

**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 28th Street
Lincoln City, OR 97367-4518**

**Coast to the Cascades Community Wellness Network
Rural Health Network Development Grant**

**Year 3 Evaluation Report - Healthy Smiles for All Program
September 1, 2014 through August 31, 2017**

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November 29, 2017

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EXECUTIVE SUMMARY

The increase in access to oral health care in the participating counties was remarkable. 2,375 uninsured or underinsured adults received oral health services during the three years of the program. Each year the number of people served in the co-locations and dental vans increased, from 296 in the first year to 724 in the second year to 1,355 in the third year.

The CCCWN and coalitions involved in the Healthy Smiles for All Program have been vibrant and productive entities over the three-year period and are expected to continue to function and make positive differences in their local communities in coming years.

The CCCWN Governing Board, CCCWN Steering Committee, the Regional Oral Health Coalition, the Linn County Oral Health Coalition and the Lincoln County Oral Health Coalition each met from three to 12 times a year. Thus, over the three-year period of the program, these entities each met a total of 9 to 36 times, working collaboratively and effectively to decrease health disparities in their communities.

The consistent and productive use of methodically developed strategic plans by the regional and local oral health coalitions is commendable. These plans were used effectively to steer coalition activities and to benchmark progress. In the third year of the program, these plans were reviewed and revised so that program work could continue after grant funding ends.

The Healthy Smiles for All Program fully achieved four out of five of the program objectives. The objective to provide oral health services in primary care settings was only partially met. Despite earnest efforts to overcome barriers, only one co-location was functioning at the time of this report. Efforts are currently underway, however, to establish a new co-location in Lincoln County within the next few months.

Preface

This report is organized according to the guidelines for the final evaluation report that were provided by HRSA. These guidelines asked project evaluators to:

Please respond to the following questions based on your HRSA approved work plan and supporting evaluation plan measures. Please respond to each question individually, rather than as a continuous narrative.

1. Please list your program's goals and objectives. Using your evaluation data, please provide a narrative description of how effective your program was at achieving each of the stated goals and objectives of your work plan. Please include evaluation data presented below to support your narrative.
2. Please submit the chart or dashboard that was created as part of your evaluation plan. Provide your baseline measures, targeted measures, milestone data, and year 3 end data. The presentation and time intervals of this data is up to you, but should be presented in a way that is easy to interpret and includes data points that are representative of the highpoints or successes of your program.
3. Based on this data, what has been the most impactful or successful aspect of your program? What is the short term and long term impact of your program? How has this benefited your community and will these benefits continue to be realized after this grant funding?
4. What has been the least successful or least impactful part of your program? What were the barriers to the successful implementation of this initiative/activity?
5. FORHP often uses individual grantee data points and successes to highlight the impact of our programs to diverse audiences, as well as to support future funding for this program. Is there a data point or outcome of your program that you are particularly proud of that demonstrates how this funding has positively impacted the health of your community?
6. If applicable, please provide any other insight regarding your evaluation measures, process of collecting and communicating data, etc.

Introduction

In 2014, the Coast to Cascades Community Wellness Network (CCCWN) applied for and was awarded grant funding from the Health Resources and Services Administration Rural Health Network Development Planning Program for the “Coast to Cascades Community Wellness Network – Healthy Smiles for All” program (HRSA-14-044). Samaritan North Lincoln Hospital, a member of the CCCWN, hosts and financially administers this grant.

During the first year of the grant, the evaluation focused on the activities involved in building the foundational infrastructure for the Healthy Smiles for All program. These processes included getting paid staff on board, completing two key guidance documents related to regional oral health (“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”), and establishing program processes and operations. A detailed description of program implementation in the first year of the grant can be found in the *Year1 Evaluation Report - Healthy Smiles for All Program*.

In the second year of the grant, the evaluation shifted its focus to the rural health network development aspect of the grant while also documenting accomplishments of the Healthy Smiles for All Program. The CCCWN Governing Board and CCCWN Steering Committee were tracked although the most significant evaluation resources were devoted to monitoring and strengthening the functioning of the three local oral health coalitions. These local coalitions are the Regional Oral Health Coalition, the Lincoln County Oral Health Coalition and the Linn County Oral Health Coalition.

