,300.00	-$4,700.00	$146,600.00		
Fringe Benefits @ 57%					**Total Fringe Benefits**	$63,504.80	$18,197.20	$81,702.00	$1,620.00	$83,322.00		
					Total Salary	**$181,106.29**	**$51,895.71**	**$233,002.00**	**-$3,080.00**	**$229,922.00**		

Operating Expenses

	Months							
Internet	12	$1,656.72	$355.68	$2,012.40	$400.00	$2,412.40	-$1,390.99	$1,021.41
Phone	12	$849.60	$182.40	$1,032.00	$516.00	$1,548.00	-$7.42	$1,540.58
Office Supply	12	$531.00	$114.00	$645.00	$455.00	$1,100.00	-$339.15	$760.85
Dental Referral Software	7	$0.00	$980.00	$980.00	$0.00	$980.00	$0.00	$980.00
Total Operating Expenses		**$3,037.32**	**$1,632.08**	**$4,669.40**	**$1,371.00**	**$6,040.40**		$6,040.40
Equipment (Items over $5,000 each)		$0.00	$0.00	**$0.00**	**$0.00**	$0.00	$0.00	$0.00
Total Equipment		**$0.00**	$0.00	**$0.00**	**$0.00**	$0.00		$0.00
Travel								
Local Travel Mileage		$3,165.00	-$665.00	**$2,500.00**	**$655.00**	$3,155.00	-$1,475.00	$1,680.00
								$0.00
OHP Meeting Project Travel:								$0.00
Lodging, Per Diem, Mileage		$1,402.00	$98.00	$1,500.00	$0.00	$1,500.00	-$1,249.60	$250.40
Total Travel		**$4,567.00**	**-$567.00**	**$4,000.00**	**$655.00**	$4,655.00		$4,655.00
								$0.00
Subcontracts								$0.00
		$0.00	$0.00	**$0.00**	**$0.00**	$0.00	$0.00	$0.00
								$0.00
Other Costs								$0.00
Education		$676.00	$2,324.00	$3,000.00	$0.00	$3,000.00	-$885.81	$2,114.19
Boost		$100.00	-$100.00	$0.00	$0.00	$0.00	$0.00	$0.00
Training		$0.00	$500.00	$500.00	$0.00	$500.00	$0.00	$500.00
Media		$2,500.00	-$1,500.00	$1,000.00	$1,000.00	$2,000.00	$0.00	$2,000.00
Tooth Brush kits		$0.00	$2,000.00	$2,000.00	$670.00	$2,670.00	-$800.00	$1,870.00
Food and Refreshments		$0.00	$500.00	$500.00	$0.00	$500.00	-$500.00	$0.00
RDHAP Materials/Services		$0.00	$2,520.00	$2,520.00	$0.00	$2,520.00	-$450.00	$2,070.00
Printing		$0.00	$1,500.00	$1,500.00	$0.00	$1,500.00	-$380.96	$1,119.04
Behavior Modification Tools		$0.00	$916.98	$916.98	$0.00	$916.98	-$66.98	$850.00
	Total Other Costs	**$3,276.00**	**$8,660.98**	**$11,936.98**	**$1,670.00**	**$13,606.98**	**$0.00**	$13,606.98
Indirect Costs (20% of total of personnel + benefit	**Total Indirect Costs**	**$36,221.26**	**$10,379.14**	**$46,600.40**	**-$616.00**	**$45,984.40**		
	TOTAL COSTS	**$199,565.00**	**$100,643.78**	**$300,208.78**	**$0.00**	**$300,208.78**		

Appendix B – List of the OHP's 14 Objectives

1. Increase the number of children receiving topical fluoride varnish through community programs in schools, early childhood centers, WIC and low-income housing projects by 10% by the end of 2019, and 5% more annually over the next three years.
2. Increase the number of children receiving fluoride varnish from a non-dental health provider by 10% by the end of 2019, and 5% more annually over the next three years.
3. Establish school-based or school-linked dental sealant programs in at least three schools by September 2019, with an additional one school annually for the following three years.
4. Increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and their parents.
5. Increase the percentage of SLO County residents who live in areas with fluoridated water by 10% by June 2022.
6. Increase the number of dentists who are willing to see pregnant women by 20% by June 2022.
7. Increase the percentage of children on Medi-Cal Dental who visit a dentist at least once annually by 10% by June 2022.
8. Increase the number of general and pediatric dentists in SLO County accepting new Medi-Cal Dental patients by two per year, for the next three years.
9. Maximize availability of services through increasing services by non-dentist auxiliary practitioners through dental assistant and hygienist scholarship and support programs.
10. Reduce the percentage of 3rd grade children, Head Start and California State Preschool children with untreated tooth decay by 10% by June 2022.
11. Increase the percentage of children on Medi-Cal Dental aged 1-2 years who visit a dentist by 10% by June 2022.
12. Support improved capacity to provide comprehensive oral health care for children and adults with special needs (physical, developmental, social/emotional, and mental).
13. Develop and implement an oral health surveillance system (disease prevention, coverage, utilization and outcomes) and report data regularly.
14. Maintain a fully staffed county oral health program and an Oral Health Coalition in SLO County.

