Strategic Evaluation of Oral Health Tobacco Collaborative

Presentation to: Chronic Disease University
Presented by: Kia Powell-Threets
Date: December 12, 2016
Learning Objectives

By the end of the session, participants should be able to:

- Explain the purpose of the collaborative
- Explain why tobacco is the focus of collaborative
- Describe the strategies of the Georgia Oral Health Tobacco Collaborative
- Describe the potential evaluation candidates
Model Utilized

• Utilization –focused Evaluation

- Developed by Patton (2008)

- Including the voice of those who can give the evaluation credibility and at the same time making it more likely that the evaluation findings will be used

Compton and Baizerman (2012)
Underlying Framework

CDC Framework for Program Evaluation
Overarching Assignments

Developing...

- The Strategic Evaluation Plan
- Individual Evaluation Plans
Strategic Evaluation Plan

• Evaluation Portfolio

• Lays out the rationale, general content, scope, and sequence of the evaluations we plan to conduct during the project’s funding period

• High-level details relating to individual evaluation plans
Strategic Evaluation Planning Process and Product

**PROCESS**
- Establish evaluation planning team
- Develop a description of the program
- Prioritize program activities for evaluation
  - Generate prioritization criteria
  - Apply prioritization criteria
  - Consider evaluation design elements
  - Develop a cross-evaluation strategy
- Develop a communications plan

**PRODUCT**
- Strategic Evaluation Plan
  - Background & Purpose
  - Methods Used to Develop and Update the Plan
  - Proposed Priority Evaluations
  - Communication Plan
Individual Evaluation Plan

• A detailed plan that documents a shared understanding among us about the evaluation to be performed

• A comprehensive roadmap for all of us and will ensure agreement on all aspects of the evaluation
Individual Evaluation Planning Process and Products

Based on CDC Framework for Program Evaluation

PRODUCT: Individual Evaluation Plan
- Introduction
- Description of What is Being Evaluated
- Evaluation Design
- Data Collection
- Data Analysis & Interpretation
- Communication & Reporting
- Evaluation Management Plan

We Protect Lives.
## Table 1: Smoking among Georgia adults by selected demographic factors, 2013

<table>
<thead>
<tr>
<th>Selected Demographic Groups</th>
<th>Smoking Prevalence</th>
<th>Est. # Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Adults 18 Years or Older</strong></td>
<td>18.81%</td>
<td>1,349,214</td>
</tr>
<tr>
<td><strong>Young Adults 18-24 Years</strong></td>
<td>16.51%</td>
<td>157,915</td>
</tr>
<tr>
<td><strong>Youth smoking prevalence rate</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated Adults w/Income Below Federal Poverty Level</td>
<td>31.73%</td>
<td>262,582</td>
</tr>
<tr>
<td>Adults w/Less than a High School Education (25yoa+)</td>
<td>29.33%</td>
<td>349,932</td>
</tr>
<tr>
<td>Male adults</td>
<td>22.54%</td>
<td>775,096</td>
</tr>
<tr>
<td>Female adults</td>
<td>15.38%</td>
<td>574,118</td>
</tr>
<tr>
<td>Adults who are Medicaid enrollees</td>
<td>26.3%</td>
<td>94,153</td>
</tr>
<tr>
<td><em>Women who use tobacco the first 3 months of pregnancy</em></td>
<td><strong>15.9%</strong></td>
<td><strong>21,026</strong></td>
</tr>
<tr>
<td><em>Women who use tobacco the last 3 months of pregnancy</em></td>
<td>6.2%</td>
<td>8,189</td>
</tr>
<tr>
<td><strong>Non-Hispanic (NH) White Female adults</strong></td>
<td><strong>18.47%</strong></td>
<td><strong>391,428</strong></td>
</tr>
<tr>
<td>NH Black Female adults</td>
<td>12.81%</td>
<td>143,509</td>
</tr>
<tr>
<td>NH White Male adults</td>
<td>22.92%</td>
<td>458,219</td>
</tr>
<tr>
<td>NH Black Male adults</td>
<td>22.66%</td>
<td>213,511</td>
</tr>
</tbody>
</table>
American College of Obstetrics and Gynecologists Suggests:

- An office-based protocol
  - That offers treatment or referral
  - Short counseling session
  - Provide pregnancy-specific educational materials; and
  - Referral to the smokers' quit line is an effective smoking cessation strategy.
CDC Grant Funded DP 16-609: Models of Collaboration for State Chronic Disease and Oral Health Programs

“...support State Health Departments to develop chronic disease prevention projects that integrate activities from both their chronic disease and oral health programs.”
Project Strategies

• Increase coordination and shared leadership between the oral health program and chronic disease programs; and

• Implement one or more chronic disease prevention pilot project(s) that positively impacts chronic disease prevention measures across Georgia.
Project Logic Model

Figure 1. Models of Collaboration for State Chronic Disease and Oral Health Programs: Georgia’s Approach to Enhancing Collaboration between Oral Health and Tobacco Control

Input
- Funding and guidance from CDC
- Established state tobacco and oral health programs
- Chronic Disease Prevention (CDP) and Oral Health (OH) Staff
- Surveillance Data

