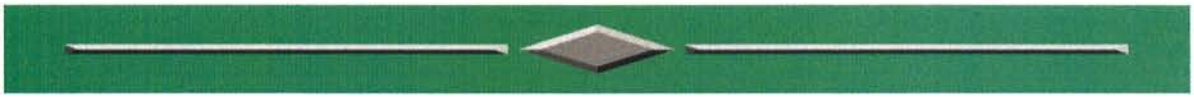
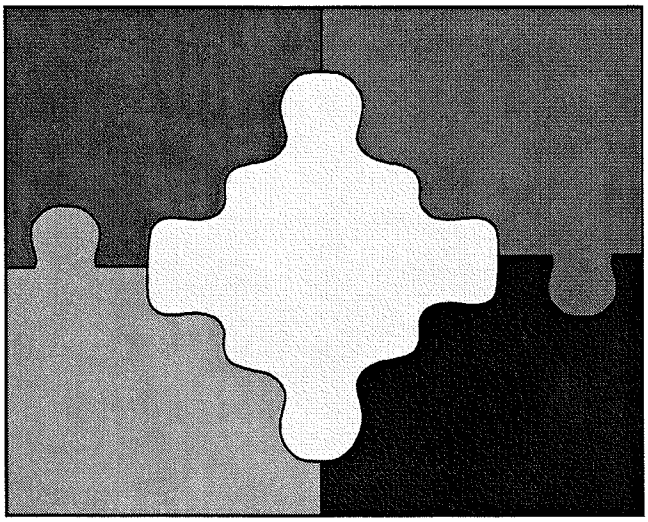


Evaluation

COMMUNITY ROOTS FOR ORAL HEALTH — GUIDELINES FOR SUCCESSFUL COALITIONS

SUPPLEMENT: SELECTING AND EVALUATING OUTCOMES FOR ORAL HEALTH COALITION EFFORTS



Prepared by:
Organizational Research Services
February 2000

Contents

1. Introduction

This guide is intended to accompany the "*Community Roots for Oral Health — Guidelines for Successful Coalitions*" and serves as a primer on selecting and evaluating outcomes for community-based oral health coalition efforts. Some of the ways this guide might be useful are described below.

It may be that your coalition has decided to seek funds to support particular coalition activities or efforts. This guide can help your coalition develop a strong evaluation plan that can satisfy funders' expectations or simply help your coalition to know that you're making a difference. A strong evaluation plan helps you to communicate your story to coalition membership, to the community in which you work, and to funders and potential funders that may support your efforts.

Or, in order to direct coalition progress, your coalition may decide to create an "evaluation team." Once your coalition has identified outcomes, the evaluation team can help to ensure that coalition activities are on track to achieve outcomes. By identifying outcomes, a measurement plan and an evaluation team to guide this process, a coalition can avoid the potential pitfall of failing to move ahead with important activities and efforts.

Finally, using this guide to help your coalition develop outcomes and an evaluation plan can serve to strengthen your coalition's overall capacity, thereby increasing the likelihood of long-term sustainability.

We wish you much success in your work!

"Community Roots for Oral Health — Guidelines for Successful Coalitions" provides important information to assist local oral health coalitions in their development. This supplemental manual is intended to offer specific suggestions for selecting and evaluating outcomes that occur as a result of coalitions' efforts, and it offers practical strategies and suggestions, including sample tools, for evaluating coalition outcomes.[1]

2. WHAT IS OUTCOME EVALUATION?

Outcome evaluation is a systematic way to assess the extent to which a program, service or initiative has achieved its intended results. The purpose of outcome-based evaluation is to obtain information about the effectiveness of particular service activities, strategies or efforts in order to support planning and improvement of services.

