

**HRSA - 14-044 D06RH27789  
Rural Health Network Development Grant Program  
Coast to Cascades Community Wellness Network - Healthy Smiles for All  
Samaritan North Lincoln Hospital  
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**“Coast to the Cascades Community Wellness Network - Healthy  
Smiles for All”**

**Evaluation Report  
September 2015**

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## EXECUTIVE SUMMARY

“Healthy Smiles for All: Oral Health Care for Uninsured/Underinsured Residents of Two Rural Oregon Counties” is designed to strengthen the rural health care system in Linn and Lincoln counties. At the end of its first year, the project is solidly established and functioning well. Major accomplishments include the following:

- As a result of the tenacious efforts of the project team to overcome barriers and provide direct clinical oral health services to those most in need, nearly 300 uninsured and underinsured adults received clinical dental care between February and August, 2015. The majority of these services (70%) were provided in primary care medical clinics where Expanded Practice Dental Hygienists had been co-located. Services were also provided in dental vans at Samaritan Sweet Home Family Medicine and the River Center.
- The CCCWN and in particular its Steering Committee members have provided significant guidance for project implementation. Local Oral Health Coalitions (Regional and Linn County) have been meeting regularly with good attendance. Members of these Coalitions have provided creative and diverse perspectives on how to optimize the effectiveness of oral health activities in local communities.
- Two important documents --“The Oral Health Needs in Benton, Lincoln and Linn Counties: An Assessment” and “Strategic Plan for Oral Health in Benton, Lincoln and Linn Counties (2015 – 2020)” were completed through the collaborative efforts of the CCCWN and the local Coalitions and published by the Benton, Lincoln and Linn Regional Oral Health Coalition of Oregon.
- Educational accomplishments included launching a major public awareness campaign in Linn County, convening the first annual “Oral Health Summit Medical-Dental Integration and Co-Location Summit,” and providing unanticipated educational opportunities for Coalition members.

Recommendations for strengthening the project include:

- In year two, provide an amplified level of assistance in Lincoln County. The Lincoln County Oral Health Coalition was slow to resume but is ramping up and has identified water fluoridation and promotion/support of dental vans as priority areas for year two.
- Increase the roles and responsibilities of the CCCWN Steering Committee related to the Healthy Smiles project.
- Ensure that sites where oral health clinical services are provided collect data in a consistent manner and report it to the Oral Health Coordinator on a regular schedule.

## **BACKGROUND AND PURPOSE**

### **Network Background**

Healthy Smiles for All: Oral Health Care for Uninsured/Underinsured Residents of Two Rural Oregon Counties was designed to strengthen the rural health care system in Linn and Lincoln counties. Its aim is to improve the oral health of uninsured and underinsured residents.

The Coast to Cascades Community Wellness Network (CCCWN) provides project oversight. Established in 2009, the CCCWN addresses regional health priorities through implementation of collaborative, evidence-based, approaches. It is comprised of 22 organizational members who represent hospitals, health departments, schools, and a wide range of community-based organizations across the tri-county region. The eight-member CCCWN Steering Committee is a subgroup of the CCCWN.

CCCWN members are executive-level decision-makers who can ensure implementation of activities and services at the local agency level, increasing the effectiveness of regional collaborations. Over the past five years, CCCWN members have worked together on federal, state and local grant-funded programs. In July 2013, the CCCWN designated oral health as the network's top priority for the next five years. Network members worked together to develop the proposal for the Healthy Smiles For All Project and provide active oversight for its implementation.

### **Project Description**

Healthy Smiles has five main objectives. These objectives are to (1) develop a regional strategic plan, (2) integrate oral health care into primary care settings, (3) facilitate access to comprehensive oral health training for health care providers, (4) collect evaluation data to support continuous quality improvement of project processes and (5) conduct an education-focused oral health public awareness campaign.

The project description is illustrated in its logic model (Attachment A). Specific activities and timelines can be found in the detailed work plan (Attachment B). As evaluation findings are used for continuous project improvement, the project description may change. The evaluation will capture and describe these modifications to project design and delivery in the annual evaluation reports.

### **Baseline Data**

One of the first activities of the project was to gather baseline data from publicly available sources and to publish a regional oral health needs assessment report. This project activity was completed and the report was distributed in February 2015.

Baseline data are documented in “Oral Health Needs in Benton, Lincoln and Linn Counties: An Assessment.” Prepared by the Benton, Lincoln, Linn Regional Oral Health Coalition, this report was an attempt to “understand and verify current and emerging oral health needs of people” (page 1) living in these counties. It concludes that the region has significant unmet oral health needs, especially among the “homeless population, undocumented residents, seniors, people with special needs, and people living in foster homes and in long term care facilities” (page 1).

Key baseline data presented in this report include the following:

- In 2013, almost one quarter of adults in Lincoln County (23%) and Linn County (22%) were without dental insurance. Without preventive dental care for this segment of the population, communities incur significant costs for providing palliative (rather than curative) treatment in urgent care clinics and hospital emergency departments.
- In 2014, there were 516 total visits in East Linn County to the Samaritan Lebanon Community Hospital and the Lebanon Urgent Care Clinic for dental emergencies. The vast majority of visits (n=459) were made by people who were insured through the IHN-CCO. Most IHN-CCO patients sought treatment for dental emergencies at the Lebanon urgent care clinic (n=302) and 157 went to the Samaritan Lebanon Community Hospital Emergency Department. An additional 57 people in East Linn County who had no insurance also went to the hospital or urgent care for dental emergencies in 2014.
- In 2014, there were 318 total visits for dental emergencies to hospital emergency departments in Lincoln County (203 visits to the Samaritan Pacific Communities Hospital in Newport and 115 to Samaritan North Lincoln Hospital in Lincoln City). The majority of visits (209) were made by people who were insured through the IHN-CCO. An additional 109 people who had no insurance also went to hospital emergency departments. (Information about the number of visits to urgent care clinics was not reported in the Needs Assessment Report.)

As more adults obtain dental insurance through the Affordable Care Act and as this project increases access to dental care for those who continue to be uninsured or are underinsured, the number of visits to hospital emergency departments and urgent care centers should decline. These data will be reported during year two of the evaluation.

## **EVALUATION METHODS**

### **Purpose of the Evaluation**

The purpose of this evaluation is to strengthen project delivery and to determine the effectiveness of Healthy Smiles in improving the oral health of uninsured and underinsured residents in Lincoln and East Linn counties. The evaluation design is an observational case study. It monitors the implementation of the project for purposes of continuous quality improvement (the focus in the first year of the project) and assesses project outcomes and impact (the focus in years two and three of the project). Specific evaluation activities and timelines can be found in Attachment C: The Evaluation Plan.

### **Data Collection Methods and Sources**

A cornerstone of an observational case study is the presence of an objective observer/evaluator at most meetings and activities. Through ongoing observation and occasionally participation, quantitative and qualitative data are gathered in a naturalistic manner. Observational strategies are used to develop descriptions of service delivery while in-depth information is gathered from stakeholders through observation and evaluative questioning during group discussions. One-on-one interviews are conducted as needed for clarification and additional details. Data are also extracted from project records. Analysis and interpretation strategies appropriate for the case study methodology are used to synthesize data and generate evaluation findings and recommendations.

This evaluation does not fit the definition of human subjects research and did not require review by the Samaritan Health Services Institutional Review Board.

## **RESULTS and DISCUSSION**

The goal of Healthy Smiles is to improve the oral health of uninsured and underinsured residents in the rural communities of Lincoln and east Linn counties. The Healthy Smiles Logic model (Attachment A) illustrates how this goal will be accomplished – the Logic Model starts with a description of existing strengths (inputs) upon which the project is grounded, describes activities that will be carried out, and identifies indicators of project successes (outputs and outcomes).

