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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

Rural Health Network Development Grant
Year 2--- Evaluation Report
November 8, 2016

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SUMMARY REPORT

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" (HRSA-14-044). Samaritan North Lincoln Hospital, a member of the CCCWN, hosts and financially administers this grant.

Methods

The qualitative and quantitative data used for this report were gathered through more than 60 hours of 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. Patients who were served in co-locations and dental vans completed anonymous patient satisfaction surveys. These surveys were distributed and completed by nearly all patients who received oral health services in the late spring of 2016. Also in late spring, a majority of active coalition members (those who attend most or all of the meetings) completed an email survey that was an adaptation of the Healthy People 2020 Coalition Self-Assessment tool.

This evaluation report covers the grant's second year of the implementation. The evaluation focused on identifying strategies for strengthening and sustaining local coalitions and documenting the delivery and quality of direct clinical services.

Key Findings

CCCWN Steering Committee

The shift of responsibility this past year from the CCCWN Governing Board to the CCCWN Steering Committee for the Healthy Smiles for All Program (as was recommended in the year 1 evaluation report) has been a positive change. More consistent and timely oversight is now being provided for the Healthy Smiles for All Program.

Local Oral Health Coalitions

Local oral health coalitions are consistent in terms of their infrastructure strengths. They hold regular meetings, have mission and vision statements that were developed through a group process, have set and prioritized goals and objectives, have processes in place for modifying strategies when needed and are confident in the evaluation processes that provide information and guide the functioning of their coalitions. All three coalitions worked throughout the year to develop actionable strategic plans to guide their activities. These strategic plans identify responsible individuals and include milestones that can serve as evidence of progress.

Challenges include the perception among members of all three coalitions that their meetings focus on information sharing and are not sufficiently action oriented. There is also an uncomfortable shared perception that their coalitions are not perceived as authorities on oral health and are not having a positive effect on their local communities.

Coalition members have benefited from the paid Healthy Smiles for All Program staff that provides administrative support and expertise in meeting facilitation and coalition building. According to survey responses, coalition members are appreciative of and satisfied with the support provided by paid staff. Generally speaking, members of the Lincoln County Coalition were most satisfied with the support they received from paid staff. When the grant ends the support of paid staff will no longer be available; preparation for a smooth and successful transition will be essential. Most of the recommendations pertain to this transition.

Direct Clinical Services

This past year 724 uninsured and underinsured adults received clinical dental care as a result of this project, with 463 of those patients receiving preventive services where an EPDH is co-located in a primary care setting. An additional 192 patients received dental treatment by a dentist in dental vans and 69 patients were screened at the River Center and referred to a local dentist where they received emergency treatment services.

Compared to the first year of the grant, there has been a tremendous increase in the amount of services that were provided. The total number of people served increased from 296 last year to 724 this year (250% increase). In the co-locations, the number of people served increased from 208 last year to 463 this year (223% increase). In dental vans, the number of people served increased from 51 last year to 192 this year (376% increase). The number served at the River Center increased from 37 last year to 69 this year (186% increase).

Healthy Smiles for All Program staff, with support from the local coalitions, has done an exceptional job making the vision of having oral health services available in primary care settings a reality. They created the foundation for the co-locations and provided ongoing support to trouble-shoot issues when they arose. As a result four co-locations have been established in Linn County and are running effectively. Healthcare staff and providers express strong support for the continued presence of dental services in the primary care setting.

Patient surveys data confirm that dental services provided in co-locations and vans are reaching populations in need, that essential preventive services and treatment are being provided, and that patients are satisfied with the services they are receiving. Further, survey data indicate that services provided in the co-locations and dental vans may avert visits to hospital emergency departments and urgent

care centers, which significant numbers of the survey respondents reported they had used in the past.

Co-locations. A total of 463 patients received dental services in a primary care setting. Most (68%) served in the co-locations received preventive services. Their dental needs were not as serious as were those seen in the dental vans. The majority (75%) self-identified their oral health as "good" or "excellent." Despite this positive self-assessment, however, many said they only go to the dentist sporadically - when they are in pain (35%) or every two or three years (26%). Further, about a quarter (24%) have gone to the hospital emergency department one or more times in the past for dental emergencies. Some (14%) have used the services of an urgent care center for dental emergencies.

Health care providers (and office staff) have been doing a good job referring patients to the EPDH services located in their clinics. This was the most frequent source of referral mentioned by patients, although some said that Smile Keepers had called them and a few mentioned learning about the service in community settings like the River Center. Interestingly, a fair number learned about the co-location services from spouses (especially wives), parents, and friends who had already received services there. The word-of-mouth referral system through spouses seemed to be particularly motivational for patients who typically avoid dental services. Every patient (100%) served in a co-location was satisfied with the services they received and would recommend the service to others. When comments were added, they most often indicated satisfaction with the hygienists and the convenience of the location.

Dental vans. A total of 192 patients received oral health treatment in a dental van. The majority (65%) served in vans was treated by the dentist for dental emergencies. Half (50%) of these patients self-identified their oral health as "poor." Most said they only go to the dentist sporadically - when they are in pain (42%) or every two or three years (30%). Further, 39% have gone to the hospital emergency department one or more times in the past for dental emergencies while 37% have used the services of an urgent care center for dental emergencies.

Compared to patients served in the co-locations, patients served on dental vans have poorer dental health, are likely to be seeking treatment for a painful condition, and are less likely to obtain preventive care on a regular basis. Many have sought care at a hospital emergency room and/or urgent care center for dental pain in the past. These patients presented with broken teeth, decay and loose teeth. Their conditions were treated restoratively or the teeth were extracted.

Efforts to inform the public about the availability of dental services on vans have been effective. When asked how they heard about van services, patients said they learned about it at their doctor's office; read about it in the newspaper; saw it on Facebook or on the internet; saw flyers or leaflets posted in public places; heard about it at various religious organizations (e.g., Presbyterian Church, Inter-Christian

Outlet) or in community locations like the River Center, the food pantry, SNAP and Senior Disability Services. A few were walk-ins who saw the van in the parking lot. All but two patients would recommend the dental van services to others.