Outcome evaluation is different from other types of assessment activities

Needs assessments, which provide information about community health needs and conditions, are often intended to inform an initiative's goals and activities (see *"Community Roots for Oral Health — Guidelines for Successful Coalitions"*, Step 3). Similarly epidemiological assessments, which measure the health status of a given population with specific focus on the relationship between personal characteristics (e.g. age, risk factors, race) and environmental factors (e.g. poverty, pollution levels)[2] are often undertaken to inform particular coalition goals, activities, or strategies. Outcome-based evaluation looks at the results of implementing these activities or strategies and seeks to provide reasonable evidence of an activity's or strategy's success.

Other assessment activities may focus on whether an initiative accomplished what it set out to do: Were more coalition members recruited? Were regular coalition meetings held? Is a coalition ready to undertake its proposed goals and objectives? Did publicity efforts, such as media spots and billboards, occur? Still other assessment activities may help to identify what factors contribute to the success of community partnerships: Can a coalition work through conflict? Build trust among partners? Add resources such as staff or funding? These assessment activities that consider coalition activities or process are important, however, outcome-based evaluation focuses on what changes as a result of the coalition's activities or process.

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[1] Much of the information presented in this manual is reprinted with permission from The Evaluation Forum's publication, Outcomes for Success! (2000 Edition), © Organizational Research Services, Inc. and Clegg Associates, Inc. To order the complete text of Outcomes for Success!, or for a list of other evaluation publications available, please contact The Evaluation Forum at 1-800/881-9899 or http://www.theevaluationforum.com.

[2] Source: Ibrahim, Michael A. *Epidemiology and Health Policy.* Aspen Publishing, Rockville, MD, 1985.

Outcome evaluation shifts the focus from <u>what a coalition does</u> to the <u>results</u> that a coalition's efforts produce.

The main question addressed in outcome evaluation is:

- *What has changed in the lives of individuals, families, organizations or the community as a result of this initiative?*

Outcome evaluation focuses on how a program or initiative has made a difference. In other words... **"So what?"**

For oral health coalitions, an important first step in identifying outcomes will be to determine what sphere of life the coalition's efforts are most likely to affect. Within your coalition, you might want to ask the following "guiding" questions:

- Are coalition activities intended to bring about individual-level changes, such as changes in individual knowledge, attitudes, skills or behaviors?

- Are coalition activities more likely to lead to community level changes, such as changes in community awareness (e.g. widespread knowledge of oral health need), community norms (e.g. a sense that regular oral health care is important), community participation, changes in community conditions (e.g. more dental services available), or changes in policies or practices (e.g. water fluoridation).

3. Why Engage in Outcome Evaluation?

There are many reasons to measure the outcomes of oral health coalition efforts. Outcome evaluation can be helpful in the following areas:

Track progress, make decisions and/or improve the quality of coalition initiatives and efforts. Outcome evaluation helps to show whether a coalition's efforts are working and provide a way for coalitions to monitor short-term as well as longer-term accomplishments. Additionally, evaluation can help coalitions to identify opportunities to adjust strategies and tactics to maximize effectiveness.

Accountability. Through outcome evaluation, coalitions can show legitimate accountability to funders and to the community at large. Strong evaluations can help to convince those who have donated resources—money, time, in-kind contributions—that they are getting something for their investment.

Marketing successful efforts. Outcome evaluation helps others understand exactly what an initiative achieves and how it does so. Evidence of proven success provides an immense boost in terms of attracting coalition members, securing funds, and building a positive reputation for a coalition.

In addition, identifying outcomes and a process for measuring progress on those outcomes can help a coalition stay on track. Having measurable progress points identified can help coalitions avoid the pitfall of getting stuck in a "no action" mode and failing to move ahead with important activities and efforts.

Further, outcome identification and outcome-based evaluation efforts can serve to strengthen your coalition's overall capacity, thereby increasing the likelihood of long-term sustainability (see *"Guidelines for Successful Coalitions,"* Step 6) .

4. Identifying Outcomes To Measure

Again, the process of identifying outcomes begins with the question: **"What has changed in the lives of individuals, families, organizations or communities?"** It is important to ensure that the focus of measurement will be on *change that occurs because of a coalition's efforts*, and not on the actions of coalitions in and of themselves. In other words, a coalition must look beyond its own actions and ask "So what?" If a coalition secures funds for a dental clinic in a rural part of the community, what is the impact for those in the community, or for the community as a whole?