The Logic Model is structured around three broad project priorities, which are to: (1) build and sustain project infrastructure, (2) educate and build the capacity of health care providers around oral health, and (3) provide oral health care for uninsured and underinsured adults. These evaluation results are organized according to these three priority areas.

## **Build and Sustain Project Infrastructure**

Infrastructure consists of the following components: Project staffing, CCCWN and coalition support, project operations, the regional strategic plan, and evaluation.

**Project Staffing.** All activities related to project staffing were carried out successfully although it took more time than anticipated to fill two of the positions. Four non-clinical positions were funded by the grant. These positions include the Oral Health Project Coordinator (1.0 FTE) and four part-time positions (Project Director, Project Assistant, Linn County Activities Coordinator, and Lincoln County Activities Coordinator). The work of two external consultants was also funded by the grant. A short-term consultant was retained to help with the development of the needs assessment and strategic plan. A second long-term consultant provides project evaluation services. Both consultants came on board almost immediately after the launch of the project.

Project implementation was delayed somewhat because two positions were not filled quickly after the project was launched. The position of the Oral Health Project Coordinator was not filled until December 2014 (about four months after project launch). The Lincoln County Activities Coordinator position was not filled until spring 2015 (about six months after project launch). Even in the best of situations, it can take months to fill a professional-level position because of the time it takes to advertise a position and interview candidates as well as lag time between selection and start up.

**CCCWN and Coalition Support.** The CCCWN oversees Healthy Smiles and local oral health coalition members have first-hand involvement with its implementation. Active engagement of the individuals associated with these groups is essential to project success. Accordingly, establishing a schedule of regular meetings of these groups was an immediate priority at the start of the project.

A yearlong schedule for CCCWN and local coalition meetings was established and distributed at the beginning of the year. Three meetings were scheduled for the CCCWN (22 members). Bi-monthly meetings of the CCCWN Steering Committee (8 members) were calendared. The Regional Oral Health Coalition (40 members) and Linn County Oral Health Coalition (31 members) met monthly all year. The Lincoln County Oral Health Coalition (33 members) did not begin to meet until Spring 2015 (shortly after the Lincoln County Activities Coordinator position was filled) but have now established a monthly meeting schedule. Membership rosters are located in Attachment D.

The CCCWN Oral Health Steering Committee meets periodically to review Healthy Smiles project implementation and develop real-time recommendations to strengthen implementation. These meetings were well attended; members were engaged and active participants in discussions.

Although the network only meets three times a year, CCCWN members are kept informed about Healthy Smiles implementation through email updates, regular telephone contacts with the Project Director, and via reports from Steering Committee members. Because of the busy schedules of organizational leaders (who comprise the CCCWN), the number of people who attend the CCCWN meetings can vary significantly and one meeting this past year had to be canceled due to low attendance.

Significant accomplishments of the CCCWN this past year were the amendment of the network charter and development of a process through which members are able to contribute financially to sustain the network and establish a pool of funds to support CCCWN activities. CCCWN membership fees are based on the size of the organization and range from \$500 (for organizations with 50 to 100 employees) to \$1,500 (for organizations with more than 500 employees).

Options are being discussed about elevating responsibility of the CCCWN Steering Committee for Healthy Smiles implementation in the upcoming year because it meets frequently and its members are deeply interested in ensuring the successful implementation of the project. In this scenario, the Steering Committee would assume greater responsibility for guiding the day-to-day operations of Healthy Smiles and would report back to the larger CCCWN group with project updates.

Local county coalitions discuss community oral health issues, share updates about the coalition member activities, review Healthy Smiles implementation data, and generate solutions to barriers to local oral health activities. The local oral health coalitions have taken an inclusive approach to membership with large numbers of community members invited to participate. Typically, however, attendance at the coalition meetings is comprised of a relatively small core group of engaged individuals with other members appearing when topics of interest were discussed.

The Linn County Oral Health Coalition was active in the first year with consistent attendance at the meetings. This Coalition meets at Samaritan Lebanon Community Hospital, which is conveniently located. The first Oral Health Summit was held in Linn County this year and was a catalyzing event in this region. Coalition members contributed significantly to the planning of this event and were excited to promote it across the community.

The Chair of the Linn County Oral Health Coalition has been advancing oral health services for the underserved in Linn County for several years and has been an exemplary Coalition leader. He sustains the involvement of local members through his own enthusiastic advocacy. In July 2015 he sent a compelling letter to all 31 members of the Coalition, urging their sustained involvement and encouraging expansion of the Coalition to include a diverse range of individuals or entities committed to improving community health. He personally distributed public awareness media materials (posters and handbills) throughout his county.



Lincoln County Oral Health Coalition did not resume meeting (after a temporary suspension in 2013) until May 2015. As soon as the Lincoln County Activities Coordinator position was filled in March, attention was given to scheduling and reconvening the Coalition. During summer months, attendance was sporadic. Low attendance was partially attributed to the fact that school district members were on summer break.

Lincoln County meetings are held in different locations because of the large size of the county, with member organizations taking turns serving as hosts. Using the Regional Strategic Plan as their guide and the coincidental opportunity to influence policy in their community (the Lincoln County Public Health Advisory Committee had just begun to consider the topic of water fluoridation), this Coalition decided to make providing support for water fluoridation in the local water systems a high priority. Several members attended meetings to support fluoridation and letters were written. Promotion of fluoridation is a priority that is consistent with the Regional Strategic Plan and provided a tangible first focus for Coalition efforts. A priority in year two will be ensuring that all 12 dental vans that are available to serve Lincoln County are fully utilized.

The Regional Oral Health Coalition meets monthly to ensure that activities across Linn, Lincoln and Benton counties are coordinated and complimentary. Members from local coalitions represent their counties on the regional Coalition. Although meetings of the Regional Oral Health Coalition are typically well attended, there is very little representation from Lincoln County. Because this Coalition serves three counties, traveling large distances will always be required for some members, regardless of where the meetings are held.

Local coalitions had existed prior to the Healthy Smiles project and will continue to exist after the grant has ended. As had been done prior to Healthy Smiles, each coalition elects its own chair and that person is responsible for setting agendas and facilitating meetings. In the past year, the work of these Coalitions has been significantly enhanced by support provided through the grant, which funds a modest amount of administrative support. The Healthy Smiles project assistant provides clerical support for coalition chairs by locating meeting sites, creating physical agendas, taking and maintaining records of attendance, and taking formal minutes at all meetings. This administrative support was particularly helpful for the Lincoln County Oral Health Coalition, which had been temporarily suspended. The administrative support was helpful in getting this Coalition up and functioning again in Spring 2015.

**Project Operations.** In the first year of any new project, establishing and testing processes and procedures is essential for creating a strong foundation for project operations. As just one example, processes for dental referrals to locations where dental services are provided were established and continually improved during the course of the year based on input provided by the local oral health coalitions and providers. As another example, payment processes to Capitol Dental Care for

uninsured and underinsured patients were established using a voucher system. Equipment sterilization in the co-locations posed a challenge that was resolved as well. Monthly meetings of local oral health coalitions to review project processes and develop more effective strategies was instrumental in removing barriers and strengthening project operations.

**Regional Oral Health Strategic Plan.** The development of a regional oral health needs assessment and a regional oral health strategic plan are specified activities in the Healthy Smiles work plan. These activities were completed according to the project time line.