Importance of access to oral health services. Community members who were served as part of the Healthy Smiles for All Program valued access to dental care, something many have not had in the past. When asked, patients who were served in the co-locations said access to a dentist for their regular checkups was very important (67%) or somewhat important (31%). Similarly, patients served on dental vans said that access to a dentist for their regular checkups was very (56%) or somewhat (36%) important. Only two co-location patients and nine dental van patients said access to the dentist was not important.

Potential cost savings. Based on the 289 surveys that were completed, about half (n=150) of the patients who had been served in the co-locations and on the dental vans reported that they had sought emergency care for dental pain at their local ED and urgent care one or more times in their lives. If this percentage is applied to the total number of people served in co-locations and dental vans (n=655), it suggests that somewhere around 340 ED and urgent care visits could potentially be averted. In the future, access to regular dental services could reduce the number of high-cost visits to the ED and UC.

Summary. Evaluation findings document the effective functioning of the CCCWN Governing Board and Steering Committee. In particular, the CCCWN Steering Committee has been consistently engaged in advancing collaborative approaches to improving community health. Local oral health coalitions continue to mature and adapt to changing needs in their local communities. These coalitions would be strengthened and their sustainability enhanced through guidance and training provided by an outside consultant of their own choice. Employees of Samaritan Health Services should transition to the role of coalition member rather than leadership. The Healthy Smiles for All Program has achieved remarkable accomplishments over the past year through the placement of EPDHs in primary care settings and support for dental services provided in dental vans. As a result of this project, 724 uninsured and underinsured adults received preventive dental care and/or treatment of painful dental disease.

Recommendations

Recommendations for improving local coalition functioning and Healthy Smiles for All Program implementation and effectiveness were provided in an ongoing manner throughout the year. Recommendations have included the following:

To Strengthen the Local Coalitions

CCCWN: Explore options for sustaining administrative support for coalitions after grant has ended. At its next meeting, CCCWN members to discuss options for allocating resources for paid administrative support in order to sustain the current vibrancy of the coalitions. Coalition members are volunteers and there is not evidence to suggest that without paid administrative support they will continue to thrive as they have for the past years.

Coalition Chairs: Facilitate a discussion with your members about perceived versus real impacts of the coalition on the local community. In the survey of coalition members, most people did not perceive their coalitions as having an impact on their local community. To explore how to increase impact, facilitate a discussion around the following four areas, which were perceived as weaknesses:

- How can our coalition improve its accessibility to the community?
- How could we better share information about our accomplishments with our own members and the broader community?
- How could we increase our involvement with other collaborative efforts?
- How could we increase our visibility so that our coalition is recognized as an authority on oral health?

Local Coalitions: Appoint the local coalition chair for a limited-term period to increase shared responsibility among member organizations.
This is considered a best practice for coalition sustainability and health. All three coalitions have had the same chair for the past two years. Members are more likely to agree to take on the role of chair for a limited time period and new chairs bring fresh ideas and styles.

Local Coalitions: Continue to embrace and use your strategic plans as a roadmap to success. Refer to the strategic plan at every meeting to guide discussions and measure progress. Although each coalition has reviewed their regional strategic plan carefully and identified priorities that make sense in their own communities, they have not yet developed a close working relationship with that document. In the survey, only half of the respondents in each coalition said that their coalition had a fully developed strategic plan. Fewer than half felt that there were processes in place to guide the decisions they made for next steps.

Local Coalitions: Form committees to develop and carry out specific strategic activities between meetings. The use of committees to shoulder responsibility for specific activities between meetings is considered to be a critical aspect of an effective coalition but the use of committees has not yet been widely adopted by the local coalitions.

Local Coalitions: Discuss funding opportunities at every meeting.
Repeated and consistent concerns were expressed in all three coalitions about sustainability in the absence of continued grant funding. Securing funds to support coalition activities in the future should be among the highest priorities for each coalition. Within the next few months, dedicate one full meeting to a discussion about securing funding through grants and local fundraising.

Coalition members may want to establish a fundraising committee charged with identifying local funders for whom oral health is consistent with their mission. A fundraising committee could also develop a grant proposal for consideration by the Samaritan Social Accountability Fund. None of the individual coalitions is sufficiently mature to be eligible for funding from federal sources. Pursuing federal funding is not recommended at this point in time.

Local Coalitions: Secure funding to provide funding for grant-writing support.
There exists a perception that paid Healthy Smiles for All Program staff and/or members of the Regional Oral Health Coalition are responsible for securing additional funding and resources on behalf of the coalitions. Building capacity among coalition members for securing funding can be an important contribution to coalition sustainability, including providing the experience to work with a paid grant writer.

Local Coalitions: Secure funding to obtain the services of an outside consultant to assist in the creation of a path toward independent sustainability. Coalition members may want to identify an outside consultant with whom they would like to work in building their own plan for sustainability. Further, coalition members could benefit from training on effective coalition leadership, group processes and structure, grant writing and successful fundraising strategies.

To Strengthen Delivery and Quality of Direct Clinical Services.

CCCWN: Explore options for continuing coordination of the dental services provided in the co-locations and dental vans and for voucher program.
At its next meeting, CCCWN members to discuss options for allocating resources for paid support to coordinate the provision of direct clinical support. Without designated coordination, these critical and cost-saving services are not likely to grow as they have over the past year and may not even be sustained at their current level.

Sustain and expand the placement of EPDHs in primary care settings in Lincoln County. Patients are receiving important preventive care services in these locations, health care providers express strong support of the presence of oral health services in primary care settings, and patients are satisfied with the services they receive. The Healthy Smiles for All team has learned how to establish and sustain these sites.

Continue and expand the use of dental vans to provide treatment services for patients in pain and to reduce avoidable visits to hospital emergency departments and urgent care clinics. The patients who are treated in dental vans are experiencing dental emergencies and many have a history of seeking pain relief in hospital emergency departments and urgent care clinics. Vans provide an effective and low-cost alternative to these expensive options when seeking relief during dental emergencies. Coalition members have learned how to facilitate the use of the vans in their communities through the convenient locations, scheduling and effective advertising.

PART 1: Detailed Report

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" (HRSA-14-044). Samaritan North Lincoln Hospital, a member of the CCCWN, hosts and financially administers this grant. This evaluation report covers the grant's second year of the implementation.

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 project processes and operations.

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.