Appendix C – LOHP Evaluation Grid-Crosswalk

LOHP Evaluation Plan Grid							
Primary Evaluation Question: What progress has been made towards the 14 objectives identified in the SLO Oral Health Improvement plan?							
Evaluation question	**Indicator or performance measure**	**Data source and frequency of collection**		**Evaluation method**	**Staff responsible for data collection**	**Analysis method with standard of comparison**	**Staff responsible for data analysis**
Have diverse stakeholders been effectively engaged in the AC and in program planning? (Objective 1) (SLO OHIP 14.2)	-Number and affiliation of Coalition members (Objective/Activity 1.6) -Number of coalition members interviewed (Objective/Activity 1.9) -Number of satisfaction surveys returned (Objective/Activity 1.E.2)	-AC minutes, sign-in sheets (Objective/ Activity 1.7) -Key informant interviews (Objective/ Activity 1.9) -Satisfaction surveys (Objective/ Activity 1.E.2)	-Bimonthly (Objective/Activity 1.12) -End of needs assessment phase (late 2018) -Every 2 years beginning 2020	Mix methods including quantitative data collected through document review and surveys and qualitative data collected through in-person interviews	-OHPM and consultants	-Attendance tracking over time to see changes in participation -Availability of diverse knowledge and resources (Objective/ Activity 1.1)	-OHP staff -Planning consultants -OHP staff & external consultant (Objective/ Activity 1.4)

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Has an assessment of health status, health needs, and social determinants of health been performed with a focus on underserved and vulnerable populations? (Objective 2) (SLO OHNA)	- SLO County Oral Health Needs Assessment Summary Report (pgs. 7-22) (Objective/ Activity 2.8)	-Data mining of available secondary data sources every two years (Objective/ Activity 2.2, 2.4, 2.6, 2.9) -Key informant interviews as needed (Objective/ Activity 2.5)	-End of grant year 1 (December 2018)	Qualitative review of needs assessment data compiled through data mining and KI interviews (Objective/ Activity 2.E.1)	-OHPM and consultants (Objective/ Activity 2.1)	-Extent of data used in needs assessment and comparison with other counties. - Comparison of county's own data	-OHP M and consultants
Have assets and resources been identified to address the oral health needs of underserved and vulnerable populations? (Objective 3) (SLO OHNA)	-Evidence of resources and assets in SLO County Oral Health Needs Assessment and Oral Health Improvement Plan (pgs. 13-20) (Objective 3.1) -Number of facilitated community asset mapping	-Key informant interviews and data collected through data mining (Objective 3.2) -Asset mapping event (Objective 3.3)	-End of grant year 1 (December 2018) -Mid-grant cycle (early 2020)	Qualitative review of needs assessment data report, and review of summary of key informant interviews - Qualitative review of	-OHPM and consultants -OHP staff, *Promotores Collaborative*	-Extent of data used in needs assessment and comparison with needs assessments in other counties. - Comparison of	-OHPM and consultants -OHP staff and external consultant

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	activity/ies with respective summary report of findings (Objective 3.3)			asset mapping with the community	members, other community partners	county's own data every two years.	
Has a community oral health improvement plan with accompanying action plan been developed? (Objective 4) (SLO OHIP pgs. 21-30)	-SLO County Oral Health Needs Assessment and Oral Health Improvement Plan (Objective 4.2, 4.3, 4.6)	-All data gathered through data mining and key informant interviews (Objective 4.4, 4.5)	-End of grant year 1	- Qualitative review of all the needs assessment data	-OHPM and consultants (Objective 4.1)	- Comparison to plans of other Counties	-OHPM and consultants (Objective 4.1)
Has an evaluation plan been developed that includes a Logic Model? (Objective 5) (SLO OHIP pgs. 20)	-SLO County Oral Health Evaluation Plan with logic model (Objective/Activity 5.2, 5.5)	-Informational meetings with consultant and other LOHPs	-Need-based until completion	- Qualitative review of evaluation plan and Logic Model (Objective/ Activity 5.3, 5.4)	- Evaluation staff lead and consultant	- Comparison to plans of other Counties	- Evaluation lead staff and consultant