The Regional Oral Health Strategic Plan, completed in March 2015, has become the foundation upon which local oral health activities are based and it is used extensively to assess regional progress and guide decisions. The Plan provides concrete guidance to oral health activities that are carried out by the coalition members; it was not developed just for the Healthy Smiles project. This professionally-developed and formatted plan contains clearly defined objectives, strategies and outcomes.

The development of the Regional Oral Health Strategic Plan was based on data drawn from the 2014 Regional Oral Health Needs Assessment (completed February 2015) and shaped through input provided by local and regional coalitions and the CCCWN. An external consultant (this same consultant had also helped to develop the statewide Oregon Oral Health Strategic Plan) was retained to prepare the written report. Four facilitated strategic plan meetings were convened, with good attendance, where CCCWN and Coalition members reviewed drafts of the plan and provided feedback for revisions.

Once completed, the Regional Oral Health Strategic Plan was immediately put to use to guide local decision-making. Coalition members were encouraged to bring their personal copies of the Strategic Plan to meetings and the alignment of oral health activities with objectives in the Strategic Plan was a frequent topic of conversation. Referred to during the majority of Coalition meetings, the Strategic Plan became a familiar and useful document.

HRSA also required the development of a strategic plan specific to Healthy Smiles. This document was completed in August 2015 and was submitted to HRSA. It provides a useful reference for benchmarking the progress being made by the project and also provides a snapshot description of Healthy Smiles for individuals who are new to the project.

**Project Evaluation.** During the first year of any project, ongoing evaluative oversight is useful to ensure that project foundations are well established and that operational milestones are being met. Strengthening project implementation is the priority. In this first year, the evaluator attended all meetings of the CCCWN and a majority of the meetings of the Regional Oral Health Coalition, the Linn County Oral

Health Coalition and the Lincoln County Oral Health Coalition. Evaluative questioning during meetings prompted Coalition members to think critically and creatively about project implementation. At most meetings, the evaluator posed prepared questions about project effectiveness to stimulate discussion, identify unanticipated barriers and generate practical solutions for more effective implementation.

In subsequent years of the project, the focus of the evaluation will shift to assessment of project outcomes and impact.

### **Educate and Build Capacity**

**Educate Coalition Members.** While local Coalition members provide guidance for the Healthy Smiles, they also seek and provide collegial guidance from one another. As evidenced by the attached rosters for the Coalitions (Attachment D), membership is diverse and includes representatives from a range of community entities such as the Boys and Girls Clubs, schools, health departments, local dental offices and dental care organizations. United by the shared goal of improving the oral and physical health of their community members, trusting and supportive relationships form between those who consistently attend coalition meetings and animated discussions take place about how best to tackle and resolve the various barriers to providing service that pop up at their own sites.

Examples of discussions that take place during coalition meetings illustrate the exchange of support and ideas: How to build trust between dental and medical providers who are co-located in the same clinic; how to educate medical providers about the services that the Expanded Practice Dental Hygienist (EPDH) provides; how to educate emergency department and urgent care staff about the availability of vouchers; how best to gather parental consent for oral health exams in schools; how to increase the number of appointments for dental vans and how to decrease the number of no-shows for appointments. Because these meetings are facilitated the Project Director and the Oral Health Program Coordinator, discussions typically conclude with the generation of practical next steps and actions.

Although fewer than half of the individuals listed on coalition rosters attend the meetings regularly, everyone receives copies of the detailed minutes that are prepared following each meeting and thus are kept informed about community events, training opportunities, and current statistics around oral health. In effect, the rosters provide an efficient avenue for targeting dissemination of information to key stakeholders.

Discussions about current data are another way that coalition members are educated. Monthly reports of InterCommunity Health Network Coordinated Care Organization (IHN-CCO) data are provided at most coalition meetings. These data are an instructive benchmark of the degree to which the oral needs of adults enrolled in IHN-CCO are being addressed. Trend data are displayed so that coalition

members can easily track patterns (by county) of enrollment in the CCO, enrollment in the CCO-approved dental plans, demographics of IHN-CCO members (gender, race, age), and their use of emergency departments and urgent care clinics. When coalition members review and discuss the data, they celebrate positive changes and troubleshoot potential barriers. They share these data back in their own workplaces as well. When requested by coalition members, IHN-CCO staff will modify the format of the tables and charts to improve the usability of the data.

Coalition members learn from one another during meetings and also are provided with opportunities for professional development. Linn County Coalition members attended the Medical-Dental Integration and Co-Location Summit. Eight coalition members (three Linn county, two Lincoln county, one Regional and two CCCWN members) and two staff will attend, the two-day Oregon Oral Health Coalition Fall Conference in Portland where they will hear talks about current issues and learn new strategies for improving oral health of the underserved.

**Educate Providers.** Providers and office staff in primary care clinics learned about the Healthy Smiles project through one-on-one meetings with the Project Director and the Oral Health Coordinator and through email correspondence and media activities.

Healthy Smiles has provided multiple educational opportunities for providers who are interested in learning about oral health in general and about specific preventive practices. Local dentists, physicians and office staff were invited to the first annual Medical-Dental Integration and Co-Location Summit, held June 10<sup>th</sup> at the new Samaritan Center in Lebanon. The 60 individuals who attended the Summit enjoyed dinner and two keynote speeches. Dr. Patricia Braun, a pediatrician from Colorado described her firsthand experiences integrating dental care in a primary care setting. She described, frankly, the barriers she encountered and the successes that were achieved. Dr. Bruce Austin, the State Dental Director, spoke about the acute need for oral health care in Oregon. About half (34) of the participants completed surveys and the majority of ratings and comments were positive. In 2016, the Summit will be held in both Linn and Lincoln Counties.

Health care providers are kept informed about access to specialized training as well. First Tooth Training is provided by Oregon Oral Health Coalition free-of-charge. Healthy Smiles promotes First Tooth Training and tracks the number of pediatric providers and staff at Samaritan Health Services (SHS) who completed the training. Thus far, approximately 68 SHS staff and 15 students have completed this training. Processes for tracking participation of WIC and Head Start personnel in First Tooth training were also established.

Smiles for Life Training (National Oral Health Curriculum) is available to health care providers through SHS continuing medical education. Processes for tracking participation in this training were established during the first year of the Initiative.

**Educate the Public.** One of the objectives of Healthy Smiles is to “Develop and conduct a region-wide public oral health media campaign to educate the public about oral health, reaching at least 100,000 community members by 2017.

The public awareness campaign was launched first in Linn County in June 2015. It was designed to promote the importance of oral health and its link with overall health; the link between oral health and chronic disease; the importance of oral health during pregnancy and the need for prenatal oral care; and the new services available through Healthy Smiles. This large-scale campaign has the potential to reach all community members (88,627 people) in Linn County.

The campaign’s media materials were professionally developed and branded with the newly developed CCCWN logo. Thus, in addition to delivering oral health messages, the media campaign also informed community members about the existence of the CCCWN. Campaign artwork featured photos of local community members, representing the diversity of the community.

In Linn County, the public awareness campaign delivered educational messages through various media outlets including:

Radio:

- Pandora:
  - 300,000 - :30 second commercials
- KGAL:
  - 1 press release

Print materials:

Posters

- 700 English copies
- 300 Spanish copies

Handbills

- 1600 English copies
- 800 Spanish copies

Newspapers

- 3 full color ads and 1 press release each
  - Brownsville Times
  - Lebanon Express, and
  - Sweet Home New Era
- 1 press release
  - Albany Democrat Herald
- 1 article
  - Heart to Heart

### Digital Newspapers

- 100,000 ads
  - LebanonExpress.com
- 150,000 ads
  - OregonLive.com

### Mints

- 2000 giveaways

### Billboards

- 1 prominently placed in Lebanon

Coalition members helped to identify locations where the public awareness materials would be most useful to display (e.g., schools, clinics, FQHC, public spaces, community events). Coalition members also assisted in the distribution of the materials.