The vitality of the local oral health coalitions is key to the sustainability of the Healthy Smiles for All Program. The coalitions bring together community members committed to improving the oral health in their own communities and to optimizing the impact of local activities through collaboration and synergy. The oral health coalitions existed before the Healthy Smiles for All Program, but with varying degrees of success. One goal of the grant is to strengthen the functioning of the local oral health coalitions through administrative support, capacity building, and education. Over the past year, coaching was provided in most meetings to strengthen coalition functioning using The Coalition Self-Assessment Tool (Healthy People, 2020) as a guide.

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 preventive oral health services were provided and through referrals to dental vans where dentists could provide treatment for oral

health emergencies and disease. The Healthy Smiles for All Program Coordinator gathered service data from each site. Self-reported patient satisfaction data were gathered from patients who received oral health services via a voluntary, anonymous survey.

The Coast to Cascades Community Wellness Network (CCCWN)

CCCWN Governing Board

Established in 2010, the Coast to Cascades Community Wellness Network (CCCWN) was developed with support from a Rural Health Network Development Planning Program grant (HRSA-10-020). This grant made possible the creation of the CCCWN and provided the administrative support needed to establish a strong foundation for the Network, which has now been sustained for the past six years. The purpose of the CCCWN is to provide coordinated regional leadership for health initiatives and programs. The Governing Board is comprised of 22 individuals who represent 19 different agencies and partners, all of which are located in Benton, Linn and Lincoln counties.

Shortly after its formation, CCCWN members identified eight priority health issues that were common problems in all three counties. These were: Oral health, access to care, tobacco prevention, homelessness, childhood obesity, pregnancy/prenatal care, behavioral health and chronic conditions. CCCWN Governing Board members come together three times a year to provide leadership on policy, funding and regulatory decisions related to these priority areas.

The CCCWN Governing Board identified childhood obesity as its first top priority and sought funding to address this health crisis. In 2012, the Rural Health Network Development Program grant (HRSA-12-083) was awarded to the CCCWN to support implementation of the Coast to the Cascades CATCH program. The overarching goals of CATCH – the Coordinated Approach to Child Health - were to (1) increase physical activity in elementary school-aged children (2) improve nutrition and (3) establish CATCH as a program that could be sustained after grant funding ended. The final evaluation report for CATCH concluded that these goals were achieved.

The CCCWN Governing Board identified oral health as a second priority area and submitted another proposal to the Rural Health Network Development Program, this time proposing a program aimed at improving oral health in local rural communities. This proposal "Coast to Cascades Community Wellness Network - Healthy Smiles for All was funded in 2014 (HRSA-14-044). This evaluation report pertains to the second year of the implementation of this Rural Health Network Development grant.

Over the past year, the CCCWN Governing Board met twice, in November (2015) and April (2016). The July (2016) summer meeting was cancelled. The next meeting is scheduled for November 29, 2016. Sixteen members and five guests attended the November meeting to hear Max Williams, President and CEO of Oregon Community

Foundation speak about community health. The spring meeting provided members with updates on the community activities related to housing, obesity prevention, asthma prevention and the Healthy Smiles for All Program. Between meetings, CCCWN members are kept informed about local health-related activities and the Healthy Smiles for All Program through email updates and regular telephone contacts with the Project Director.

Over the past year or so, the CCCWN developed an updated charter and developed 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).

The recently completed Coast to Cascades Community Wellness Network Business Plan (June, 2016) provides detailed information about CCCWN operations, accomplishments and sustainability.

CCCWN Steering Committee

The eight-member CCCWN Steering Committee was established in 2014 to provide day-to-day support for regional health priorities and to provide overall direction for the CCCWN Governing Board. CCCWN members who are most closely engaged with community programs and initiatives were selected to serve as members of the Steering Committee. The committee meets six times a year, with consistently good attendance by its members. Often guest speakers are invited to share information about regional projects. Recent speakers included representatives from Kaiser Permanente, United Way, Oregon Housing Authority and Benton County Health Department. Steering Committee members monitor and support several regional initiatives. The first year evaluation of the oral health grant recommended that the Steering Committee assume primary responsibility for monitoring and supporting the Healthy Smiles for All Program. This responsibility was assumed and has been effectively carried out during the second year of the grant.

PART 2: Local Oral Health Coalitions

Local coalitions support the various health initiatives promoted by the CCCWN Governing Board and Steering Committee. These coalition members provide "feet on the ground" access to and knowledge about community needs. For example, local Childhood Obesity Prevention Coalitions have sustained the progress achieved through the CATCH program, which was the first health priority tackled by the CCCWN.

Community oral health - a current health priority of the CCCWN – is supported and advanced by three local coalitions. These coalitions are the Regional Oral Health Coalition (Benton, Lincoln and Linn counties), the Lincoln County Oral Health

Coalition and the Linn County Oral Health Coalition. For this report, the health of these coalitions was assessed through observation of regularly scheduled meetings, one-on-one interviews and an anonymous email survey of coalition members. The email survey was an adaptation of the Healthy People 2020 Coalition Self-Assessment tool. Approximately half of the active members in each of the three coalitions completed the survey. Highlights of the evaluation findings regarding coalition functioning are provided in this section.

Administrative Support. Samaritan North Lincoln Hospital administers the Healthy Smiles for All grant on behalf of the CCCWN. One full-time and four part-time positions are funded by the grant to support the Healthy Smiles for All Program and to provide support for the coalitions. Paid staff are employees of Samaritan North Lincoln Hospital; the full-time Healthy Smiles for All Program Coordinator and two Healthier Communities Coordinators were hired from outside Samaritan Health Services specifically for this grant project.

For the past two years, all three coalitions have benefitted from support provided by Healthy Smiles for All paid program staff. The Healthy Smiles for All Program Coordinator attended all coalition meetings and developed supportive materials related to the actionable work plans (strategic plans) for each coalition. For example, she encouraged coalition members to identify priority activities, set milestone dates, and identify responsible champions. The Healthy Smiles for All Program Administrative Assistant provided clerical support by locating meeting sites, sending meeting reminders, creating physical agendas, taking and maintaining records of attendance, and taking formal minutes at all meetings. Healthier Communities Coordinators are based in Linn and Lincoln counties and provide direct support for local activities.

Paid project staff was rated highly by members of all three coalitions on the anonymous email survey. The majority of members of all three coalitions reported that paid staff had a strong commitment to the coalition mission and vision, had knowledge of the coalition-building process, had the ability to communicate effectively with coalition members and could effectively manage meetings.