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Primary Evaluation Questions: What have been the changes in prevention activities (e.g. screenings, fluoride varnish and sealants) and how have they affected the decay experience in children in SLO County?							
Evaluation question	**Indicator or performance measure**	**Data source and frequency of collection**		**Evaluation method**	**Staff responsible for data collection**	**Analysis method with standard of comparison**	**Staff responsible for data analysis**
Have any evidence-based programs been implemented in elementary schools throughout the county? (Objective 6) (SLO OHIP 1, 3)	-Number of schools with SB/SL dental sealant or fluoride program (Objective 6.1, 6.2) -Number of children participating in programs (Objective 6.1, 6.2) -Online survey	-Updated lists of schools and students participating in VDH (Objective 6.1, 6.2) -Updated lists of students participating in VDH (Objective 6.1, 6.2)	-End of each academic year -End of each academic year	Mix methods including the collection of quantitative data and qualitative data through in-person interviews with VDH stakeholders (Objective 6.E.1, 6.E.2)	OHPM, SAC, HES, and VDH Care Coordinator	Number of VDH enrolled participants that received a follow up and/or sealants (Objective 6.1, 6.2)	OHPM, SAC, HES, and VDH Care Coordinator
Has there been any	-Number of new residential	-Update of new	-Yearly	-Geographi	-OHPM in collaborati	-Compariso	-OHPM in collaborati

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change in the percentage of SLO county residents who live in areas with fluoridated water? (Objective 6.3) (SLO OHIP 5) (SLO MI 13)	areas/jurisdictions with access to fluoridated water (SLO OHIP 5.1, 5.2) -Public opinion focus group on the safety, benefits, and cost effectiveness of community water fluoridation and its role in preventing dental disease (Objective 6.3.1, 6.3.4) (SLO OHIP 5.2, 5.4)	residential areas/jurisdictions with access to fluoridated water from local government available data -Agenda, Materials (i.e. focus group facilitation questions), List of participants (Objective 6.3.3)	-Every 2 years starting 2020	cal area/Map with access to fluoridated water (ArcGIS) -Qualitative	on with local key water technical stakeholders, HES, DAS (Objective 6.3.2) (SLO OHIP 5.2) -OHP staff, consultant	n to previous years plans -Common themes	on with local key water technical stakeholders, HES (Objective 6.3.2) -OHP staff, consultant
Have community children and parents been involved in oral health education sessions that	-Number of schools, grades, and children participating in educational sessions	-Log of instructional sessions at different schools	-Quarterly -Quarterly	-Quantitative	-HES	-Pre & Post	-HES

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highlight the importance of accessing preventive dental care services, establishing regular home dental care practices early, as well as the importance of rethinking consumption patterns (snacks and beverages)? (Objective 6.1.3, 6.2.3) (SLO OHIP 4)	(Objective 6.2.3, 6.2.4, 6.1.11) -Community-based outreach programs (public libraries, homeless shelters, BGC, community health fairs) (Objective 6.1.11) (SLO OHIP 4.2) -Number of parents participating in educational sessions (Objective 6.2.3, 6.2.4) -Curriculum/Lesson plan and materials (Objective 6.1.3, 6.1.4) (SLO OHIP 4.2)	-Log of parental educational sessions and attendance sheets	-Quarterly	-Quantitative		-Pre & Post	

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Have any campaigns been developed and implemented which: • address common risk factors for oral health and chronic diseases • promote protective factors that will reduce the burden of disease (Objective 8)	-Tobacco cessation and RYD curriculum (Objective 8.4, 8.6, 8.7) -Number of dental offices assessed and trained (Objective 8.2, 8.8) -Number of dental offices implementing curriculum in offices (Objective 8.E.1, 8.E.2) -Materials/resources developed (Objective 8.4, 8.6, 8.7)	-Curriculum development meetings -List of assessment and training meetings -List of dental offices implementing curriculum	-End of year 3 -End of year 4 -End of year 5	Mixed methods- quantitative and qualitative (Objective 8.2, 8.5)	- OHP staff, consultant	-Percentage of dental offices implementing tobacco cessation and/or RYD curriculum 6 months after training (Objective 8.1, 8.E.1, 8.E.2)	- OHP staff, consultant