A webpage was launched around the same time (Brush4Health.org) and by September, the webpage had received 633 page views, 518 unique page views and 441 entrances.

Public awareness was also increased through tabling events at large community events. For example, at the Linn County Fair, 1,141 visitors to the oral health table were recorded and 400 dental kits were given away. Advantage Dental and Capitol Dental donated dental kits. More than 400 people stopped by the Healthy Smiles table at the Biz Expo in Lebanon.

When rolled out in Lincoln County in the second year of the project, the public awareness campaign is expected to reach an additional 38,336 people.

## **Provide Direct Oral Health Services**

A major focus of the project is increasing access to and providing preventive and basic dental care in Lincoln and East Linn Counties. The target population for oral health services are adults (age 18 and older) who are uninsured and underinsured. In the first year of the project, oral health services were provided in East Linn County only, where about 16,000 people live below the poverty level. Many of these people have now acquired dental coverage through the IHN-CCO but those who have not are eligible for oral health services made available by Healthy Smiles.

The provision of oral health services in Lincoln County will be rolled out in the second year of the project where about 6,000 people live below the poverty level.

This report provides data about oral health services provided in East Linn County during the first year of the project. Oral health services in East Linn County were provided in primary care clinics through co-location of an EPDH, in community locations accessible to dental vans, and community locations and dental offices with services provided by dentists who will accept vouchers.

**Direct Services.** Tables 1 provides a summary of the direct clinical services that were provided in East Linn County between February 2015 and August 2015. As can be seen, services were provided in three different venues – primary care medical clinics, the River Center (a community center where oral health services are provided), and in dental vans. A total of 296 patients were served during this seven month time period.

The target population for Healthy Smiles oral health services is uninsured and underinsured adults. All adults (ages 18 to 65) who were served were uninsured. The older adults (age 65 and over) who were served were underinsured.

Demographic data are shown in Tables 2 through 5. Consistent with the community demographics, most of those who were served were white. Demographic data were not collected on patients who were served in dental vans (approximately 17% of the patients who were served).

The majority of patients (n=208, 70%) received services from Expanded Practice Dental Hygienists who were co-located in three medical clinics (Sweet Home Family Medicine, Brownsville Family Medicine and Mid-Valley Medical Plaza, Lebanon).

Fifty-one patients (17%) received services in dental vans. Dental vans provided service in East Linn County (Brownsville, Lebanon and Scio). The Capitol Dental Van serves Sweet Home and Brownsville and the Medical Teams International dental van serves Lebanon and Scio.

The remaining patients (n=37, 15%) were served at the River Center to determine eligibility for the adult dental emergency voucher program. Only uninsured adults with dental emergencies are eligible for the adult voucher program. Adults are screened at the River Center and provided a voucher, as appropriate, to see a dentist. Services covered by the voucher include an exam, x-ray, extraction and filling. Four dentists in East Linn County participated in this program, providing the above services for a flat reimbursement fee of \$100. These four dentists provided more than \$85,000 worth of dental services to 37 adults (for which only \$3,700 was covered through voucher reimbursement).

**Table 1. Total number of dental services provided by type in East Linn County between February 2015—August 2015**

	Location					
Type of Service	Sweet Home Family Medicine	Brownsville Family Medicine	Mid-Valley Medical Plaza, Lebanon	Adult Dental Emergency Voucher Program, The River Center	Dental Vans	Total
Emergency	44	24		37	51	156
Preventive	118	8	14	0		140
<b>Total</b>	162	32	14	37	51	296

**Table 2. Number of dental services provided by gender in East Linn County between February 2015—August 2015**

	Location					
Age	Sweet Home	Brownsville	Lebanon	The River Center	Dental Vans	Total
Female	97	17	9	21		144
Male	64	15	5	15		99
Unknown	1			1	51	53
<b>Total</b>	162	32	14	37	51	296



**Table 3. Number of dental services provided by age in East Linn County between February 2015—August 2015**

	Location					
Age	Sweet Home	Brownsville	Lebanon	The River Center	Dental Vans	Total
Adults 18 - 64 years	105	16	9	29		159
Elderly 65 & over	55	16	5	7		83
Unknown	2			1	51	54
<b>Total</b>	162	32	14	37	51	296

**Table 4. Number of dental services provided by race in East Linn County between February 2015—August 2015**

	Location					
Race	Sweet Home	Brownsville	Lebanon	The River Center	Dental Vans	Total
American Indian or Alaska Native	2	2				4
Asian				1		1
Black or African American						0
Native Hawaiian/Other Pacific Islander	2					2
White	149	30	14	32		225
More than one race	1					1
Unknown	8			4	51	63
<b>Total</b>	162	32	14	37	51	296

**Table 5. Number of dental services provided by ethnicity in East Linn County between February 2015—August 2015**

Ethnicity	Location					Total
	Sweet Home	Brownsville	Lebanon	The River Center	Dental Vans	
Hispanic or Latino	8			3		11
Not Hispanic or Latino	154	32	14	33		233
Unknown				1	51	52
<b>Total</b>	162	32	14	37	51	296

No direct clinical services were provided in co-locations in Lincoln County during the first year of the project, as had been planned. Co-locations will be established during the second year of the project with the placement of two Expanded Practice Dental Hygienists placed in primary care clinics in Waldport and Newport.

Grant funds had been allocated to support 12 dental vans in Lincoln County during the first year of the project but this did not happen. This delay is largely because the Lincoln County Activities Coordinator did not come on board until March 2015. Her first action was to re-establish the local Coalition, which had been temporarily suspended. Once the Coalition was re-established, Coalition members turned their attention to scheduling the dental vans. When asked about anticipated challenges related to providing service via dental van during year two, Coalition members were primarily concerned with difficulties in getting patients to follow through with appointments. Without consistent transportation, it can be difficult to make scheduled appointments. Without phones (particularly cell phones) and permanent addresses, appointment reminders are difficult to provide. Coalition members are exploring the option of having dental vans in locations where walk-up service can be provided. These locations include the soup kitchen and homeless shelter. Scheduling dental vans concurrently with community events is another option. This Coalition is committed to ensuring that all 12 dental vans (the number allowable by the grant) will be used in this county during the second year of the project.

## CONCLUSIONS

Key findings related to the three priority areas - infrastructure, education and clinical services – are presented here.

### Infrastructure

- The infrastructure that supports Healthy Smiles was solidly established soon after the launch of the project. Most staff positions were filled in a timely manner and staff has done a great job following the work plan and implementing the project. Based on a suggestion provided by a Coalition member, the staffing configuration was modified shortly after the start of the project. Local Oral Health Activities Coordinators (part-time positions) were not in the original proposal but the need for people who lived in the local communities who could facilitate the delivery of direct clinical services was quickly identified. The presence of these local advocates has strengthened the project.
- The four-month delay in filling the position of Oral Health Project Coordinator did not have a noticeable impact on project launch because the Project Director initiated and carried out activities in the work plan so that the project was not stalled.
- The seven-month delay in filling the Lincoln County Activities Coordinator position did have a negative impact. Dental vans were not utilized in Lincoln County in the first year although funding had been allocated for 12 visits. As well, it is likely that the Lincoln County Oral Health Coalition may have re-started earlier in the year had a local activities coordinator been hired earlier.
- Administrative support provided by the project assistant to the CCCWN, CCCWN Steering Committee and the three local coalitions has been an important component of the project infrastructure. This support is funded by the grant. It has significantly enhanced the professionalism and functioning of the network and coalitions. Without having to attend to logistics such as scheduling meetings, finding meeting locations, and sending out meeting reminders, community partners who are committed to improving oral health are able to come together and engage in important discussions around oral health. These discussions are documented and distributed through detailed meeting minutes. In this way, community partners who are unable to attend meetings are kept current on oral health activities in their local areas.
- The CCCWN Steering Committee has been particularly important to the project success by providing oversight that has moved the project forward in

a timely manner. Because the Steering Committee meets more frequently than the full network, its influence is more significant.