> *…one of my favorite things is the strong support from Samaritan Health Services.*

There was only one negative comment about the paid staff and this sentiment seemed to express more dissatisfaction with Samaritan Health Services than with its employees.

> *I believe the coalition is run by Samaritan employees for the benefit of Samaritan Health System's image more than for the dental health of the community.*

Meeting Structure and Content. All three coalitions convene regular, structured meetings. They have written mission and vision statements and work

collaboratively to identify and put into writing the goals and objectives of their coalitions. During each meeting members gave reports on oral-health activities taking place in their own organizations and shared information they had learned recently about innovative or effective strategies for promoting oral health. Those who were members of Oregon Oral Health Coalition keep their local coalitions current on statewide activities and trends. Those serving on their Community Advisory Committees shared reports on local community health activities. Collaboration across organizations and projects was enhanced as a result of these shared reports. For example, selected obesity prevention and oral health activities were coordinated to promote both health priorities simultaneously.

A report from Intercommunity Health Network Coordinated Care Organization (IHN-CCO) was provided at each meeting of each coalition on enrollment of IHN members in the dental plan, the number of admissions into the ED for dental pain and other relevant statistics, and the status of a medical-dental integration project for diabetic IHN members.

For most of the year, the Healthy Smiles for All Program Coordinator worked with each coalition on the development and implementation of their respective strategic plans, facilitating their discussions about relevant priorities for their communities and identification of champions to take the lead on each area. Coalition members were asked to bring their personal copies of the Regional Strategic Plan to meetings for reference as local plans were developed. Referred to during the majority of coalition meetings, the Regional Oral Health Strategic Plan was a familiar and useful document.

The Healthy Smiles for All Program Coordinator also facilitated collaboration between coalitions by developing a regional map displaying the strategic priorities selected by each coalition. This map identified overlaps and gaps in strategies, leading to a more coordinated and comprehensive coverage of priority areas.

Local Leadership. Each coalition is responsible for selecting its own leader. The local coalition leader is tasked with leading meetings, facilitating discussion among members, motivating members toward action, and maintaining morale of the group. The survey results indicate that, for the most part, coalition members are satisfied with their local leadership. The majority of members the Regional and Linn County Oral Health Coalitions felt that their appointed leaders were committed to the mission, had good organizational and communication skills, provide strong leadership and guidance in the maintenance of the coalition and are knowledgeable about oral health. Members of the Lincoln County Oral Health Coalition were less satisfied with their leadership.

> *Sherlyn Dahl is levelheaded, a problem solver and a great listener. She keeps the flow of the conversation moving and is great at assigning tasks when presented (Regional).*

Lynn is a wonderful leader. Always eager to learn more about the oral health topic and dental resources in our area. He is very good at listening to member's concerns and helping guide the conversation to a solution (Linn).

A rotation in committee leadership could bring a fresh perspective (Lincoln).

Although local leaders are responsible for facilitating meetings and motivating action, the grant-funded administrative support provided by Samaritan employees contributed to some confusion about ultimate responsibility for coalition operations.

The coalition is operated by grant-funded positions primarily…a plan to transition to county control of the coalition does not exist.

Membership. The local oral health coalitions have taken an inclusive approach to membership with large numbers of community members invited to participate and/or receive information and resources that are disseminated.

Generally speaking, members of all three coalitions expressed appreciation for the contributions of their colleagues who are actively involved in the coalition. Based on the survey results, the majority believe that coalition members who attend the meetings are committed to improving oral health services in their community, have a variety of resources and skills to offer, actively plan and implement activities, and communicate well with one another.

My favorite thing about the coalition is the many partners at the table.

Despite the current breadth of membership, active coalition members (who are largely community health workers and advocates) wish that health care providers were able to be part of their group, although they recognize that work schedules don't allow most working medical and dental professionals to attend meetings held during the day. A desire for representation from the faith and educational sectors on the local coalitions was expressed as well.

The coalition would be better with doctors on board.

Bringing more actual dental professionals with "boots on the ground" to our meetings. Maybe consider an evening meeting to do that?

Having local churches involved would open an opportunity for more word of mouth to our community regarding coalition meetings and upcoming events.

Need school district involvement to support prevention activities.

Member Training. An effective coalition is one where all members have a shared sense of collective identity and commitment to working collaboratively to address a

common problem. Members need a basic understanding of group dynamics and strategic processes that lead to successful outcomes. Annual training for all members and orientation for new members is often recommended as a method for optimizing coalition performance.

> *Maybe provide additional training/education to members once in a while since some members are not that familiar with terms, etc.*
>
> *People genuinely want to help but not always effective in actually putting things into practice.*
>
> *When it comes time, I doubt if the local Lincoln County coalition has been given the tools to stand and function on its own.*

Although there was no evidence of significant dysfunction in any of the coalitions, common challenges were mentioned. These included tension over leadership roles, attendance, and participation. In particular, members of all three coalitions expressed the concern that workload distribution was not spread equitably across participants. This inequity was often attributed to a lack of understanding about the roles and responsibilities of coalition members.

> *We have people who volunteer but it is usually the same few people carrying the workload.*

Useful Resources. Information about the tools and resources that coalition members have found to be most useful was gleaned through observation and gathered via the email survey. Members of the local coalitions consistently used several resources in their work to improve oral health in their communities.

Materials generated via Healthy Smiles for All Program staff. As had been found in the year one evaluation, minutes and materials developed and distributed by the Healthy Smiles for All Program staff are perceived as useful resources. Meeting minutes are rich in detail and are distributed in a timely manner. Along with the minutes, the administrative assistant also distributes information about local activities, recent research, newspaper articles and so on. Virtually all survey respondents in each coalition reported that they read these written materials always (61%) or sometimes (36%). Only one person said she rarely read the written materials. Lincoln county coalition members were most likely to *always read* written materials distributed by Healthy Smiles for All Program staff.

Regional Needs Assessment. The regional needs assessment completed during the first year of the grant was still actively used during the second year of the grant ("Oral Health Needs in Benton, Lincoln and Linn Counties: An Assessment").

Across the three coalitions, the ways in which the needs assessment has been used is relatively consistent. Comments on the survey indicated that the information in

the report has been used by local coalitions to support program planning and activities and by community organizations for reports, presentations and grant writing. In a few cases, the coalition member had not read the needs assessment report but knew how others in their organization were using it.