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(SLO OHIP 4.7)							

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Primary Evaluation Question: How has the OHP developed an oral health surveillance system and utilized its findings to improve programs?							
Table 4. Evaluation Plan Grid Cont.							
Evaluation question	**Indicator or performance measure**	**Data source and frequency of collection**		**Evaluation method**	**Staff responsible for data collection**	**Analysis method with standard of comparison**	**Staff responsible for data analysis**
Have any partners been involved to help promote oral health by developing and implementing prevention and healthcare policies/guidelines for programs, health care providers, and institutional settings? Surveillance system? (Objective 7) (SLO OHIP 13)	-Number of schools reporting on SCOHR (Objective 7.5) (SLO OHIP 13.3.3) -Number of nurses trained in SCOHR (Objective 7.10) -Number of KOHA related activities (Objective 7.6, 7.7, 7.8, 7.9) -Number of school	-SCOHR Database (SLO OHIP 13.3.3) -Meeting/Training sigh-in sheets (Objective 7.9) -Dated activities with attendance forms (Objective 7.11) -Summary reports	-Yearly -Yearly - Yearly kinder registration (Spring) -Yearly -Yearly	-Quantitative -Quantitative -Quantitative -Quantitative	-HES -HES -GKAS Coordinator, OHPM, HES -OHPM, SAC	-Comparison to previous year data (SLO OHIP 13.3.3, 13.4)	-HES -HES -GKAS Coordinator, OHPM, HES -OHPM, SAC

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	districts/schools that share GKAS data with OHP. (SLO OHIP 13.3.1) -Number of community outreach events: CAPSLO Head Starts, Boys & Girls Clubs of San Luis Obispo County (BGC), and WIC clinics along w/ the number of children participating in the “screened & fluoride” initiative (Objective 7.2, 7.3, 7.4) (SLO OHIP 13.1)	(Objective 7.E.1, 7.E.2) (SLO OHIP 13.3.3, 13.4) -Oral Health Data					

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Appendix D – Final 2022 Evaluation Plan Grid

	2022 Final Evaluation Plan Grid						
	Primary Evaluation Question: What progress has been made towards the 14 objectives identified in the SLO Oral Health Improvement plan?						
	Objective 1: Increase the number of children receiving topical fluoride varnish through community programs in schools, early childhood centers, WIC and low-income housing projects by 10% by the end of 2019, and 5% more annually over the next three years.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	# of children (children 0-5 years) receiving a fluoride varnish through the SLO County Oral Health Program	County Oral Health Program	933 (August 2017-July 2018)	Target: 1,026 (2021-2022) Actual: 730 (2021-2022) Cumulative: 2,327 (2018-2022)	Overall, Yes, but did not meet (2021-2022) Target	Increase overall; Decrease in 2022	Impacted by COVID limited screenings due to closures & social distancing

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NA	# of children (children 0-5 years) receiving 3 or more fluoride varnish applications per year through the SLO County Oral Health Program	County Oral Health Program	101 (August 2017-July 2018)	Target: 111 (2021-2022) Actual: 75 (2021-2022) Cumulative: 148 (2018-2022)	Overall, Yes, but did not meet (2021-2022) Target	Increase overall; Decrease in 2022	Impacted by COVID limited applications due to closures & social distancing
	Objective 2: Increase the number of children receiving fluoride varnish from a non-dental health provider by 10% by the end of 2019, and 5% more annually over the next three years.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	# of Medi-Cal children receiving a fluoride varnish by a CenCal Health professional	CenCal Health Data Report	3,519 (2017-2018)	Target: 3,871 (2022) Actual: 1,531* (2022)	Yes and No	Increase and then Decrease in (2020-2021)	*Number available is only for the first & second quarter in 2022, January through June.