- Two major accomplishments in the first half of the project - the needs assessment and the regional strategic plan – were developed with significant input from invested stakeholders (CCCWN, CCCWN Steering Committee, Regional Oral Health Coalition and Linn County Oral Health Coalition). As a result, the documents are relevant and more likely to be used productively by community partners. These documents were attributed to the Benton, Lincoln, Linn Regional Oral Health Coalition, creating an ongoing legacy and name recognition for that entity.

### **Educate and Build Capacity**

- An unexpected finding of the evaluation in the first year was the degree to which Healthy Smiles contributed to the education and professional development of coalition members. In the original proposal for this project, participation in the First Tooth and Healthy Smiles for Life trainings was projected as a primary mechanism for educating providers and others. Based on evaluative observations made during the first year, participation in a coalition is likely to educate community partners and build capacity in ways that had not been anticipated. The occurrence of in depth discussions among coalition members, often sparked by presentations made during coalition meetings, was documented through observation and also through review of the meeting minutes. This is an unexpected finding and one that merits greater recognition in the second year of the project.
- The process of developing the materials for the public awareness campaign was inclusive and engaged many stakeholders. CCCWN and coalition members crafted the messaging and voted on the images. Working on this campaign evoked a sense of optimism and pride among CCCWN and coalition members, as evidenced by positive comments and smiles. The involvement in the development of the education campaign materials increased a sense of ownership over the products and motivated members to assist with the distribution of the materials.

### **Direct Clinical Services**

- Nearly 300 uninsured and underinsured adults received clinical dental care as a result of this project. This is a remarkable accomplishment. Hiccups are a normal part of the roll out for any new project and one of the strengths of this project team (which here is defined as staff as well as CCCWN and coalition members) was quick response and resolution of barriers that arose. Because barriers and challenges were resolved quickly, more people in need of dental services could be served.

- Project team members are known by and connected to leadership within SHS and across the community. Relationships that were formed through the CCCWN and Coalitions were helpful in facilitating access to leaders who could quickly step in and help solve problems. These relationships strengthened Healthy Smiles and also supported oral health activities that were taking place throughout the counties. As one example, when it was learned that people who came to the hospital emergency department for dental emergencies were not being referred appropriately to oral health services for which they were eligible (e.g., adult voucher program), program staff met personally with the Vice President of Nursing to identify and implement more effective strategies for appropriate referrals.
- The co-location of EPDHs in the three primary care settings has been a major accomplishment and was put into effect in a timely and efficient manner, despite challenges. For example, it took persistence to secure centrally located and dedicated space where dental services could be provided in heavily used primary care clinics. Establishing proper sterilization procedures for equipment turned out to be more complicated than expected. When used in a clinic setting, dental equipment had to be sterilized using hospital standards. This required transportation of dental equipment to the hospital for sterilization and then the return of the sterilized equipment back to the three clinics where dental services were co-located. Other challenges were resolved through the development of trusting relationships between the co-located EDPH and health care providers. EDPHs attended staff meetings and worked to establish themselves as an integral member of the primary care teams. It took some patience but over time warm hand-offs increased and EDPH services were used to fuller capacity.

## **RECOMMENDATIONS**

Recommendations for strengthening activities aimed at improving the oral health of uninsured and underinsured community members were developed in a participatory manner with project team members throughout the year. As issues arose, solutions were developed and integrated seamlessly into project implementation. As a result, course corrections were made in an ongoing manner and the project team can be proud of its many successes.

Larger-scale recommendations, derived through an evaluative review of the project at the end of the first year, are provided here:

- Building and strengthening the Lincoln County Oral Health Coalition and ensuring that co-locations are established and dental vans are fully utilized

will require a significant amount of staff time and resources. Anticipate the need for and provide a higher level of support in this county in year two.

- Shift primary oversight responsibility for Healthy Smiles away from the CCCWN to the CCCWN Steering Committee. The Steering Committee meets more regularly, has more consistent attendance, and has demonstrated a strong commitment to strengthening oral health services. Although it may require a vote of the CCCWN members, obtain decision-making authority for the CCCWN Steering Committee for Healthy Smiles. Designate a member of the Steering Committee to provide Healthy Smiles updates to the full CCCWN and seek its guidance during its regular meetings.
- Coalition members are clearly deriving educational and capacity-building benefits as a result of participation in Coalition activities. Add this unanticipated benefit for community partners as a specified project outcome. Modify the evaluation plan for years two and three of the project to include collection of evidence to document educational effects on community partners/Coalition members.
- Now that processes are in place for collection of data from sites where clinical services are provided (e.g., service type and patient demographics), ensure that these data are collected consistently and reported to the Oral Health Project Coordinator on a regular schedule so that dashboard displays of data can be developed on a quarterly basis by the evaluator for use by project stakeholders in year two.

**HRSA – 14-044 D06RH27789  
Rural Health Network Development Grant Program  
Coast to Cascades Community Wellness Network – Healthy Smiles for All  
Samaritan North Lincoln Hospital  
3043 NE 28<sup>th</sup> Street  
Lincoln City, OR 97367-4518**

**Attachment A: Logic Model**

**Logic Model**

Inputs/ Resources	Activities	Outputs	Outcomes (1-3 years)	Outcomes (4-6 years)	Impact (7-10 years)
<b>INFRASTRUCTURE</b>					
<ul style="list-style-type: none"> <li>• Coast to Cascades Community Wellness Network (CCCWN)</li> <li>• Regional Oral Health Coalition</li> <li>• State of Oregon Oral Health Strategic Plan</li> <li>• Oregon Senate Bill 738 (2011, allows use of EPDHs)</li> </ul>	<ul style="list-style-type: none"> <li>• CCCWN launches its 2013 priority area – oral health</li> <li>• Governing Board is convened to guide the focus on oral health</li> <li>• CCCWN Strategic Plan is updated to address oral health disparities and align with Oregon Oral Health Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• CCCWN membership expands to include additional dental providers</li> <li>• New strategic plan includes strategies for addressing oral health in a sustainable manner</li> <li>• Preliminary - strategic plan is published and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>• CCCWN sustains foci on childhood obesity (2010-2013 priority) and advances new oral health priority (2013-2016)</li> <li>• Other regions in the state learn how SB 738 enables their use of EPDHs in their own communities</li> <li>• Replicable and sustainable strategic plan for reducing oral health disparities in rural communities is implemented, evaluated, and modified</li> </ul>	<ul style="list-style-type: none"> <li>• CCCWN grows portfolio of health priorities/ identifies new health priority area (2016-2019)</li> <li>• Sustainable strategy for reducing oral health disparities in rural communities continues</li> </ul>	<ul style="list-style-type: none"> <li>• CCCWN continues as independently functioning inter-organizational body providing oversight for coordinating and strengthening rural health services</li> <li>• Oral health is accepted as an integral component of overall health</li> </ul>