Members of the Lincoln County Coalition, which has focused on coalition formation and development this year, were least likely to have used the needs assessment data. Members of the Linn County and Regional Oral Health Coalitions, which have moved beyond the formative stages of development, were more likely to have put the data to use for local program planning.

Regional Strategic Plan. The Regional Oral Health Strategic Plan, completed in the first year of the Healthy Smiles for All grant, continues to be a useful resource as well. According to the survey responses, this resource has been used extensively by all three local oral health coalitions and also by the community-based organizations where the members work. While members in the regional and Linn County coalitions have used the report for planning in their own organizations, members of the Lincoln County coalition have done so to a lesser degree.

Fund Seeking. The absence of stable long-term funding to support coalition functioning and to support local activities is a significant concern among members in all three coalitions.

> *More consistent, long-term and stable, funding is needed for oral health efforts both for prevention and treatment.*

Two coalitions tried to develop grant proposals for the IHN-CCO Delivery Transformation System Request for Proposals to support implementation of innovative methods for improving oral health in their local communities. While Lincoln County decided not to submit a proposal, Linn and Benton counties went together on a proposal that was reviewed and received high scores. Funding decisions by the IHN-CCO had not been announced at the time of this report. Additional grant opportunities through the Dental Quest Foundation and the American Dental Association were considered by coalition members but not pursued.

There is strong and persistent concern among members of all three coalitions about the absence of long-term funding to sustain their coalitions and about the lack of initiative among members to aggressively pursue funding. There is the perception among some members that acquisition of future funding is the responsibility of the paid Healthy Smiles for All Program staff or the Regional Oral Health Coalition.

Education. All three coalitions have identified education as a priority. Coalition members make educational presentations in their communities and contribute to the development of educational materials (see Education and Capacity Building section for details about these activities.)

Educating local professionals and oral health advocates is also a shared priority among coalitions and was addressed by convening special educational events. Local health coalitions in Linn and Lincoln counties contributed significantly to the design and convening of second annual Medical-Dental Integration and Co-Location Summits in their respective communities. These Summits were intended to educate local health providers and oral health advocates about the latest needs and trends related to community-based oral health services and treatment options. Guest speakers came from outside the immediate communities and attendees were provided dinner. The summits were reasonably well attended (between 40 and 50 people attended in each community) and post summit evaluations were largely positive.

One special joint meeting was convened for the local oral health coalitions to promote networking and exchange of best practices. Representatives from the Oregon Oral Health Coalition, Regional Oral Health Coalition, the Benton County Oral Health Coalition, the Lincoln County Oral Health Coalition and the Linn County Oral Health Coalition attended this meeting. The opportunity for oral health advocates to come together is important for enhancing collaborative and supportive relationships across county lines. The confluence of four oral health coalitions provided an opportunity to identify gaps and overlaps and to share strategies and solutions to challenges. Twenty-six people attended this meeting.

Coalition Effectiveness. Perhaps the most surprising finding from the anonymous survey was that despite their efforts, members of all three coalitions felt that their coalitions were not as effective as they could be. The survey asked respondents to rate their degree of agreement with statements about the degree to which (1) coalition accomplishments are shared with members and the community, (2) the coalition is accessible to the community, (3) the coalition is included in other collaborative efforts and (4) the coalition is broadly recognized as an authority on the issues it addresses. Rates of agreement on each of these statements in each coalition ranged from 50% to 0%.

Generally speaking, members of the regional coalition were least likely to perceive their efforts as effective. For example, not a single member of the Regional Coalition felt that their coalition was recognized in the community as an authority on oral health. Members in the Linn County Coalition were split with about half agreeing to each of the statements (indicating satisfaction) and half disagreeing (indicating dissatisfaction).

One explanation for this perception may be linked to a concern shared by members of all three coalitions that their meeting seem to focus on information sharing rather than action. Ideas are raised during coalition meetings but little or no action is subsequently taken. Members of all three coalitions consistently noted the absence of committees as a shortcoming.

The coalition is mainly just focusing on updates instead of getting into the nitty-gritty and taking action.

Coalition Specific Findings

Regional Oral Health Coalition (40 members)
The charter for this coalition was established in 2013. At the beginning of the year, the Regional Oral Health Coalition met monthly to ensure that activities across Linn, Lincoln and Benton counties were coordinated and complimentary. More recently, as the coalition became more efficient in its processes, the meeting schedule changed to every other month. Meeting attendance this year has remained vigorous, with 11 to 15 people attending most meetings. Regional Coalition members are also members of either the Linn or Lincoln county coalitions as well. As had been seen last year, Lincoln County has minimal involvement with this Coalition, primarily due to travel and geographical barriers. There has been discussion about finding a more satisfactory method for Lincoln County members to participate in the meetings electronically.

Lincoln County Oral Health Coalitions (33 members)
Because the Lincoln County Oral Health Coalition was not functioning until May, 2015, the second year of the grant was, in essence, its first year of existence. As noted in the first year evaluation report, this delay was primarily the result of Healthy Smiles for All Program staff hiring delays. A key recommendation of the first year evaluation report was to provide an amplified level of support to this coalition to get it up and running again.

Accordingly, the second year began with vigorous work to identify oral health priorities for Lincoln County, activities that could be undertaken to advance those priorities, and champions for each priority. The coalition leader presented her own analyses on these priorities to stimulate conversation and also reported on strategies that were being implemented elsewhere in the nation. By the middle of the second year, this coalition had settled upon several primary foci for their work. These topics were:

- Fluoridation became a top priority for the coalition, with a vote on fluoridation of city water on the May 17, 2016 election ballot. One coalition member was particularly active on this campaign, developing a website on the issue and participating in pro-fluoridation radio spots. In addition to his own tireless work on this campaign, he engaged coalition members and friends of the coalition in a letter writing campaign and distribution of materials. Although the vote did not pass, the coalition has remained engaged in fluoridation.

- Dental vans became a priority for the second year. The Healthy Smiles for All Program Coordinator and Healthier Communities Coordinator provided significant support for dental vans while coalition members worked together to find locations, solve logistic problems (finding sites with appropriate electrical outlets and locating secure storage for dental records), and recruit dentists to volunteer on the vans. A resource list of dentists in the county was developed. Inter-Christian Outreach staff gave a guest presentation about processes for scheduling and using vans. By spring, several vans had been scheduled.