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				Cumulative: 16, 020* (2018-2022)			Impacted by COVID limited due to closures & social distancing
	*Not under any specific objective						
Has an assessment of health status, health needs, and social determinants of health been performed with a focus on underserved and vulnerable populations? (Objective 2) (SLO OHNA)	SLO County Oral Health Needs Assessment Summary Report (pgs. 7-22) (Objective/ Activity 2.8)	Data mining of available secondary data sources every two years (Objective/ Activity 2.2, 2.4, 2.6, 2.9) Key informant interviews as needed (Objective/ Activity 2.5)	0 (2018)	1 (2022)	Yes	NA	Completed and approved in 2019
Have assets and resources been identified to address the oral health needs of underserved and vulnerable populations?	Evidence of resources and assets in SLO County Oral Health Needs Assessment and Oral Health Improvement Plan	Key informant interviews and data collected through data mining (Objective 3.2)	0 (2018)	1 (2022)	Yes	NA	Completed / Met in 2019 The County of San Luis Obispo is fairly small & population was not large

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(Objective 3) (SLO OHNA)	(pgs. 13-20) (Objective 3.1) # of facilitated community asset mapping activity/ies with respective summary report of findings (Objective 3.3)	Asset mapping event (Objective 3.3)	0 (2018)	0 (2022)	No	NA	enough to allocate resources to develop a GIS map; SLO county has a low number of Denti-Cal providers, due to this we felt GIS mapping was not warranted. Environmental services has GIS mapping if needed in the future.
Has a community oral health improvement plan with accompanying action plan been developed? (Objective 4) (SLO OHIP pgs. 21-30)	SLO County Oral Health Needs Assessment and Oral Health Improvement Plan (Objective 4.2, 4.3, 4.6)	All data gathered through data mining and key informant interviews (Objective 4.4, 4.5)	0 (2018)	1 (2022)	Yes	NA	Completed and approved in 2019

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Has an evaluation plan been developed that includes a Logic Model? (Objective 5) (SLO OHIP pgs. 20)	SLO County Oral Health Evaluation Plan with logic model (Objective/Activity 5.2, 5.5)	Informational meetings with consultant and other LOHPs	0 (2018)	1 (2022)	Yes	NA	Completed and approved in 2020
	Primary Evaluation Questions: What have been the changes in prevention activities (e.g. screenings, fluoride varnish and sealants) and how have they affected the decay experience in children in SLO County?						
	Objective 3: **Establish school-based or school-linked dental sealant programs in at least three schools by September 2019, with an additional one school annually for the following three years.**						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	% of third grade children with dental sealants	County Oral Health Survey	42% (2010-2011)	Target: 46% (2021-2022) Actual: 53% (2018-2019)	Yes	Increase	Impacted by COVID limited due to closures & social distancing; halted the

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							2019/2020 and 2020/2021 CCDS/GKAS screenings, leaving us without data to track sealant usage for those years.
NA	# of schools with a dental sealant program	School Inventory	0 (2017-2018)	Target: 3 (2019-2020) 6 (2021-2022) Actual: 12 (2019-2020) 7 (2021-2022)	Yes Yes	Increase and then decrease, but did meet target	Went from 12 dental sealant programs in 2019-2020 to 7 in 2021-2022 due to COVID; 3 out of the 7 programs in place have provided services to children in school; waiting on child re-enrollment / parent consent.
Have any evidence-based programs been implemented in elementary	# of schools with SB/SL dental sealant or fluoride program (Objective 6.1, 6.2)	Updated lists of schools and students participating in VDH (Objective 6.1, 6.2)	14 (2017-2018)	65 (2018-2022)	Yes	Increase	Impacted by COVID limited due to closures & limited in-person schools / social distancing

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schools throughout the county? (Objective 6) (SLO OHIP 1, 3)	# of children participating in programs (Objective 6.1, 6.2)	Updated lists of students participating in VDH (Objective 6.1, 6.2)		4,523 (2018-2022)			
	Objective 4: Increase the number of public health programs and health professionals providing anticipatory guidance and education on oral health to children and their parents.						
Supplemental Evaluation question(s)	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
Have community children and parents been involved in oral health education sessions that highlight the importance of accessing preventive	# of schools, grades, and children participating in educational sessions (Objective 6.2.3, 6.2.4, 6.1.11) Community-based outreach	Log of instructional sessions at different schools Log of parental educational sessions and attendance sheets	2 schools/sites and 92 children participated (2018) 2 educational sessions / 45 parents participated (2018)	20 schools/ sites and 962 children participated (2018-2022) 47 educational sessions / 495 parents participated (2018-2022)	Yes	Increase	Impacted by COVID limited due to closures & limited in-person schools / social distancing The OHP teamed up with CHDP to provide fluoride