Ideally, identification of outcomes should happen as part of the coalition's process of developing goals, objectives and action plans (see *"Guidelines for Successful Coalitions,"* Step 5).

As your coalition identifies its outcomes, ask the following questions:

- Which outcomes are ***most important*** to achieve? Which are most closely related to the goals of our coalition?
- Which outcomes are ***most meaningful***? Is the change something that makes a real difference for members of our community or our community as a whole?
- Which outcomes are ***most realistic***? Which are most likely achievable within the resources available?

Some examples of outcome areas might include:

Outcome Areas	Types of Outcomes
Connections	Connecting with needed services or community resources Building trust /collaboration among agencies or programs
Attitudes and Values	Changing attitudes, values, norms
Perceptions and Feelings	Changing perceptions and feelings Recognizing a need for change Being willing and motivated to change
Knowledge	Gaining knowledge
Participation	Increasing participation
Behavior	Adopting new behaviors
Policies	Adopting new policies, practices or laws Passing new laws
Community Conditions	Changing beliefs, norms or values

5. Indicators: Making Outcomes Measurable

Before you develop tools for measuring your coalitions' outcomes, it is important to make sure that the outcomes you've selected are actually measurable. Frequently, outcomes are stated as abstract concepts that are difficult or impossible to measure directly. **Indicators** make outcomes measurable by stating them in specific terms.

Indicators are:

- Detailed examples that can be seen, heard or read that demonstrate outcomes are being met
- More specific statements that describe how outcomes are being accomplished

Sometimes, an outcome is so straightforward that it actually is an indicator in and of itself. For example:

OUTCOME	INDICATOR
Achieve water fluoridation in the community.	Water is fluoridated.

In most cases, however, defining indicators helps outcomes become measurable. And, measurement happens by collecting data on each indicator.

Here are two examples of outcomes and associated indicators:

OUTCOMES	INDICATORS
Increase access to dental services among older adults.	♦ At least 75% of older adults surveyed will report greater knowledge of available dental services. ♦ At least 75% of older adults surveyed will report using dental services more regularly than they did before the coalition's efforts began. ♦ At least 75% of older adults surveyed will report it is easier to obtain dental services that it was before the coalition's efforts began.
Improve community awareness of the oral health needs of older adults	♦ Increase community knowledge about available oral health services ♦ Increase community knowledge about dental disease and its impact on older adults

As your coalition works to define indicators for each of the outcomes identified, ask yourselves the following questions:

- Are the indicators directly related to the outcomes? Do the indicators help define the outcomes?
- Are the indicators specific?
- Are the indicators measurable — can they be *observed* (e.g. observed behaviors), *heard* (e.g. through participant interviews), or *read* (e.g. through client records)?
- Do the indicators make sense in relation to the outcome they are intended to measure?

6. Data Collection Methods

Decisions about which data collection method(s) to choose should take into account the following considerations, described below:

Type of Information Needed

Some methods (e.g. surveys, official records) work better when information is highly standardizes and potential responses are clearly defined. Other methods (e.g. interviews, observations, case records) are more appropriate in situations which are highly individualized or where potential responses can vary widely.

Validity

Validity refers to the accuracy with which a data collection tool reflects the concepts under study. Validity is the degree of certainty that a particular data collection tool is measuring what you want to measure. For examples, does a series of survey questions about access to oral health services accurately reflect community conditions? Do survey questions about oral health behaviors accurately represent respondents' actual behaviors?

Reliability

Reliability refers to the degree of consistency a particular data collection tool provides. Reliability means that the same data would be collected regardless of who collected the data or the time of day or the location in which data were collected. For example, male and female interviewers should be able to get the same responses from the same interviewees.

Available Resources

Evaluation takes place in the real world. Resources such as time and dollars must be strongly considered when selecting data collection methods.