This coalition underwent a thorough self-assessment activity in the early winter, using the Healthy People 2020 as a guide. The purpose of this activity, which took place over a three-month period, was to educate coalition members about the characteristics of effective coalitions and to discuss their own strengths and weaknesses. The Healthy Smiles for All Program Evaluator facilitated this self-review and provided coaching guidance at the same time to strengthen coalition effectiveness and sustainability.

Linn County Oral Health Coalitions (31 members)

Linn County Oral Health Coalition had another active year. The meeting schedule changed from monthly to once every two months to allow more time for activities to be carried out between reports on their status. Meeting attendance was consistently high, with 10 to 16 people at every meeting (average meeting attendance was 12). In addition to the regular reports that members had come to expect, guest speakers were invited to educate members and to keep the content of the meetings fresh. Special presentations were made on the how to enroll people in the Oregon Health Plan, the roles of health navigators, transportation options through the Cascades West Ride Line, scientific foundations of water fluoridation, and the results of a survey of nearly 300 high school students in Lebanon (34% did not see a dentist regularly and 7% reported current dental pain).

This coalition elected to hold a special meeting dedicated to completing their own strategic plan. Ten members attended this December meeting. By the end of the meeting, priorities had been identified, the current status of activities related to each priority had been listed, champions had been identified, and next steps elucidated.

As an example of the support provided by the Healthy Smiles for All grant to this coalition, the Healthy Smiles for All Program Coordinator was asked to develop a document that would illustrate the complicated referral process for helping community members access dental services. She developed a map that has been used extensively to help coalition members understand how to get community members access to the oral health services that they need.

PART 3: Healthy Smiles for All Program

The local oral health coalitions worked together to support all oral health activities and programs provided by their coalition members. Among the many local activities supported by the coalitions was the grant-funded program: Healthy Smiles: Oral Health Care for Uninsured/Underinsured Residents of Two Rural Oregon Counties. This grant 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 grant also provides funds to support the functioning and growth of the local oral health coalitions. Staff who provide support for the local oral health coalitions are funded by the grant.

In this section of the report, key accomplishments of the Healthy Smiles for All Program are described. These accomplishments were made possible in part because of the support provided by coalition members.

Educate and Build Capacity

One of the objectives of the Healthy Smiles for All Program is to educate community members and providers about effective oral health practices and the link between oral health and overall physical health. This has been accomplished on several levels.

The meetings of the three local oral health coalitions have been effective in educating coalition members about trends in oral health practices and research. Coalition members learn about state- and national-level research and policies and keep one another current on local oral health activities. Members who attend the Oregon Oral Health Coalition meetings provide updates on state-level projects (e.g., Wisdom Tooth Project) and legislative activities. Members who attend national conferences such as the National Oral Health Conference and the Association for Community Health Improvement share new information with their coalition colleagues as well.

Coalition members work together to develop educational materials for the general public including brochures, handbills and posters. They help to distribute these materials as well. They sponsor educational events. Linn and Lincoln county coalitions each hosted a Medical-Dental Integration and Co-Location Summit in their respective counties. Held over the dinner hour (with dinner served) guest speakers from outside the local communities help to draw attendees (44 in Lincoln County and 43 in Linn County).

Selected examples of activities related to oral health education and capacity building include:

- Medical – dental integration flyers (co-locations) were developed and posted in medical offices. These flyers educated community members about free

oral health services including screenings, dental assessments, x-rays, cleanings, fluoride applications, dental sealants and treatment referrals.

- Educational presentations were made to emergency room staff about the co-locations and dental vans.

- Educational presentations were made in high schools and elementary schools. Toothbrushes, toothpaste and Brush4Health mints were distributed in these locations.

- Educational presentations were made at local health and county fairs and oral health products were distributed as well in these locations.

- Educational materials and billboards were designed that featured local community members as models to increase regional relevance. Coalition members helped design the materials and identify the models.

- Coalition members provided support for oral health month activities at the Boys and Girls Clubs in Sweet Home and Lebanon.

- Web-based methods for distributing information were developed and launched, including the Healthy Smiles for All Brush4Health.org website, Newport fluoridation Facebook page, and the Benton, Lincoln and Linn Oral Health Coalition Facebook page.

- Lists of oral health resources were distributed in senior centers, libraries, post offices, and schools (during registration). Resources were provided to pastors and community members during club meetings and community events such as the Biz Expo and the Baby Blast as well as larger scale events such as county fairs.

- Marketing/education activities were carried out, including the Healthy Smiles for All Program Billboards in Linn and Lincoln counties; advertisements and articles in the Lebanon Express, Sweet Home New Era, and the Brownsville Times; and advertisements on Pandora radio.

Facilitate Delivery of Direct Clinical Services

The Healthy Smiles for All Program aims to improve access to preventive oral health services and treatment in Lincoln and East Linn counties by integrating oral health services into primary care settings and through improved access to the services provided by dental vans. Although coalition members have been working to increase services across all age ranges (e.g., screening and sealants in elementary schools), the Healthy Smiles for All Program is limited to facilitating access to preventive and treatment services for uninsured and underinsured adults.

In the first year of the program, oral health services were only provided in East Linn County, where about 16,000 people live below the poverty level. Uninsured and underinsured individuals in this county could obtain oral health services in primary care clinics in which an EPDH was co-located, in the River Center (a community center), in dental vans, and in dental offices with services provided by dentists who would accept vouchers. In year two of the program, these same services were sustained and in some cases expanded.

In the second year of the project, oral health services promoted by the Healthy Smiles for All Program also became available in Lincoln County where about 6,000 people live below the poverty level. Thus far, dental services in Lincoln County have only been provided in dental vans. Expanded Practice Dental Hygienists (EPDH) will be co-located in primary care clinics in Lincoln City, Waldport and Newport within the next several months.

Service Data – Total Served.
Over the past 12 months, a total of 724 people received oral health services in East Linn and Lincoln counties. Adults (ages 19 to 65) who were served were uninsured. Older adults (age 65 and over) who were served were uninsured or underinsured. Direct clinical service data, compiled by the Healthy Smiles for All Program Coordinator, can be found in Attachment A.