During the second year of the grant, the delivery and quality of direct clinical services was documented and evaluated as well. Oral health clinical services were provided through the placement of Expanded Practice Dental Hygienists (EPDHs) in primary care settings where basic oral health services were provided and through referrals to dental vans where dentists could provide treatment for oral health emergencies and disease. Self-reported patient satisfaction data were gathered from patients who received oral health services via a voluntary, anonymous survey. A detailed description of program activities and outcomes in the second year of the grant can be found in the *Year 2 Evaluation Report - Healthy Smiles for All Program*.

This report, *Year 3 Evaluation Report - Healthy Smiles for All Program*, provides a summative review of accomplishments and lessons learned over the three-year period from September 1, 2014 through August 31, 2017.

1. Program Goal and Objectives: Narrative Description of Accomplishments

Program Goal

Improve the oral health of uninsured and underinsured residents in the rural communities of Lincoln and east Linn Counties.

The current status of the activities associated with each of the objectives described below can be found in the updated project work plan (see Attachment 1). The Oral Health Program Coordinator developed this report as part of the package that was included in the request for the no-cost extension.

Objective 1: 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.

This objective was met. In total, three strategic plans were completed and each was used productively. The development and use of these documents was a focus of the evaluation report in the first year of the program.

The Strategic Plan for Oral Health in Benton, Lincoln and Linn Counties (2015 – 2020) was the first to be completed. It was quickly followed by the development of two county-specific strategic plans to guide the work of the oral health coalitions in Lincoln and Linn counties. Two years later (2017) an external review of the *Strategic Plan for Oral Health in Benton, Lincoln and Linn Counties (2015 – 2020)* was conducted. Current data were used to document regional progress thus far and a few objectives and activities were modified to be more realistic, based on lessons learned during the first two years of the program. At the same time, the two local oral health coalitions conducted internal reviews of their progress and updated their county-specific strategic plans accordingly. The mid-term reviews of the five-year strategic plans created new energy within the coalitions and re-focused their efforts for the near future.

The consistent and productive use by the regional and local oral health coalitions of their strategic plans is a positive finding of the evaluation. It is commendable that Healthy Smiles for All Program staff kept the spotlight on these documents. Strategic plans served as a practical structure for the regional and county-specific

coalition meetings and discussions. As a result, plans were used effectively to steer coalition activities and to benchmark progress.

Objective 2: Integrate oral health care into 80% of primary care, pediatric and OB/GYN clinics and 100% of WIC offices and Head Start programs by 2017.

The latter portion of this objective -- to integrate oral health care into 100% of WIC offices and Health Start programs by 2017 -- was fully accomplished. Community partners worked together to provide and track prenatal oral health services to women served at each WIC office. These partners included Capital Dental Care and the local Health Departments. The Oral Health Coordinator worked with the Oregon Oral Health Coalition to track the First Tooth training for WIC offices and Head Start Programs.

The first part of the objective -- to integrate oral health care into 80% of primary care settings -- was only partially met. After the project was launched, eight clinics were identified as locations where an EPDH could feasibly be placed. Over the course of three years, co-locations were established in four of these clinics (50% of the eight eligible clinics). By the end of the project, two co-locations are still in operation (25%). Efforts are underway to establish another new co-location in Lincoln County but this had not been accomplished at the time of this report.

Despite persistent barriers impeding the functioning and long-term sustainability of co-locations, the increase in access to oral health care in the participating counties was impressive. In total, 2,375 uninsured or underinsured adults received oral health services during the three years of the program. Each year, as the program became more established and barriers were identified and overcome, the number of people served increased -- from 296 in the first year to 724 in the second year to 1,355 in the third year. The count of the number of adults served (2,375) in the program is based on program records and is the number that was reported on the Federal Performance Improvement Measurement System database. Based on patient surveys completed in the second and third year of the program, patients were overwhelmingly satisfied with the services they received.

Detailed descriptions of activities undertaken to increase access and workarounds to barriers were described in the year 2 evaluation report. At that time, it looked as if this objective would be met. Patients were receiving basic oral health services from Expanded Practice Dental Hygienists (EPDH) in four co-location sites in East Linn County clinics and expansion was anticipated. Additionally, those in pain were receiving treatments from dentists in dental vans in both counties. Further, the

adult emergency voucher program was working effectively in Lebanon, with three participating dentists.