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dental care services, establishing regular home dental care practices early, as well as the importance of rethinking consumption patterns (snacks and beverages)? (Objective 6.1.3, 6.2.3) (SLO OHIP 4)	programs (public libraries, homeless shelters, BGC, community health fairs) (Objective 6.1.11) (SLO OHIP 4.2) # of parents participating in educational sessions (Objective 6.2.3, 6.2.4) Curriculum/Lesson plan and materials (Objective 6.1.3, 6.1.4) (SLO OHIP 4.2)		2 educational sessions/trainings for health professionals (medical staff) / 15 staff participated (2018)	10 educational sessions/trainings for health professionals (medical staff) / 66 staff participated (2018-2022)			varnish education and training for new medical staff in primary care clinics; the medical staff then use their new knowledge to educate parents on benefits of fluoride as they apply varnish to the children seen at their office.
Have any campaigns been developed and	Tobacco cessation and RYD curriculum	Curriculum development meetings	0 Tobacco Cessation Curriculum (2018)	1 Tobacco Cessation Curriculum (2022)	Yes	Increase	Completed 2022

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implemented which: • address common risk factors for oral health and chronic diseases • promote protective factors that will reduce the burden of disease (Objective 8) (SLO OHIP 4.7)	(Objective 8.4, 8.6, 8.7) # of dental offices assessed and trained (Objective 8.2, 8.8) # of dental offices implementing curriculum in offices (Objective 8.E.1, 8.E.2) Materials/resources developed (Objective 8.4, 8.6, 8.7)	List of assessment and training meetings List of dental offices implementing curriculum	0 RYD Curriculum (2018) 0 dental offices assessed/trained for Tobacco Cessation (2018) 0 dental offices assessed/trained for RYD (2018) 0 dental offices implementing Tobacco Cess. curriculum in offices (2018) 0 Dental offices implementing RYD	1 RYD Curriculum (2022) 15 dental office assessed/ 1 office; 4 staff trained for Tobacco Cessation (2018-2022) 15 dental offices assessed / 4 offices; 37 staff trained for RYD (2018-2022) 1 dental office implementing Tobacco Cess. curriculum in offices (2022) 2 dental offices implementing			Completed 2021 In 2021, one RYD training was offered to the Dental Hygienist Association; there were 17 participants The last dental office trained late May 2022 has not completed the post survey yet, so status of implementation is unknown. Due to the COVID pandemic, the delivery of the training had to

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			curriculum in offices (2018)	RYD curriculum in offices (2022)			be done virtually. It was delivered on 4 occasions. At each session a different number of participants attended. The training material was provided to all participants digitally- but of the 37 on 12C, 5 received actual printed material/resources.

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	Objective 5: Increase the percentage of SLO County residents who live in areas with fluoridated water by 10% by June 2022.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	# of SLO County residents with fluoridated water	Census population data	47,541 (2017)	Target: 52,295 (2022) Actual: 47,063 (2020) *__More accurate #'s:__ Baseline: 44,199 (2017) Actual: 46,779 (2022)	No	Increase, but target was not met	*More accurate #'s based on the CDC's "My Water's Fluoride: Find Water System Information" search engine and the "State Fluoridation Reports" **Actual #'s are from 2021; no new data for 2022
Has there been any change in the percentage of	# of new residential areas/jurisdictions with access	Update of new residential areas/jurisdictions with	2 (2017)	3 (2022)	Yes	Increase	Based on the CDC's "My Water's Fluoride: Find

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SLO county residents who live in areas with fluoridated water? (Objective 6.3) (SLO OHIP 5) (SLO MI 13)	to fluoridated water (SLO OHIP 5.1, 5.2) Public opinion focus group on the safety, benefits, and cost effectiveness of community water fluoridation and its role in preventing dental disease (Objective 6.3.1, 6.3.4) (SLO OHIP 5.2, 5.4)	access to fluoridated water from local government available data Agenda, Materials (i.e. focus group facilitation questions), List of participants (Objective 6.3.3)					Water System Information" search engine and the "State Fluoridation Reports" **Actual #'s are from 2021; no new data for 2022 No focus groups were done regarding community water fluoridation due to the OHP being part of local Public Health Department; ability to do more than educate on topic has been a challenge

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	Objective 6: Increase the number of dentists who are willing to see pregnant women by 20% by June 2022.						
Supplementary Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	*None	*None	*None	*None	NA	NA	The OHP did not have a baseline number of dentists seeing pregnant women in their office to start with; no significant work with any dental offices was started this grant cycle.