Most services (90%) were provided in East Linn County, which has four co-locations (Sweet Home Family Medicine, Brownsville Family Medicine, Mid-Valley Medical Plaza, Samaritan Lebanon Health Center), a community location (River Center), and dental vans, which provide 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. Lincoln County is just ramping up its clinical service activities and at the time of this report had served 71 patients in dental vans. Co-locations in Lincoln County will be functioning within the next several months.

Compared to the first year of the grant, there has been a tremendous increase in the amount of services that were provided. The total number of people served increased from 296 last year to 724 this year (250% increase). Increases were consistent across categories of service. In the co-locations, the number of people served increased from 208 last year to 463 this year (225% increase). In dental vans, the number of people served increased from 51 last year to 192 this year (376% increase). The number served at the River Center increased from 37 last year to 69 this year (186% increase).

Service Data – East Linn County. Of the 653 people who were served in East Linn County, the majority was served in medical settings where an EPDH was co-located (71%; n=463) or in dental vans (18.5%; n=121). Just over 10% (n=69) were served at the River Center. Although the total number of patients served has increased, the

proportion of patients served in each of the locations has remained relatively stable over the two-year period. For example, last year 70% of patients received services in co-locations, 17% received services in dental vans and 15% were screened at the River Center.

The River Center provides a unique screening service aimed at determining 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. This year three dentists in East Linn County participated in the voucher program, providing the above services for a flat reimbursement fee of $100.

As was seen last year, the vast majority of patients served are Caucasian. Collecting information about the race and ethnicity of patients who are served in dental vans has been challenging because Advantage and Capital use different methods of collecting and reporting race and ethnicity data.

Service Data – Lincoln County. Because the Lincoln County Oral Health Coalition did not convene until the first year of the project was nearly over, no dental services were provided during the first year of the project. As a result, increasing access to oral health services for under- and uninsured people began in earnest during the second year of the project. Coalition members worked collaboratively to find locations for the dental vans, disseminated information about their schedules, and recruited dentists to staff the vans. As might be expected, logistic barriers were encountered and resolved by coalition members. By mid-year, several vans had been scheduled and at the time of this report, 71 patients had received treatment in a dental van. The vast majority of these patients were Caucasian.

The Healthy Smiles for All Program work plan stated that co-location of EPDHs in medical offices in Lincoln County would begin in the second year of the project. It takes considerable preparation to bring EPDHs into a primary care setting. Consenting sites must be identified, treatment space identified and equipped, primary care staff educated about the new service, and recruitment of the EPDH. This preparation has taken months and two sites in Lincoln County are about ready to be launched.

Patient Satisfaction with Clinical Services

Patient satisfaction surveys were distributed in co-locations and on dental vans during late spring. Patients were invited (but not required) to complete the anonymous survey and provided with an envelope in which to seal the survey when they were done. Surveys were available in English and Spanish. In total, 289 surveys were completed. Most of these surveys (n=252) were completed by patients who received services in Linn County, where services were provided in both co-locations and on dental vans. Patients in Lincoln County, where services

were provided on dental vans only, completed only 37 surveys. The vast majority of patients who were served during this time period completed the survey.

Survey respondent demographics. Patients completing these surveys were more likely to be females (65%) than males (35%). This relative proportion of female to male patients was found in both the co-locations and on the dental vans. Slightly more than half of the patients served in the co-locations report having no dental insurance (52%) while 44% of the patients served in dental vans report having no dental insurance. Most patients knew whether or not they had dental insurance, although 5% of the patients served in co-locations and 10% of the patients served in dental vans didn't know if they had dental insurance.

Patients who are served by dentists on dental vans present with more serious dental problems than do patients who are served by EPDHs in the co-locations. Because of these and other consistent differences between patients served in co-locations and those served in dental vans, the analysis below compares the responses of patients who were served in these two service locations.

Survey responses

How would you rate your dental health in general?	**Co-locations** % (number)	**Dental Vans** % (number)
Poor	25% (34)	50% (64)
Good	52% (72)	31 (40)
Excellent	23% (32)	18 (23)

Dental van patients perceive their dental health as quite poor. About half of the patients who sought service on a dental van reported that their dental health is "poor" as compared to only a quarter of patients who are served in the office of their primary care provider.

What is the main reason for your visit to this dental service today?	Co-locations % (number)	Dental Vans % (number)
Regular checkup	68% (94)	26% (32)
Pain	27% (37)	65% (81)

Most dental van patients sought treatment to alleviate a painful dental condition (65%) while most co-location patients reported they received a regular checkup (68%), although about a quarter (27%) were experiencing pain at the time of their checkup.

About how often do you go to the dentist?	Co-locations % (number)	Dental Vans % (number)
Only when I am in pain	35% (47)	42% (52)
About once a year	36% (48)	27% (34)
About every 2 to 3 years	26% (34)	30% (37)

The majority of patients served in dental vans (72%) and in the co-locations (61%) received only sporadic or emergency services. That is, patients report that they only see a dentist irregularly (about every 2-3 years) or that they wait to obtain dental services until they are in a dental crisis (in pain).

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	76% (104)	61% (77)
1-2 times	15% (21)	22% (28)
More than two times	9% (12)	17% (21)

Given limited access to regular preventive care, it comes as no surprise that a fair number of the patients served in both the co-locations and dental vans have gone to the emergency department (ED) one or more times in the past for dental pain. Nearly a quarter of patients served in co-locations (24%) reported that they have

used the ED in the past, with 15% reporting 1-2 times and 9% reporting more than two visits. Over one third of the dental van patients have used the ED in the past (39%), with 22% reporting 1 to 2 prior visits and 17% reporting more than two prior visits.

In your life, about how many times have you gone to urgent care for dental pain?	**Co-locations** % (number)	**Dental Vans** % (number)
Never	85% (117)	63% (79)
1-2 times	8% (11)	27% (32)
More than two times	6% (9)	10% (12)

Dental van patients utilize urgent care services for dental emergencies in addition to services provided through EDs. Over one third of dental van patients have gone to an urgent care center (37%) one or more times in the past. Co-location patients are less likely to have gone to an urgent care in the past for dental pain (14%).