Cultural Appropriateness

It is important to consider cultural aspects when designing data collection strategies, such as:

- Language – Data collection strategies must be language-appropriate for the population
- Trust – Members of many ethnic groups have valid reasons for feeling distrustful of surveys. These issues must be addressed, typically through the involvement of respected community leaders and/or community members in planning outcome measurement strategies.
- Cultural sensitivity – When choosing data collection methods, consider how certain techniques fit with the cultural norms and values of the program's participants and adapt accordingly.

Some data collection methods that may be appropriate for oral health coalitions include:

- Surveys
- Interviews
- Official Records

The table below describes these three data collection methods in more detail.

EVALUATION DATA COLLECTION METHODS	
Surveys	Surveys are standardized written instruments that contain several questions about the issues to be evaluated. These can include a combination of types of questions, e.g. single, direct questions; series of questions about the same topic (scale); and unstructured, open-ended questions. You can conduct surveys by mail, in person, over the telephone, or in a centralized activity as part of an event. Surveys are usually considered to be an efficient data collection strategy.
Interviews	Interviews are comprised of a series of questions, typically semi-structured or unstructured, conducted in-person or over the telephone. Focus group interviews take advantage of small group dynamics to conduct interviews with a group (usually 6 to 10 people). Interviews can be used when in-depth information is desired. They are particularly appropriate for investigating sensitive topics.
Official Records	Using official records includes a review of existing information collected by agencies and institutions. This information provides a means for tracking changes in quantifiable behaviors. This is an unobtrusive method of examining macro-level or community-wide impacts.

As your coalition defines appropriate data collection methods, ask yourselves the following questions:

Are the data collection methods appropriate to the indicators you wish to measure?

- Will you use "off the shelf" data collection tools or develop your own tools?
- Are the data collection tools valid, reliable, culturally appropriate?
- Can data collection methods be implemented within available resources?

7. SAMPLING

Sampling refers to the step in evaluation planning where decisions are made about who to collect data from or about. The decisions that must be made are to determine a ***sample***

size, that is how many people you will collect data from or about and a ***sampling strategy***, that is how to select people to collect data from or about from within a larger population.

Sample Size

Sometimes it is possible to collect data from everyone who participated in a particular program or received a particular service. Often, however, it is necessary to select a sample. For example, if you're interested in knowing how community awareness regarding oral health needs might have changed as a result of a multi-component public awareness campaign, you can select a sample of community members rather that collect data from each and every person or household in the community.

The table below shows sample sizes for different populations based on a probability sampling method.

	Sampling Error		
	±3%	**±5%**	**±10%**
Population Size:			
100	92	80	49
250	203	152	70
500	341	217	81
750	441	254	85
1,000	516	278	88
2,500	748	333	93
5,000	880	357	94
10,000	964	370	95
25,000	1.023	378	96
50,000	1,045	381	96
100,000	1,056	383	96
1,000,000	1,066	384	96

The sampling errors shown (3,5, and 10%) refer to confidence level. This is the degree to which one can be confident that the sample is truly representative of the population it was drawn from. A 5% sampling error is most common. This means that 95% of the time, you can be sure the sample represents the population from which it is drawn.

Sampling Strategy

The key to sampling is to select a sample that is representative of the entire population you want information from/about. This assures that evaluation results can be used to make statements about all participants, not just the sample. For example, if you were planning to select a sample of community members from whom to get information about changes in attitudes or ideas due to a community-wide public awareness campaign, you would want to be sure tat your sample was representative of the community in terms of key characteristics such as age, gender, ethnicity, geographic location, etc. If, however, the

public awareness campaign was specifically directed at one particular group—e.g. parents of children 5 and under, Spanish-speaking populations, older adults, etc. than you would want to sample exclusively from these populations.