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	Primary Evaluation Question: What have been the changes in access to dental providers and how have those changes impacted the utilization rates in the county?						
	Objective 7: Increase the percentage of children on Medi-Cal Dental who visit a dentist at least once annually by 10% by June 2022.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	% of Medi-Cal children with a dental visit • <1 year • 1-2 years • 3-5 years • 6-9 years • 10-14 years • 15-18 years	Medi-Cal Dental Data Reports	6% (2016) 43% (2016) 54% (2016) 57% (2016) 52% (2016) 38 (2016)	Target: 7% (2022) 47% (2022) 59% (2022) 63% (2022) 57% (2022) 42% (2022) Actual: 14% (2019) 52% (2019) 63% (2019) 63% (2019) 58% (2019) 48% (2019)	Yes	Increase	Medi-Cal dental data is only available up to 2019.

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	Objective 8: Increase the number of general and pediatric dentists in SLO County accepting new Medi-Cal Dental patients by two per year, for the next three years.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	# of SLO County private practice pediatric and general dentists with a full-fee license enrolled in Medi-Cal	Delta Dental & CA Board of Dentistry	9 (2017)	Target: 15 (2022) Actual: 13 (2022)	No	Increase, but target was not met	
NA	# of SLO County private practice pediatric and general dentists with a full-fee license enrolled in Medi-Cal taking new patients	Delta Dental & CA Board of Dentistry	1 (2017)	Target: 7 (2022) Actual: 10 (2022)	Yes	Increase	

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	Objective 9: Maximize availability of services through increasing services by non-dentist auxiliary practitioners through dental assistant and hygienist scholarship and support programs.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	# of dental assistants receiving RDA training through a SLO County sponsored program	County Oral Health Program	0 (2017)	Target: 20 (2018-2020) Actual: 48 (2018-2022)	Yes	Increase	Funding for this activity ended at the end of 2020
NA	# of hygienists receiving RDHAP training through a SLO County sponsored program	County Oral Health Program	0 (2017)	Target: 6 (2018-2020) Actual: 6 (2018-2022)	Yes	Increase	Funding for this activity ended at the end of 2020

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	Objective 10: Reduce the percentage of 3rd grade children, Head Start and California State Preschool children with untreated tooth decay by 10% by June 2022.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	% of children with untreated decay • Head Start & California State Preschool • Kindergarten & Third Grade	County Oral Health Survey	33% (2008-2009) 12% (2010-2011)	Target: 30% (2021-2022) Actual: 28% (2021-2022) Target: 10% (2021-2022) Actual: 40% (2021-2022)	Yes and No	Decrease / target met Increase / target not met	
NA	% of children with decay experience • Head Start & California State Preschool	County Oral Health Survey	57% (2008-2009) 52% (2010-2011)	Target: 51% (2021-2022) 47% (2021-2022)	NA	NA	That data was not being tracked by our program. In the future, this data will also be tracked in our excel sheet.

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	• Kindergarten & Third Grade			Actual: NA			
**Also shown in Objective 7	**Objective 11: Increase the percentage of children on Medi-Cal Dental aged 1-2 years who visit a dentist by 10% by June 2022.**						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	% of Medi-Cal children with a dental visit • 1-2 years	Medi-Cal Dental Data Reports	43% (2016)	Target: 47% (2022) Actual: 52% (2019)	Yes	Increase	Medi-Cal dental data is only available up to 2019.

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	Objective 12: Support improved capacity to provide comprehensive oral health care for children and adults with special needs (physical, developmental, social/emotional, and mental).						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	*None	*None	*None	*None	NA	NA	The OHP collaborates with (receives referrals) Tri-Counties Regional Health Care services; provides those with specialized health care needs directly related to, or the direct result of, a developmental disability and care is required to protect

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							health, safety, or to prevent regression.
	Primary Evaluation Question: How has the OHP developed an oral health surveillance system and utilized its findings to improve programs?						
	Objective 13: Develop and implement an oral health surveillance system (disease prevention, coverage, utilization and outcomes) and report data regularly.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
Have any partners been involved to help promote oral health by developing and implementing prevention and healthcare policies/guidelines for programs, health care	# of schools reporting on SCOHR (Objective 7.5) (SLO OHIP 13.3.3) # of nurses trained in SCOHR (Objective 7.10) # of KOHA related activities	SCOHR Database (SLO OHIP 13.3.3) Meeting/Training sigh-in sheets (Objective 7.9) Dated activities with attendance forms	4 school districts* (2017-2018) No baseline (2017-2018) 0 KOHA related activities (2017-2018)	8 school districts* (2021-2022) 11 nurses trained (2018-2022) 80 KOHA related activities (2018-2022)	NA NA NA	Increase Increase Increase	*Used # of school districts reporting on SCOHR instead of # of schools