**EDUCATION and CAPACITY BUILDING**

<ul style="list-style-type: none"> <li>• SHS Marketing Department</li> <li>• <i>Advancing Oral Health in America</i> (IOM, 2011)</li> <li>• <i>Rural America's Oral Health Care Needs</i> (NRHA, 2013)</li> <li>• Smiles for Life: A National Oral Health Curriculum for Primary Care Providers</li> <li>• First Tooth Program</li> </ul>	<ul style="list-style-type: none"> <li>• Development and launch of large-scale media campaign</li> <li>• Initiative is guided by published best practices and evidence-based curricula and programs</li> <li>• Smiles for Life &amp; First Tooth training is provided</li> <li>• First Tooth training is provided</li> </ul>	<ul style="list-style-type: none"> <li>• Oral Health page added on SHS website</li> <li>• Newspaper articles, newsletter, and other printed material promote the Initiative and educate the public</li> <li>• Health Care Providers (primary and pediatric) in <b>all</b> rural clinics will be trained in Smiles for Life and First Tooth</li> <li>• Staff in <b>all</b> rural primary care and pediatric clinics, Head Start, and WIC locations will be trained in First Tooth</li> </ul>	<ul style="list-style-type: none"> <li>• Through media activities, the importance of oral health to overall health is promoted</li> <li>• Through media activities, individuals learn about the availability of preventive and basic dental services in their communities.</li> <li>• Individuals learn how to access local oral health services in their own communities</li> <li>• Health Care Provider capacity to conduct comprehensive health assessments is strengthened</li> <li>• Staff have the capacity to carry out First Tooth activities and provide sealants for children</li> </ul>	<ul style="list-style-type: none"> <li>• Media activities are sustained</li> <li>• Increased number of individual who have access to oral health services in their own communities</li> <li>• Smiles for Life and First Tooth refresher trainings are part of ongoing medical education activities</li> </ul>	<ul style="list-style-type: none"> <li>• The capacity to address oral and overall health in rural clinics is sustained and strengthened</li> <li>• Smiles for Life and First Tooth refresher trainings continue to be part of ongoing medical education activities</li> <li>• Smiles for Life &amp; First Tooth Healthcare providers incorporate oral health assessments during routine care appointments</li> <li>• Capacity to provide First Tooth sealants in clinic and community settings is expected of staff</li> </ul>
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**SERVICE DELIVERY**

<ul style="list-style-type: none"> <li>• Primary care providers who have been trained in Smiles for Life</li> <li>• Staff who have been trained in First Tooth</li> <li>• Existing cadre of Expanded Practice Dental Hygienist mid-level providers</li> <li>• Participating 8 rural health clinics and Federally Qualified Health Clinics</li> <li>• Dental Vans</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care providers include oral health in their health care assessments</li> <li>• Staff trained in First Tooth begin to provide sealants for children in their facilities</li> <li>• The 3-year rolling process is established for placing EPDHs in <b>all</b> rural primary care, pediatric, OB/GYN and federally qualified clinics</li> <li>• Dental Van schedules will be established and advertised</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care providers access oral health during routine clinic visits and refer patients to onsite EPDHs</li> <li>• Eligible children served in clinics, Head Start, WIC and other participating events will receive sealants through First Tooth</li> <li>• Dental vans will schedule and treat patients</li> <li>• EPDHs refer patient with oral health disease to dental vans or appropriate dentists</li> </ul>	<ul style="list-style-type: none"> <li>• EPDH will begin billing for services, creating sustainable model</li> <li>• Increased number of dental clinics accepting Medicaid and low-income patients</li> <li>• Improved access to dental care for all patients due to addition of EPDHs to the pool of oral health providers</li> <li>• Health care sites will have an Expanded Practice Dental Hygienist available to provide preventative care and basic dental services</li> </ul>	<ul style="list-style-type: none"> <li>• 80% of rural health care sites will have an Expanded Practice Dental Hygienist available to provide preventative care and basic dental services</li> <li>• EPDH activities will be sustained through billing</li> </ul>	<ul style="list-style-type: none"> <li>• Use of hospital emergency departments and urgent care centers for dental emergencies decreases</li> <li>• Health disparities related to oral and overall health are decreased in rural communities</li> </ul>
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**ATTACHMENT B: WORK PLAN**

**Healthy Smiles for All: Oral Health Care for Uninsured/Underinsured Residents of Rural Lincoln and Linn Counties**

<b>Goal: Improve the oral health of uninsured and underinsured residents in the rural communities of Lincoln and east Linn Counties.</b>			
<b>Objective 1: Develop a strategic plan to address health disparities in Lincoln and east Linn with a focus on oral health and begin implementation by 2015.</b>			
<b>Activities</b>	<b>Evaluative Measures</b>	<b>Person/Org Responsible</b>	<b>Timeframe</b>
1. Hire consultant to facilitate strategic planning process and regional needs assessment.	1. Consultant hired.	1. Network Director	1. Nov. 2014
2. Hire Oral Health Coordinator. a. Hire County Activities Coordinators	2. Oral Health Coordinator hired. a. Program Coordinators TBA	2. Network Director a. County Partners	2. Nov. 2014 a. Jan. 2015
3. Hire Project Assistant.	3. Project Assistant. TBA	3. Network Director	3. Jan. 2015
4. Hire Evaluator.	4. Evaluator hired.	4. Network Director	4. Nov. 2014
5. Hold four facilitated strategic planning meetings and utilize local community health needs assessments and evidence-based programs to develop working draft of strategic plan that focuses on oral health.	5. Systematic observation of meetings. List of stakeholders attending each meeting. Working draft of strategic plan is completed and distributed.	5. Evaluator, CCCWN Staff	5. Dec. 2014 – March 2015
6. Facilitate Regional Oral Health Coalition needs assessment.	6. Completed dental needs assessment reports for each county.	6. Consultant	6. Nov. 2014 – April 2015

7. Build and strengthen relationships between the local dental and medical communities.	7. Annual focus groups consisting of dental and medical professionals to explore relationships/collaborations (2 in each county).	7. Evaluator, CCCWN staff and network partners	7. Feb. 2015 – ongoing
8. Promote and support community-based collaborations between area organizations to address oral health issues.	8. Annual focus groups consisting of representatives from area organizations to explore relationships/ collaborations (2 in each county).	8. Evaluator, CCCWN staff and network partners	8. Feb. 2015 – ongoing
9. Establish a method for payment to Capitol Dental Care for dental services provided to uninsured and underinsured patients.	9. Payment measure is established and approved	9. CCCWN Staff, SHS, Capitol Dental Care	9. Dec. 2014
10. Finalize Evaluation Plan.	10. Evaluation Plan is finalized.	10. Evaluator, CCCWN, Oral Health Coordinator	10. Feb. 2015
11. Finalize new strategic plan.	11. Strategic plan document is finalized and distributed.	11. CCCWN staff	11. April 2015
12. Monitor the implementation of the strategic plan, review annually and revise as needed.	12. Systematic strategy for tracking and monitoring implementation of strategic plan is developed and initiated. Monitoring is ongoing, allowing for continuous quality improvement of implementation Quarterly monitoring updates provided to CCCWN.	12. Evaluator and CCCWN	12. May 2015 – ongoing
13. Develop Healthy Smiles for All Initiative Sustainability Plan.	13. Sustainability Plan document finalized and distributed.	13. CCCWN, Oral Health Coordinator	13. June 2017