At the time of this final report, the dental van and the adult emergency voucher components of the Healthy Smiles for All program continue to function well with expansion expected in the upcoming year. The co-location in the Samaritan Sweet Home Family and the Samaritan Brownsville clinic will continue as well. However, significant barriers were encountered in the two other co-locations in east Linn County. These barriers have been insurmountable and these two co-locations are no longer functioning. No co-locations were ever established in Lincoln County, despite earnest efforts to do so. However, we learned that there is not a one size fits all co-location model, and are developing a model for Lincoln County sites, which will distribute dental kits in the interim.

The primary barriers to the success of the co-located services were easily identifiable. Continued low utilization of co-located services during the third year of the grant was the primary reason the services provided by EPDH's were discontinued in the two primary care clinics. Challenges with the Stark Law were an issue as well. Stark Law is a set of federal laws that prohibit physician referrals to health services, if the physician has a financial relationship with that entity.

Dental vans have proven to be a reliable source of oral health services in both counties. Vans can be conveniently located, uninsured and underinsured people who are experiencing a dental crisis are able to see a dentist, and the source of their pain can be cured. Community partners have an established track record of working together to schedule vans on a regular basis, place them for maximum accessibility for the target population, and ensure adequate staffing. Patient appointments are tracked and reminders are provided to reduce the number of no-shows.

Local oral health coalitions are fully committed to continuing to support the presence of dental vans in their communities. New locations are being explored in order to better meet local needs. In east Linn County, dental vans will be scheduled this upcoming year on the grounds of Wiley Creek Senior Community and in locations where veterans congregate.

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.

This objective was met. First Tooth training was delivered to providers who were associated with the Healthy Smiles Initiative. These individuals included physicians, nurses, and staff in the four primary care clinics where co-locations were established as well as individuals in WIC offices and Head Start programs. Staffs in primary care clinics were trained in the First Tooth model. Registered nurses, certified nursing assistants, and certified medical assistants from both counties were trained in the Smiles for Life curriculum.

The standard Smiles for Life Curriculum proved to be too time intensive and its developers are working on a more abbreviated version of the curriculum. Information for caregivers of the elderly about the link between oral health and chronic disease is in preparation and will be disseminated in the next few months.

Objective 4: 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.

This objective was met. We included evaluation as one of our objectives, although we recognize that this is not a common practice. We chose to place this spotlight on evaluation because we view it as an integral part of our program

Jana Kay Slater, PhD, served as our independent program evaluator. Dr. Slater met regularly with program staff and attended local coalition meetings. These included the meetings of the Coast to Cascades Community Wellness Network Governing Board (CCCWN), the CCCWN Steering Committee, the Benton, Lincoln, Linn Regional Oral Health Coalition, the Linn County Oral Health Coalition, and the Lincoln County Oral Health Coalition. Slater educated members of these groups about healthy coalition functioning using The Coalition Self-Assessment Tool (Healthy People, 2020) as a training tool. She then continued to use this Tool when providing ongoing coaching to guide and optimize group functioning. With continuous quality improvement as an aim of the evaluation, Dr. Slater facilitated discussions at most regional and local oral health coalition meetings about evaluation findings, drew attention to recently identified barriers, and guided group discussions about workarounds and solutions.

Objective 5: Develop and conduct region-wide oral health media campaign to educate the public about oral health, reaching at least 1,000 community members (unduplicated count) by 2017.

This objective was met. The “Clean Smiles = Healthy Bodies” media campaign was launched in the beginning of the first year of the program. The year-one annual evaluation report documented the successful completion of media activities in Linn County, which included radio spots, posters, handbills, multiple advertisements and articles in local media, development of the Healthy Smiles for All Brush4Healthy.org website, and billboards featuring local community members. A Facebook page was developed and maintained for the Benton, Lincoln and Linn Oral Health coalition. In addition, each year community partners and Healthy Smiles for All staff hosted tables at health fairs and community events. These activities were documented in the dashboard updates provided by the Healthy Smiles for All Coordinator.

These media activities were largely replicated in Lincoln County in year two of the program with the addition of a separate Facebook page used as part of the Lincoln County Oral Health Coalition advocacy for a fluoridation law. Another round of selected media activities cycled back to Linn County in year three of the program. Over the course of three years, the modest goal of reaching at least 1,000 community members was far surpassed. It is estimated that up to 88,000 people may have been reached by these activities in Linn County and 38,000 people in Lincoln County.