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providers, and institutional settings? Surveillance system? (Objective 7) (SLO OHIP 13) PFJ	(Objective 7.6, 7.7, 7.8, 7.9) # of school districts/schools that share GKAS data with OHP. (SLO OHIP 13.3.1) # of community outreach events: CAPSLO Head Starts, Boys & Girls Clubs of San Luis Obispo County (BGC), and WIC clinics along w/ the number of children participating in the "screened & fluoride" initiative (Objective 7.2, 7.3, 7.4)	(Objective 7.11) Summary reports (Objective 7.E.1, 7.E.2) (SLO OHIP 13.3.3, 13.4) Oral Health Data	10 school districts/schools that share GKAS data with OHP (2018-2019)	9 school districts/schools that share GKAS data with OHP (2021-2022)	NA	Decrease	One school district was not screened during GKAS due to lack of volunteers/staff

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	(SLO OHIP 13.1)						
	Objective 14: Maintain a fully staffed county oral health program and an Oral Health Coalition in SLO County.						
Supplemental Evaluation question	Indicator or Performance Measure	Data Source	Grant Implementation (e.g., Baseline YR)	Grant Close-out (e.g., 2022 YR)	Was measure met? (e.g., yes or no)	How well did you do? (e.g., increase, decrease, or no change)	Notes
NA	Maintain a fully staffed county oral health program	County OHP	4 (2018)	4 (2022)	Yes and No	NA	Beginning July 2022, the OHP staff will decrease its team to one HES (3 staff members will remain)
Have diverse stakeholders been effectively engaged in the AC and in program planning? (Objective 1)	# and affiliation of Coalition members (Objective/Activity 1.6) # of coalition members interviewed	AC minutes, sign-in sheets (Objective/ Activity 1.7) Key informant interviews (Objective/	19 active; 100+ affiliated (2018) 0 (2018)	11 active; 98 affiliated (2022) Cumulative: 59 (2018-2022)	NA NA	Decrease Increase	

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(SLO OHIP 14.2)	(Objective/Activity 1.9) # of satisfaction surveys returned (Objective/Activity 1.E.2)	Activity 1.9) Satisfaction surveys (Objective/ Activity 1.E.2)	0 (2018)	16 (2018-2022) 0 (2018-2022)	NA	No change	

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Appendix E – County of SLO Legislative Platform (pgs. 34-35)

F. **Problem**: Residents of San Luis Obispo County have limited access to dental care due to a shortage of dental providers. SLO County has long struggled with having enough dental providers to meet the demands of the community, however the pandemic has exacerbated the problem significantly. Data from the California Department of Health Care Services shows that utilization rates of Medi-Cal dental benefits decreased from the 2019 calendar year to 2020. Many people were not able to seek care during the pandemic. The statewide total utilization rates for annual visits of the following age groups 1-20 and 21+ decreased from 51.4% and 25.0% in 2019 to 42.2% and 21.0% in 2020. Going without regular preventive dental care for months can be detrimental to a person's oral health status. Minor problems such as early signs of decay can become major problems that may need restorative work such as fillings, root canals and crowns. Dental disease also impacts systemic health making individuals more susceptible to all disease, especially in a pandemic situation.

Now more than ever, dental offices in SLO County are struggling to keep up with the increased demand for dental care services due largely from delayed routine care and treatment during the pandemic. As the need for dental services has increased, dental practices continue to be short staffed. Specifically, dental practices are struggling to hire and retain midlevel dental health staff such as Registered Dental Hygienists and Registered Dental Assistants. The Health Resources and Services Administration (HRSA) has designated SLO County as having Health County of San Luis Obispo 2022 Legislative Platform Page 35 of 43 Professional Shortage Areas (HPSA) and scores areas of SLO County high in the priority list for assignment of dental clinicians.

Resolution: Support legislation (listed below), regulatory, and other efforts, including funding, to support and/or increase training/coursework offered for mid-level dental health professionals locally. Increasing the number of mid-level dental health professionals/providers increases dental providers capacity to care for patients. Mid-level dental health professionals can provide routine care for patients, which frees up a dentist's dental chair time for more severe cases. Also, support legislation which:

1. Increases the rates of reimbursement for Medi-Cal dental, consistent with rates available in other jurisdictions and costs experienced by efficient providers.

2. Provides reasonable reimbursement rates for dental services for all age groups (children, adolescents, and adults).

3. Includes funding for prevention services that are culturally responsive, family centered, and needs driven.