Strategic Partners
- Oral Health Coalitions
- Chronic Disease Council
- Tobacco Coalitions
- Community Partners
- Georgia Clinical Transformation Team (GCTT)
- State Agency Partners
  - Maternal and Child Health (MCH)
  - Medicaid
  - Public Health Districts
  - Communications
  - Georgia Quitline (QQLT)

Increased Coordination
- Convene advisory committee, implementation, and evaluation planning teams
- Conduct quarterly MCH, OH, CDP, and QQLT meetings
- Market GCTT indicator training to chronic disease and QQLT to OH providers
- Expand Chronic Disease Council and QQLT to increases OH provider and OH leadership
- Increase participation in CDP and OH information sharing activities (staff meetings & Chronic Disease University webinars)
- Georgia OH staff to participate in CDP plan and incorporates OH in CDP programs & CDP in OH programs

Integrated Pilot Project
- Collaborate with Georgia Medicaid to seed messages to Medicaid OH providers to conduct biannual disease screening
- Develop media campaign for pilot project & new messaging incorporating OH in CDP programs
- Create visual tools to communicate Tobacco hazards to target population
- Social media campaigns for promotion
- Train OH providers on Georgia CFA guidelines, electronic referrals and system change approaches to
t- Refine toolkit for OH providers around QQLT

Collaborative Learning
- Train CDP and OH staff through collaborative learning events and activities
- Identify sustainable approaches to OH and CDP collaborations

Select Outputs
- Develop and implement SEP & IEPs
- Develop page on ODPH website on H & chronic disease
- Communications plan
- Create and refine work plan
- Disseminate outcomes to partners
- Collaborative leadership curriculum
  # of advisory committee meetings
  # of information sharing activities
  # program documents produced
  # of OH and CDP integrated plans developed

Outcomes

Short-term
- Integrated pilot project
- Increased interdepartmental participation in staff meetings and communications
- Oral disease systems incorporated into CDP programs
- Improved OH messaging in CDP programs

Intermediate
- Development of public health program utilizing OH infrastructure
- OH professionals will be used in CDP programs across ODPH
- Increased collaboration between CDP and OH

Long-term
- Integrated OH CDP programs
- Improved prevention and control of periodontal disease and oral/pharyngeal cancer
- Increased quit attempt rate among Georgia adults

Program Monitoring and Evaluation

We Protect Lives.
Activity Profiles
<table>
<thead>
<tr>
<th>Program Component</th>
<th>Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of Activity</strong></td>
<td>Increased Coordination</td>
</tr>
<tr>
<td><strong>Description of Activity</strong></td>
<td>Build, maintain, and enhance the collaboration and engagement of Implementation Team and Advisory Panel in the planning, coordination, &amp; expansion of integrated oral health and tobacco control activities &amp; resources</td>
</tr>
<tr>
<td><strong>Duration of Activity</strong></td>
<td>Implementation Team: 6-8 months; Advisory Panel: 12 months</td>
</tr>
<tr>
<td><strong>Partner Involvement</strong></td>
<td>Oral Health Program Staff, Chronic Disease Prevention Staff, internal &amp; external partners</td>
</tr>
</tbody>
</table>
| **Contribution to Intended Program Outcomes** | • Create and implement a project work plan and obtain commitments for collaboration from both oral health and chronic disease program leadership.  
• Increase communication and shared information between between chronic disease and oral health programs. |
<p>| <strong>Known Challenges in Conducting the Activity</strong> | Commitment and active participation |</p>
<table>
<thead>
<tr>
<th>Program Component</th>
<th>Intervention</th>
</tr>
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<tbody>
<tr>
<td><strong>Title of Activity</strong></td>
<td>Integrated Pilot Project</td>
</tr>
<tr>
<td><strong>Description of Activity</strong></td>
<td>Identify and fund health districts to promote tobacco cessation and the elimination of exposure to secondhand smoke in Georgia through partnerships to plan, implement and evaluate evidence-based strategies.</td>
</tr>
<tr>
<td><strong>Duration of Activity</strong></td>
<td>Year 2</td>
</tr>
<tr>
<td><strong>Partner Involvement</strong></td>
<td>Public Health Districts, Georgia Association of Dental Hygienists, Maternal and Child Health, other external partners</td>
</tr>
<tr>
<td><strong>Contribution to Intended Program Outcomes</strong></td>
<td>Integration of oral health and chronic disease prevention programs at GADPH</td>
</tr>
</tbody>
</table>
| **Know Challenges in Conducting the Activity**| • Oral Health Providers trained on systems-level approach (Georgia cAARds)  
• Oral Health Providers implementation of Georgia cAARds  
• GQTL uptake among target population |
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<th>Program Component</th>
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<tr>
<td><strong>Title of Activity</strong></td>
<td>Collaborative Learning Curriculum</td>
</tr>
<tr>
<td><strong>Description of Activity</strong></td>
<td>Build, maintain, and enhance the collaboration and engagement of Implementation Team and Advisory Panel in the planning, coordination, &amp; expansion of integrated oral health and tobacco control activities &amp; resources</td>
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<td>Implementation Team: 6-8 months;</td>
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</table>
| **Contribution to Intended Program Outcomes** | • Build communication among state chronic disease and oral health program staff to increase the interrelationship between oral health and other chronic diseases  
  • Increased collaboration of State and chronic disease program staff with oral health program staff and partners for cross sector innovation. |
| **Known Challenges in Conducting the Activity** | Commitment and active participation |
Questions

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