Healthy Smiles for All program’s educational influence has reached beyond our local communities. Our program has been recognized for its innovation and successes on the state and national level as well. It has been featured at the Oregon Rural Health Conference, the Oregon Public Health Association Conference, and the National Association for Community Health Improvement Conference and most recently was featured in the Compendium of Rural Health Best Practices, published in 2017 by the National Rural Health Association. The Oregon Oral Health Coalition has promoted our regional and local oral health coalitions as models for other communities in Oregon.

2. Evaluation Chart

The Healthy Smiles for All Program Coordinator provided periodic updates on the program status and an example of her dashboard report is provided in Attachment 2. These quarterly reports documented program activities and services. Because the Healthy Smiles for All program was new, program activities and services were at zero at the start of the program. From a baseline of no services, increases each month in the number and types of services that were provided were used as the measure of program success.

Three-Year Summary

The three-year summary tables below show changes over the time, from program start on September 1, 2014 through August 31, 2017.

**Table 1. Total number of dental services provided by type
September 1, 2014 through August 31, 2017**

Type of Service	2014-2015	2015-2016	2016-2017	Total
Emergency	156	463	384	1,003
Basic Services	140	261	971	1,372
Total	296	724	1,355	2,375

Emergency services were provided in Dental Vans in east Linn and Lincoln Counties and by private practice dentists in east Linn County through the Adult Dental Emergency Voucher Program facilitated by The River Center. Basic oral health services were provided by EPDH's in the co-locations. The increase each year in the total number of oral health services provided to the target population is a direct measure of program success.

**Table 2. Number of dental services provided by age
September 1, 2014 through August 31, 2017**

Age	2014-2015	2015-2016	2016-2017	Total
Adults 18 - 64 years	159	366	727	1,252
Elderly 65 & over	83	253	602	938
Unknown	54	105	26	185
Total	296	724	1,355	2,375

The target population for the Healthy Smiles for All program is uninsured and underinsured adults. This table confirms the program logic model was followed consistently and only adults were served.

**Table 3. Number of dental services provided by ethnicity
September 1, 2014 through August 31, 2017**

Ethnicity	2014-2015	2015-2016	2016-2017	Total
Hispanic or Latino	11	19	29	59
Not Hispanic or Latino	233	564	1,272	2,069
Unknown	52	141	54	247
Total	296	724	1,355	2,375

**Table 4. Number of dental services provided by race
September 1, 2014 through August 31, 2017**

Race	2014-2015	2015-2016	2016-2017	Total
White	225	542	1,258	2,025
All other	71	162	97	330
Total	296	724	1,355	2,375

Although the data reflected in tables 3 and 4 indicate that an overwhelmingly white population was served, these breakdowns are consistent with the ethnic and racial composition of the service area.

Patient Survey Data

Each spring (2016 and 2017) in Linn and Lincoln counties, patients who received oral health services in the co-locations, private practice dental offices and dental vans were invited to complete anonymous surveys. The purpose of these surveys was to document that those receiving the services were actually in the target population; to learn about the oral health needs of the target population; and to determine satisfaction with the services received.

Local oral health coalition members helped to develop the survey items and county oral health activities coordinators distributed and collected the surveys. Analysis of survey responses did not reveal any systematic differences in patient responses in the two counties. Similarly, data from year two and year three were analyzed separately and the trends observed in both years were virtually the same. For purposes of this report, data from both counties and both years were combined and are presented here.

A total of 354 surveys were returned and are included in the analysis.

Table 5: Patient ratings of their own dental health by location.

How would you rate your dental health in general?	Co-locations % (number)	Dental Vans % (number)
Poor	30% (58)	54% (86)
Good	52% (100)	30% (48)
Excellent	18% (35)	15% (24)

By any measure, people who were served through the Healthy Smiles for All Program were in need of dental services. About half (54%) of patients served in dental vans or private practice dental offices self-reported that they had poor oral health but according to their oral health providers, 76% of these people were rated as having poor oral health. About a third (30%) of those served in the co-locations said they had poor oral health but their oral health providers judged 45% of them to have poor oral health. (Provider ratings of patient dental health were collected in year 3 only in order to access the accuracy of patient self-ratings of their dental health.)

Table 6: Reason for visit by location.