<b>Objective 2: Integrate oral health care into 80% of primary, pediatric and OB/GYN clinics and 100% of WIC offices and Head Start programs by 2017.</b>			
<b>Activities</b>	<b>Evaluative Measures</b>	<b>Person/Org Responsible</b>	<b>Timeframe</b>
1. EPDH and Oral Health Coordinator attend clinic staff meetings and meet one-on-one with clinic staff prior to EPDH placement in the clinic, to build relationships and establish trust.	1. Track the numbers of meetings attended and staff met with.	1-5. SHS, CCCWN and Capitol Dental Care	1 Jan. 2015 ongoing
2. Purchase 3 portable dental units and replacement parts for 3 portable for use by EPDH in Lincoln and east Linn County.	2. 1 portable unit is purchased year one with replacement parts for 1 unit and one unit in year two with replacement parts for 1 unit and one in year three with replacement parts for 1 unit.	Oral Health Coordinator Network Director	2. Jan. 2015 – June 2017
3. Place an EPDH at Samaritan Family Medicine Brownsville and Mid Valley Medical Clinic one day per week (Linn County pilot).	3. Track numbers of patients served and types of services provided at each site each month.		3. Jan. 2015
4. Develop and implement a dental referral process for clinic staff.	4. Review referral process.		4. Jan. 2015
5. Place an EPDH at 8 sites across Lincoln and east Linn counties.	5. Track and review implementation barriers at each site each month.		5. April 2016- Aug 2017
6. Increase prenatal oral health care services at WIC offices.	6. Track expansion of prenatal health services and number of women served at each WIC office.	6. CCCWN, Capitol Dental Care, Health Departments	6. Jan. 2015- Aug. 2017

7. Implement First Tooth program at four Head Start programs (upon completion of training).	7. Track implementation of First Tooth, provision of services and number of children served at each Head Start.	7. Health Departments, Oral Health Coordinator	7. Jan. 2015 – Aug. 2017
8. Provide mobile dental van one time per month in both Lincoln and east Linn Counties to bring services to those unable to access care in primary care clinic or dentist office.	8. Track mobile dental van activities in each county and collect counts and types of services provided.	8. Oral Health Coordinator	8. Jan. 2015 – Aug. 2017
<b>Objective 3: Establish annual comprehensive oral health education training for health care providers, to be attended by 90% of providers associated with the Healthy Smiles Initiative by 2017.</b>			
<b>Activities</b>	<b>Evaluative Measures</b>	<b>Person/Org Responsible</b>	<b>Timeframe</b>
1. Train providers and implement the evidence-based First Tooth Program in WIC and Head Start programs.	1. List of individuals trained, track expansion of First Tooth and numbers of children served at each site.	1. Oral Health Coordinator, Capitol Dental Care	1. Jan. 2015 – Aug. 2017
2. Provide physician education on oral health utilizing the evidence-based Smiles for Life: A National Oral Health Curriculum.	2. List of providers who completed the Smiles for Life curriculum.	2. SHS Continuing Medical Education, Oral Health Coordinator	2. Jan. 2015 – Aug. 2017
3. Provide education for physicians and clinic staff on oral health and care for very young children utilizing the First Tooth program.	3. List of providers and staff who have completed the First Tooth training program.	3. SHS Continuing Medical Education, Oral Health Coordinator	3. Jan. 2015 – Aug. 2017
4. Disseminate educational information on link between oral health and chronic disease and overall health to caregivers and organizations that serve the elderly.	4. Track dissemination activities, list of caregivers and organizations receiving educational materials.	4. SHS, CCCWN staff and network partners	4. Jan. 2015 - ongoing

<b>Objective 4: Review and adapt Initiative activities during the first quarter each year, based on evaluation information regarding effective practices or identification of unanticipated innovative strategies, beginning 2015.</b>			
Activities	Evaluative Measures	Person/Org Responsible	Timeframe
1. Review and assess Initiative activities in the context of the evaluation information.	1.CCCWN meeting observations, documentation of effective activities and ineffective activities.	1. Evaluator, CCCWN	1. April 2015, April 2016, April 2017
2. Adapt current and implement new activities as determined through the evaluation.	2. Track and monitor strategies to accommodate adapted and new activities.	2. CCCWN, Oral Health Coordinator, and others to TBD	2. TBD
<b>Objective 5: Develop and conduct a region-wide public oral health media campaign to educate the public about oral health, reaching at least 100,000 community members (unduplicated count) by 2017.</b>			
Activities	Evaluative Measures	Person/Org Responsible	
1. SHS Marketing department to develop media campaign strategies and materials Topic areas to include: a. integral connection between oral health and overall health b. link between oral health and chronic disease c. importance of oral health during pregnancy and need for prenatal oral care d. new services available through Healthy Smiles for All Initiative	1. Document development of media campaign materials in each topic area and media source (e.g., webpage, newsletters, articles, brochures, flyers, social media activities).	1. SHS Marketing Department	1. Jan. 2015 – Oct. 2015
2. Distribute media campaign materials through appropriate venue.	2. Monitor and track distribution activities as appropriate (counts or numbers reached).	2. SHS Marketing Department, CCCWN, Oral Health Coordinator	2. Feb. 2015 – Aug. 2017

**Attachment C**  
**Evaluation Chart -- Tracking Activities and Monitoring Objectives**

<b>Objective 1:</b> Develop a strategic plan to address health disparities in Lincoln and east Linn counties with a focus on oral health and begin implementation by 2015.				
<b>What: Measure and target</b>	<b>Where: Sources of data</b>	<b>How: How data are collected</b>	<b>When: Frequency of data collection</b>	<b>Who: Person(s) responsible for gathering and analyzing data</b>
Signed contracts (6) -- 4 project staff, 1 strategic planning consultant, and 1 evaluation consultant by February 2015	Signed contracts on file	Project Director completes hiring processes and retains copies of signed contracts	One-time	Project Director
Established method (1) for payment to Capital Dental Care for uninsured and underinsured patients by December 2014	Billing invoices and payment records	Oral Health Coordinator gathers billing and payment records and confirms method has been implemented	One-time	Oral Health Coordinator  Evaluator
Approved Program Evaluation Plan (1) by February 2015	Written evaluation plan Written approval by Office of Rural Health (ORH)	Oral Health Coordinator Collects and retains evaluation plan and record of ORH approval	One-time	Oral Health Coordinator  Evaluator
Delivered and distributed for review -- first working draft of Regional Oral Health Strategic Plan (1) by April 2015	Written draft plan provided by strategic planning consultant. Distribution Tracking Form	Oral Health Coordinator obtains working draft - She distributes it to members of CCCW and Local Oral Health Coalitions and completes the Distribution Tracking Form	One-time	Oral Health Coordinator  Evaluator

Convened facilitated meetings (4) to develop and review Regional Oral Health Strategic Plan by March 2015	Sign-in sheets, meeting agendas, meeting minutes, systematic observation of meetings	Meeting records collected and archived by Oral Health Coordinator Field notes are collected by Evaluator	During the four meetings	Oral Health Coordinator  Evaluator
Completed Regional Oral Health Strategic Plan (1) by April 2015	Written final plan provided by strategic planning consultant	Oral Health Coordinator obtains final plan	One-time	Oral Health Coordinator  Evaluator
Distributed Regional Oral Health Strategic Plans (200) by May 2015	Distribution Tracking Form	Oral Health Coordinator distributes final plan to members of CCCW and Local Oral Health Coalitions and completes the Distribution Tracking Form	One-time	Oral Health Coordinator  Evaluator
Strengthened community-based collaborations between area medical and dental <i>professionals</i> by August 2017	Focus groups (4 total) consisting of dental and medical <i>professionals</i>	Focus groups are convened, qualitative data are gathered via audiotape and narratives - Evaluator analyzes data	Annually	Oral Health Coordinator  Evaluator
Strengthened community-based collaborations between area medical and dental <i>organizations</i> by August 2017	Focus groups (4 total) consisting of representatives from dental and medical <i>organizations</i>	Focus groups are convened; qualitative data are gathered via audiotape and narratives - Evaluator analyzes data	Annually	Oral Health Coordinator  Evaluator
Monitored, reviewed and revised (if needed) Regional Oral Health Strategic Plan, May 2015 and ongoing	CCCWN meeting minutes, systematic observation of CCCWN meetings, revisions of strategic plan	Evaluator gathers field notes during CCCWN meetings Changes to plan are documented by Oral Health Coordinator	At every CCCWN meeting (3)	Oral Health Coordinator  Evaluator