PART 4: Recommendations

Recommendations for improving local coalition functioning and Healthy Smiles for All Program implementation and effectiveness were provided in an ongoing manner throughout the year. Recommendations have included the following:

To Strengthen the Local Coalitions

CCCWN: Explore options for sustaining administrative support for coalitions after grant has ended. At its next meeting, CCCWN members to discuss options for allocating resources for paid administrative support in order to sustain the current vibrancy of the coalitions. Coalition members are volunteers and there is not evidence to suggest that without paid administrative support they will continue to thrive as they have for the past years.

Coalition Chairs: Facilitate a discussion with your members about perceived versus real impacts of the coalition on the local community. In the survey of coalition members, most people did not perceive their coalitions as having an impact on their local community. To explore how to increase impact, facilitate a discussion around the following four areas, which were perceived as weaknesses:

- How can our coalition improve its accessibility to the community?
- How could we better share information about our accomplishments with our own members and the broader community?

- How could we increase our involvement with other collaborative efforts?
- How could we increase our visibility so that our coalition is recognized as an authority on oral health?

Local Coalitions: Appoint the local coalition chair for a limited-term period to increase shared responsibility among member organizations.
This is considered a best practice for coalition sustainability and health. All three coalitions have had the same chair for the past two years. Members are more likely to agree to take on the role of chair for a limited time period and new chairs bring fresh ideas and styles.

Local Coalitions: Continue to embrace and use your strategic plans as a roadmap to success. Refer to the strategic plan at every meeting to guide discussions and measure progress. Although each coalition has reviewed their regional strategic plan carefully and identified priorities that make sense in their own communities, they have not yet developed a close working relationship with that document. In the survey, only half of the respondents in each coalition said that their coalition had a fully developed strategic plan. Fewer than half felt that there were processes in place to guide the decisions they made for next steps.

Local Coalitions: Form committees to develop and carry out specific strategic activities between meetings. The use of committees to shoulder responsibility for specific activities between meetings is considered to be a critical aspect of an effective coalition but the use of committees has not yet been widely adopted by the local coalitions.

Local Coalitions: Discuss funding opportunities at every meeting.
Repeated and consistent concerns were expressed in all three coalitions about sustainability in the absence of continued grant funding. Securing funds to support coalition activities in the future should be among the highest priorities for each coalition. Within the next few months, dedicate one full meeting to a discussion about securing funding through grants and local fundraising.

Coalition members may want to establish a fundraising committee charged with identifying local funders for whom oral health is consistent with their mission. A fundraising committee could also develop a grant proposal for consideration by the Samaritan Social Accountability Fund. None of the individual coalitions is sufficiently mature to be eligible for funding from federal sources. Pursuing federal funding is not recommended at this point in time.

Local Coalitions: Secure funding to provide funding for grant-writing support.
There exists a perception that paid Healthy Smiles for All Program staff and/or members of the Regional Oral Health Coalition are responsible for securing additional funding and resources on behalf of the coalitions. Building capacity among coalition members for securing funding can be an important contribution to

coalition sustainability, including providing the experience to work with a paid grant writer.

Local Coalitions: Secure funding to obtain the services of an outside consultant to assist in the creation of a path toward independent sustainability. Coalition members may want to identify an outside consultant with whom they would like to work in building their own plan for sustainability. Further, coalition members could benefit from training on effective coalition leadership, group processes and structure, grant writing and successful fundraising strategies.

To Strengthen Delivery and Quality of Direct Clinical Services.

CCCWN: Explore options for continuing coordination of the dental services provided in the co-locations and dental vans and for voucher program. At its next meeting, CCCWN members to discuss options for allocating resources for paid support to coordinate the provision of direct clinical support. Without designated coordination, these critical and cost-saving services are not likely to grow as they have over the past year and may not even be sustained at their current level.

Sustain and expand the placement of EPDHs in primary care settings in Lincoln County. Patients are receiving important preventive care services in these locations, health care providers express strong support of the presence of oral health services in primary care settings, and patients are satisfied with the services they receive. The Healthy Smiles for All team has learned how to establish and sustain these sites.

Continue and expand the use of dental vans to provide treatment services for patients in pain and to reduce avoidable visits to hospital emergency departments and urgent care clinics. The patients who are treated in dental vans are experiencing dental emergencies and many have a history of seeking pain relief in hospital emergency departments and urgent care clinics. Vans provide an effective and low-cost alternative to these expensive options when seeking relief during dental emergencies. Coalition members have learned how to facilitate the use of the vans in their communities through the convenient locations, scheduling and effective advertising.

Healthy Smiles For All Direct Services Data for PIMS Report
September 1, 2015 – August 31, 2016
Prepared by Earlean Wilson Huey

Number of patients served by age

Age	Sweet Home	Brownsville	Lebanon Mid V	Lebanon Health	The River Ctr.	E. Linn Vans	Lincoln Vans	Total
Under 19								
19—25	10		5		3		4	22
26—34	20	1	10	1	10	4	7	53
35—44	34	4	9	1	6	8	8	70
45—64	82	5	66	2	16	20	30	221
65 & over	112	13	80	2	12	12	22	253
Unknown		5	1		22	77		105
Total	258	28	171	6	69	121	71	724

Number of patients served by race

Race	Sweet Home	Brownsville	Lebanon Mid V	Lebanon Health	The River Ctr.	E. Linn Vans	Lincoln Vans	Total
Asian	2		1					3
African American	2		4		1	2		9
Caucasian	203	20	131	4	59	59	66	542
Hispanic/ Latino	2		5		5	3	4	19
Native American	3		2	2			1	8
Pacific Islander								0
Two or More	2							2
Unknown	44	8	28		4	57		141
Total	258	28	171	6	69	121	71	724

Number of patients served by age

Age				
Initiative	**Adults 18—64 yrs**	**Elderly 65 & over**	**Unknown**	**Total**
Sweet Home	146	112		258
Brownsville	10	13	5	28
Lebanon Mid V	90	80	1	171
Lebanon Health	4	2		6
The River Center	35	12	22	69
E. Linn Vans	32	12	77	121
Lincoln Vans	49	22		71
Total	366	253	105	724

Patients served by ethnicity

	Hispanic or Latino	Not Hispanic or Latino	Unknown	Total
Sweet Home	2	212	44	258
Brownsville		20	8	28
Lebanon Mid V	5	138	28	171
Lebanon Health		6		6
The River Center	5	60	4	69
E. Linn Vans	3	61	57	121
Lincoln Vans	4	67		71
Total	19	564	141	724