What is the main reason for your visit to this dental service today?	Co-locations % (number)	Dental Vans % (number)
Regular checkup	62% (119)	20% (32)
Pain	33% (63)	72% (111)

As is consistent with the Healthy Smiles for All logic model, most patients (62%) served in the co-locations received basic oral health care (regular checkup) whereas most patients (72%) served in the dental vans or the private practice dental office received care from a dentist for a dental emergency (pain).

Table 7: Frequency of dental visits by location.

About how often do you go to the dentist?	Co-locations % (number)	Dental Vans % (number)
Only when I am in pain	39% (73)	45% (70)
About once a year	33% (61)	24% (37)
About every 2 to 3 years	25% (46)	29% (45)

As would be expected with this target population, most did not visit a dentist on an annual basis. The majority of patients served in dental vans or private practice offices (74%) as well as in the co-locations (64%) reported that they only go to the dentist sporadically (every 2 to 3 years) or for emergency services (when in pain). Cost was the most frequent reason noted as a reason for not seeing a dentist more frequently. Nearly every (99%) patient felt that seeing a dentist regularly was “very important” and would do so if given the opportunity.

Table 8: Use of emergency departments by location.

In your life, about how many times have you gone to the hospital emergency department for dental pain?	Co-locations % (number)	Dental Vans % (number)
Never	73% (141)	61% (95)
1-2 times	19% (36)	23% (36)
More than two times	8% (15)	17% (26)

Given limited access to basic oral health care, it comes as no surprise that a fair number of the patients served in the co-locations, private practice dental office and dental vans have gone to the emergency department (ED) one or more times in the

past for dental pain. Sixty-two of the dental van patients and private practice dental office had used the ED one or more times while 51 co-location patients reported that they had used the ED in the past. The cost implications for local hospitals for these preventable visits to the ED are significant.

Table 9: Use of urgent care clinics by location.

In your life, about how many times have you gone to urgent care for dental pain?	Co-locations % (number)	Dental Vans % (number)
Never	82% (159)	66% (103)
1-2 times	12% (23)	25% (38)
More than two times	5% (9)	9% (14)

Similarly, dental van and private practice dental office patients also utilize urgent care services for dental emergencies. About one third (34%) of dental van and private practice dental office patients have gone to an urgent care center one or more times in the past. Co-location patients are slightly less likely to have gone to an urgent care in the past for dental pain (17%).

3. Most Important Or Successful Aspect Of Program

3a. What has been the most impactful or successful aspect of your program?

At the individual level, improved access to oral health services has had a significant impact on the lives of the 2,375 people who have received these services. Virtually 100% said they were satisfied with the service they received and would recommend to others. Many said they had heard about the program from other family members or friends.

At the coalition level, the vitality and longevity of the CCCWN and local oral health coalitions is a significant impact. The strategy of bringing people together for face-to-face meetings on a regular basis was effective in building connections and working relationships. Healthy Smiles for All program staff as well as the evaluator attended these meetings. Although the coalitions were self-driven, the presence of Healthy Smiles for All program staff helped ensure that time spent in meetings was productive and educational for participants.

Each year, the evaluator queried members of the CCCWN and local oral health coalitions via survey or interviews about the health of their respective groups. Results from these inquiries were shared with the groups and used to promote more effective group functioning. All groups are all expected to continue to function into the foreseeable future and to have positive impacts on their communities.

Because these groups are functioning well, their members, local providers and other community members learn from one another and develop richer professional relationships. They are more likely to participate in professional development activities. Each local coalition hosts an annual health Summit. Regionally and nationally recognized experts are brought in as keynote speakers, attracting many attendees to these events. Detailed information about each Summit is provided in the annual evaluation reports.

At the community level, CCCWN members have seen how their involvement in a vibrant community network has immediate and long-term benefits for the health of their own organizations, communities and citizens. The Regional Oral Health Coalition and the oral health coalitions in Lincoln and Linn counties have had less time to coalesce but have committed as well to continue to work together to advance issues related to oral health and to work together to improve access in their local communities.

3b. What is the short term and long term impact of your program?

Short-Term Impact(s): Delivery of oral health services and use of strategic plans.

We define short-term impact as change that is directly tied to activities carried out during the past three years of the Healthy Smiles for All Program. We identify our most significant short-term impact as the collaborative efforts of community partners to deliver oral health services to 2,375 uninsured and underinsured adults in Linn and Lincoln counties.