Completed Healthy Smiles for All Initiative Sustainability Plan by June 2017	Written sustainability plan Written approval by Office of Rural Health (ORH)	Oral Health Coordinator collects and retains sustainability plan and record of ORH approval	One-time, year 3	Oral Health Coordinator  Evaluator
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<b>Objective 2:</b> Integrate oral health care in to 80% of primary, pediatric and OB/GYN clinics and 100% of WIC Offices and Health Start programs by 2017				
<b>What: Measure and target</b>	<b>Where: Sources of data</b>	<b>How: How data are collected</b>	<b>When: Frequency of data collection</b>	<b>Who: Person(s) responsible for gathering and analyzing data</b>
# clinic staff meetings attended by Expanded Practice Dental Hygienists (EPDH) and Oral Health Coordinator (OHC) (target – one meeting at each participating clinic), ongoing  # one-on-one meetings with clinic staff by EPDH and OHC (target – with manager at each participating clinic), ongoing	Clinic Meeting Tracking Form	OHC tracks number of group and one-on-one meetings with clinic staffs at each site	Quarterly	Oral Health Coordinator  Evaluator
# portable dental units purchased each year -- (target -- 1 in year one, 1 in year two, and 1 in year three)	Budget	Evaluator reviews budget for expenditures	Annually	Evaluator
# Referrals provided to each site	Referral Tracking Form	Oral Health Coordinator collects referral tracking forms. Evaluator analyzes data to compare referrals to actual visits	Quarterly	Oral Health Coordinator  Evaluator

Placed EPDH at Brownsville Clinic by January 2015. # patients and demographics # services by type and acuity	Clinic Dental Care Tracking Form	EPDH enters data onto the tracking form and sends form to Oral Health Coordinator	Monthly	Oral Health Coordinator Evaluator
Placed EDPHs in 9 additional sites across Lincoln and east Linn counties. # patients and demographics # services by type and acuity	Clinic Dental Care Tracking Form	EPDH enters data onto the tracking form and sends form to Oral Health Coordinator	Monthly	Oral Health Coordinator Evaluator
# WIC offices providing services # patients and demographics # services by type and acuity	WIC Dental Care Tracking Form	WIC manager enters data onto the tracking form and sends form to Oral Health Coordinator	Quarterly	Oral Health Coordinator Evaluator
# First Tooth program delivered at # Head Start programs (4) providing services # patients and demographics # services by type and acuity	Head Start Dental Care Tracking Form	Head Start Director enters data onto the tracking form and sends form to Oral Health Coordinator	Monthly	Oral Health Coordinator Evaluator
# mobile dental vans each month serving Lincoln and east Linn county (Target in year 1: 6 vans in each county. Targets in years 2 and 3: 12 vans each year in each county) # patients and demographics # services by type and acuity	Mobile Van Dental Care Tracking Form	Mobile Van Coordinator enters data onto the tracking form and sends form to Oral Health Coordinator	Monthly	Oral Health Coordinator Evaluator

**Objective 3:**

Establish annual comprehensive oral health education training for health care providers, to be attended by 90% of providers associated with the Healthy Smiles Initiative by 2017

<b>What: Measure and target</b>	<b>Where: Sources of data</b>	<b>How: How data are collected</b>	<b>When: Frequency of data collection</b>	<b>Who: Person(s) responsible for gathering and analyzing data</b>
<p># staffs in Lincoln County WIC programs trained on First Tooth by Capital Dental</p> <p># staffs in Linn County WIC programs trained on First Tooth by the Linn County Health Department</p> <p># staffs in Lincoln County Health Start programs trained in First Tooth by Advantage Dental</p> <p># staffs in Linn County Head Start programs trained in First Tooth by Capital Dental</p>	<p>First Tooth Training Tracking Form(s)</p>	<p>Oral Health Coordinator gathers these data from Capital Dental, Advantage Dental and the Linn County Health Department</p>	<p>Quarterly</p>	<p>Oral Health Coordinator</p> <p>Evaluator</p>
<p># PCPs trained in Smiles for Life Curriculum</p>	<p>Smiles for Life Training Tracking Form CME credits earned</p>	<p>Oral Health Coordinator gathers these data from clinic managers</p>	<p>Quarterly</p>	<p>Oral Health Coordinator</p> <p>Evaluator</p>
<p># PCPs and clinic staff trained in the First Tooth Program</p>	<p>First Tooth Training Tracking Form CME credits earned</p>	<p>Oral Health Coordinator gathers these data from clinic managers</p>	<p>Quarterly</p>	<p>Oral Health Coordinator</p> <p>Evaluator</p>

# organizations that serve elders who are sent educational information about link between oral health and chronic disease	Educational materials distribution tracking Form	Oral Health Coordinator gathers these data from marketing department	Quarterly	Oral Health Coordinator Evaluator
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<b>Objective 4:</b> Review and adapt Initiative activities during the first quarter of each year, based on evaluation information regarding effective practices or identification of unanticipated innovative strategies, beginning 2015				
<b>What: Measure and target</b>	<b>Where: Sources of data</b>	<b>How: How data are collected</b>	<b>When: Frequency of data collection</b>	<b>Who: Person(s) responsible for gathering and analyzing data</b>
Convened CCCWN meetings where network members reviewed evaluation findings and provided input for strengthening program	Sign-in sheets, meeting agendas, meeting minutes, systematic observation of meetings	Meeting records are collected and archived by Oral Health Coordinator Field notes are collected by Evaluator	Quarterly	Project Director Oral Health Coordinator Evaluator
Adapted current and implemented new activities, as recommended by CCCWN	Focus group Field notes	Oral Health Coordinator documents changes in implementation - Evaluator gathers additional qualitative data through focus groups and observation	Ongoing	Oral Health Coordinator Evaluator

**Objective 5:**

Develop and conduct a region-wide public oral health media campaign to educate the public about oral health, reaching at least 1,000 community members (unduplicated count) by 2017.

<b>What: Measure and target</b>	<b>Where: Sources of data</b>	<b>How: How data are collected</b>	<b>When: Frequency of data collection</b>	<b>Who: Person(s) responsible for gathering and analyzing data</b>
Completed 3-year marketing plan that includes description of specific media campaign strategies and activities by October 2015	Written report provided by marketing department CCCWN meeting minutes	CCCWN members review, modify and approve plan	Year 1	Oral Health Coordinator  Evaluator
Implemented marketing plan. # reached and description of each media campaign activity, ongoing	Marketing department year-end report, budget	Review of year-end report provided by marketing department	Annually	Oral Health Coordinator  Evaluator

**ATTACHMENT D: CCCWN and Coalition Membership Rosters**

**Coast to Cascades Community Wellness Network 2015  
Steering Committee Members**

<b>Name</b>	<b>Organization</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
Rebecca Austen	Lincoln County Health Department	36 SW Nye St., Newport, OR	541-265-0400	<a href="mailto:rausten@co.lincoln.or.us">rausten@co.lincoln.or.us</a>
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