We also consider the development and use of the three strategic plans (Regional, Linn and Lincoln County Strategic Plans) to have had important short-term impacts. These documents have guided the functioning of the coalitions and provided clear benchmarks for tracking progress.

Long-Term Impact(s): Coalition vitality and sustainability; decrease in health disparities.

Long-term impact is typically measured one or more years after the end of a program and includes long-lasting organizational or community changes. Our

assessment of long-term impact is, therefore, projective. Not enough time has passed for us to measure long-term impacts but we feel relatively confident that the following changes will persist into the future. In terms of community partners working together to address health inequities in their local communities we anticipate the following long-term impacts:

CCCWN. The CCCWN, formed in 2009, before the first Network Planning Grant was obtained, will continue after current funding has come to an end. It has grown stronger and more resilient over the past seven years through its members' involvement with collaborative projects and RHND-funded projects. Member participation is formalized through a MOU and the CCCWN Charter was updated in 2015. The CCCWN is now sustained through the financial and in-kind contributions of its members. It has become an accepted and influential presence in the tri-county region through its advocacy for community health promotion.

Oral Health Coalitions. The Regional Oral Health Coalition and the Linn County Oral Health Coalition will both continue to function, their members working together to support increased access to oral health services through improved integration of services and referral systems. The Lincoln County Oral Health Coalition is likely to continue as well, although it struggles with several barriers.

The sustained functioning of these entities will significantly contribute to the long-term impact of the Healthy Smiles for All program. With their continued collaborative partnership work, equitable access to oral health services will continue to improve and health disparities will continue to decrease in rural communities.

3c. How has this benefitted your community and will these benefits continue to be realized after this grant funding?

A very tangible benefit for our community has been the consistent stream of funding awarded to the CCCWN that has come into the tri-county region. The CCCWN has received four grants from the RHND program over the past seven years, bringing more than \$3 million into our rural communities to reduce health disparities.

Each of these awards has strengthened the CCCWN and contributed to long lasting benefits in our tri-county region. The first was a planning grant that helped to create a strong and sustainable infrastructure for the CCCWN itself (HRSA-10-020, 2010-2011). The second and third development grants enabled the CCCWN members to work together to prevent childhood obesity through implementation of

the CATCH program (HRSA-12-083, 2012-2015) and to improve equitable access to oral health care through implementation of the Healthy Smiles for All program (HRSA-14-044, 2015-2017).

Both CATCH and Healthy Smiles for All programs crossed geographic boundaries, bringing CCCWN members together to collaboratively guide and support programs that benefitted citizens in three counties. Just this year yet another HRSA grant were awarded to the CCCWN to strength local efforts to reduce childhood obesity ((HRSA-17-018, 2017-2020). An application to HRSA to address opioid addiction is currently being prepared.

4. Least Successful Or Least Impactful Part Of Program

4a. What has been the least successful or least impactful part of your program?

The dental-medical integration portion of the program has been the least successful. Only two co-locations in east Linn County are functioning well and will be continued. Two others in east Linn County were discontinued toward the end of the third year. Despite vigorous efforts to do so, no dental services were co-located in Lincoln County during the first three years of the project. Efforts are, however, currently underway with a high degree of hope that a new co-location will be established in Lincoln County within the next few months.

4b. What were the barriers to the successful implementation of this initiative/activity?

In the first year, barriers that arose to the co-location of dental services in primary care clinics could be addressed rather efficiently. For example, when placing EPDH's in primary care settings, barriers related to space, provider buy-in, and equipment sterilization were addressed and overcome. CCCWN members and members of local oral health coalitions worked collaboratively to address these barriers, providing expert input and contacts to resolve issues.

After the four co-locations were established, two barriers persisted. These were the Stark Law, which restricts providers from providing referrals to other billable services within their clinic, and the presence of nearby dental clinics. Despite efforts to increase utilization of the services of the EPDH's in the co-locations, the number of patients served was not high enough to financially sustain the service. There are

no other low-cost dental services in Sweet Home and as a result that co-location has been successful.

5. Data Point Or Outcome Of Program Of Which We Are Particularly Proud Of That Demonstrates How Funding Has Positively Impacted Health Of The Community

We are particularly proud of three data points:

- 2,375 uninsured and underinsured adults received basic oral health care and/or treatment of painful dental disease over the three-year period of the program.
- The CCCWN and local oral health coalitions have each met between 9 to 36 times over the past three years. (CCCWN, Regional Oral Health Coalition, Linn County Oral Health Coalition, and Lincoln County Oral Health Coalition).
- More than \$3 million in grant monies have been awarded to the CCCWN, with applications for additional grants in preparation at the time this report was written. These funds directly benefit our rural communities.

6. Other Insights Regarding Evaluation Measures, Process Of Collecting And Communicating Data

6a. Provide any other insight regarding your evaluation measures, process of collecting and communicating data, etc.

Because Healthy Smiles for All was a new program, our evaluator recommended the use of an observational case study approach. The evaluation focused on program formation, implementation and service delivery. Qualitative and quantitative types of data were gathered via observation at network and coalition meetings, co-location offices and dental vans. One-on-one and group interviews were conducted throughout the year in conjunction with coalition meetings. Oral health coalition members completed online surveys (adaptations of the Healthy People 2020 Coalition Self-Assessment tool) in the second and third years of the program. Patients who were served in co-locations and dental vans completed anonymous patient surveys.

The evaluator was present at most meetings and activities, providing real-time feedback regarding program implementation and effectiveness. A participatory approach to the evaluation was part of its foundation. CCCWN and oral health coalition members provided input into the development of the evaluation, the identification of the evaluation questions, the development data collection tools, and the interpretation of findings. Including a professional external evaluator as a member of the program team worked well. When mid-stream corrections were needed, recommendations were well received and put into action quickly. We found this evaluation approach useful and would recommend it to others.

Attachment 1: WORK PLAN

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

Goal: Improve the oral health of uninsured and underinsured residents in the rural communities of Lincoln and east Linn Counties.			
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.			
Activities	Evaluative Measures	Person/Org Responsible	Timeframe
1. Hire consultant to facilitate strategic planning process and regional needs assessment.	1. Consultant hired.	1. Network Director	1. Completed
2. Hire Oral Health Coordinator. a. Hire County Activities Coordinators	2. Oral Health Coordinator hired. a. Activities Coordinators	2. Network Director a. County Partners	2. Completed a. Completed
3. Hire Project Assistant	3. Project Assistant. TBA	3. Network Director	3. Completed
4. Hire Evaluator	4. Evaluator Hired	4. Network Director	4. Completed
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. Completed
6. Facilitate Regional Oral Health Coalition needs assessment.	6. Completed dental needs assessment reports for each county.	6. Consultant	6. Completed
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. Completed
8. Promote and support community-based	8. Annual focus groups consisting of		8. Completed

<p>collaborations between area organizations to address oral health issues.</p> <p>9. Establish a method for payment to Capitol Dental Care for dental services provided to uninsured and underinsured patients.</p> <p>10. Finalize Evaluation Plan</p> <p>11. Finalize new strategic plan.</p> <p>12. Monitor the implementation of the strategic plan, review annually and revise as needed.</p> <p>13. Develop Healthy Smiles for All Initiative Sustainability Plan</p>	<p>representatives from area organizations to explore relationships/ collaborations (2 in each county).</p> <p>9. Payment measure is established and approved.</p> <p>10. Evaluation Plan is Finalized</p> <p>11. Strategic plan document is finalized and distributed.</p> <p>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.</p> <p>13. Sustainability Plan document finalized and distributed.</p>	<p>8. Evaluator, CCCWN staff and network partners</p> <p>9. CCCWN Staff, SHS, Capitol Dental Care</p> <p>10. Evaluator, CCCWN, Oral Health Coordinator</p> <p>11. CCCWN staff</p> <p>12. Evaluator and CCCWN</p> <p>13. CCCWN, Oral Health Coordinator</p>	<p>9. Completed</p> <p>10. Completed</p> <p>11. Completed</p> <p>12. Completed</p> <p>13. Completed</p>
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.			
Activities	Evaluative Measures	Person/Org Responsible	Timeframe
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.. SHS, CCCWN and Capitol Dental Care	1 Completed

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.	2. Oral Health Coordinator Network Director	2. Completed
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.Oral Health Coordinator County Coordinators	3. Completed
4. Develop and implement a dental referral process for clinic staff.	4.Review referral process	4.Oral Health Coordinator	4. Completed
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.Network Director, Oral Health Coordinator	5. Completed – east Linn County-Just started – Lincoln County
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.Completed
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. Completed
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. Near completion

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.			
Activities	Evaluative Measures	Person/Org Responsible	Timeframe
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. Completed
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. Completed
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. Completed
4. Disseminate educational information on link between oral health and chronic disease and overall health to caregivers and organizations that serves the elderly.	4. Track dissemination activities, list of caregivers and organizations receiving educational materials.	4. SHS, CCCWN staff and network partners	4. Near Completion (Reviewing for literacy and language levels)
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.			
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. Completed
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. Near Completion

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.			
Activities	Evaluative Measures	Person/Org Responsible	
<p>1. SHS Marketing department to develop media campaign strategies and materials. Topic areas to include:</p> <ul style="list-style-type: none"> 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 <p>2. Distribute media campaign materials through appropriate venue.</p>	<p>1. Document development of media campaign materials in each topic area and media source (e.g., webpage, newsletters, articles, brochures, flyers, social media activities).</p> <p>2. Monitor and track distribution activities as appropriate (counts or numbers reached).</p>	<p>1. SHS Marketing Department</p> <p>2. SHS Marketing Department, CCCWN, Oral Health Coordinator</p>	<p>1. Near completion (Lincoln county) Completed – east Linn County</p> <p>2. Near completion (Lincoln county) Completed- east Linn County</p>

Attachment 2: Dashboard Example



Healthy Smiles for All Update CCCWN Steering Committee Meeting October 11, 2017

- **Co-Location Program**

Dental services provided by location:

	January - July 2017				August 2017		
Location	Emergency	Preventive	Total		Emergency	Preventive	Total
Sweet Home	82	276	358		19	42	61
Brownsville		12	12				
Lebanon-MV	24	308	332		1	33	34
Total	106	596	702		20	75	95

- A meeting with the Director of Wiley Creek was held on September 14, 2017 to discuss the dental van. Next steps include:
 - Residents will be seen on the dental van at the Sweet Home Family Medicine Clinic to sustain the

- service.
 - Exploring an EPDH providing oral health education/training to staff.
 - Determining if Wiley Creek could be included in the FQHC Pilot Project.
- The PIMS Report was submitted on September 26, 2017. There were 1355 patients served in year 3.
- A meeting with The River Center and the FQHC was held on September 25, 2017 to discuss the East Linn County Co-Location Program and the Adult Emergency Voucher Program sustainability. See the Healthy Smiles for All Program document for recommendations.
- **Adult Emergency Voucher Program**
 - There are 3 dentists who are accepting vouchers in Lebanon. 43 patients have been served through August.
- **Dental Vans***
 - East Linn County
 - There have been 6 dental vans serving 58 patients.
 - Wiley Creek: There have been 4 dental vans serving 14 patients.
 - Lincoln County
 - There have been 7 dental vans in Lincoln County serving 66 patients.

*Value of service unavailable at time of report.
- **County Activities Coordinators**
 - East Linn County
 - Diane Giese staffed the Healthy Smiles for All table at the Sweet Home Community Health Fair on August 19, 2017. Her services as the Linn County Activities Coordinator concluded on August 31, 2017.
 - Lincoln County

- Sommer McLeish continues to work on reaching out to local dentists and securing sites for dental vans. She created a list of annual Lincoln County events to add to the procedure reference manual for dental van coordination. Her position is supported under the No Cost Extension through August 31, 2018.
- **Local Oral Health Coalitions**
Each coalition is meeting regularly and looking at sustainability for its programs/activities.
 - **Lincoln OHC**
 - The group has created a subcommittee to work on the data spreadsheet to track oral health activities in the county.
 - The group will have representatives attend the OrOHC Fall Conference in November.
 - The group continues to work on being more visible in the community via marketing and is creating a logo.
 - **Linn OHC**
 - The group is working on their strategic planning worksheet for the identified priorities and activities.
 - The group is brainstorming on funding sources to support initiatives.
 - **Regional OHC**
 - The Regional Health Assessment was presented at the last meeting and the group will work with Peter Banwarth to get local oral health data included.
 - The group decided its focus areas will be the following: data tracking, securing funding, and training and education
 - A subcommittee will create training manuals and toolkits to support local coalitions and educate staff at residential facilities.