There are a number of representative sampling methods:

Probability Sampling Methods	
Simple Random Sampling	In a simple random sample, each member of a population has an equal chance of being selected into the sample. One way to construct a simple random sample is to assign a number to each person in a population and draw numbers at random.
Stratified Sampling	A stratified sample involves first separating a population into groups (or strata) of similar individuals and then drawing a simple random sample from each group. Such a sample is used when characteristics of the population are diverse and particular characteristics may influence the outcomes (e.g. age, gender, ethnicity, education, income, geographic location, health status). A simple way to construct a stratified sample is to divide participants into groups that share one or more characteristics, assign a number to each person and then draw random numbers from each group.
Systematic Sampling	Assign a number to each person in a population and select people at equal intervals from a random starting place. One method for drawing this kind of sample may be to compile an alphabetical list and choose, for example, every fourth person on the list.

Sometimes, it is not possible or feasible to implement a probability sample. For example, with a large population (e.g. an entire community) it may not be possible to obtain a probability sample if there is no comprehensive "list" of community members or no way of easily randomly selecting members of the population. In a case like this, a non-probability sampling method may be implemented.

Non-probability Sampling Methods	
Quota Sampling	The goal of a quota sample is to select a sample that is as similar as possible in certain characteristics (e.g. gender, age, ethnicity) to the population. For example, if it is known that the population is 75% female and 25% male, the goal is to select a sample that reflects this gender composition. This is a non-probability method because the sample members are not randomly selected from the population.
Snowball Sampling	In this method, each sample members is asked to suggest other participants who might be appropriate for the sample. This approach is often used when collecting information on a sensitive topic or in a situation where confidentiality is important.
Convenience Sampling	Participants are selected based on their availability (e.g. people at a shopping mall). This method is the least reliable, and is not recommended unless there are no other options for gathering a sample.

8. PUTTING IT ALL TOGETHER: CREATING AN EVALUATION PLAN

An evaluation plan combines all the information about outcomes, indicators, data collection methods and sampling. Typically, there are five key parts of a strong evaluation plan:

- Outcomes
- Indicators
- Data collection method and tools
- Frequency and schedule of data collection
- Sample size and sampling strategy

Using the examples of outcomes and indicators given earlier in this manual (see page 5), the following page shows an example of a completed evaluation plan.

Evaluation Plan

Outcomes	Indicators	Data Collection Method(s)/Tool(s)	Frequency and Schedule of Data Collection	Sample Size and Sampling Strategy
Increase access to dental services among older adults.	♦ At least 75% of older adults surveyed will report knowledge of available dental services. ♦ At least 75% of older adults surveyed will report using dental services more regularly than they did before the coalition's efforts began. ♦ At least 75% of older adults will report it is easier to obtain dental services than it was before the coalition's efforts began.	Survey of older adults Interviews with older adults	Surveys to be administered yearly for 3 years* Interviews done in the third year*	*For survey*: Each year, select a convenience sample of 250 older adults identified through senior centers, Medicare health providers and churches. *For interviews*: Select a convenience sample of 25 older adults from 250 who completed surveys.

* Examples of a survey and an interview guide that could be used to measure the outcomes listed in this evaluation plan appear as "Example 3" on pages 24-26 of this manual.

9. Case Examples and Sample tools

Below are some examples of coalition outcomes, evaluation plan components and some sample tools for measuring outcomes.

Example #1.

A local oral health coalition plans to undertake a public education campaign and a media campaign in order to promote community awareness about the oral health needs of young children. How can this local coalition measure whether its public education and media campaigns have been effective?

The first step is to identify an outcome or outcomes—that is, ***what will change as a result of the coalition's efforts, namely a public education campaign and a media campaign.*** The outcomes, in this case, are to increase community awareness regarding the oral health needs of young children and to improve the oral health of pre-school aged children in the county.

The next steps are to identify specific, measurable indicators; data collection method(s), the schedule and frequency of data collection, and the sample from which data will be collected. The following page shows a sample evaluation plan showing examples of each of the plan components.

Outcomes	Indicators	Data Collection Method(s)/Tool(s)	Schedule and Frequency of Data Collection	Sample Size and Sampling Strategy
1. Increase community awareness of the oral health needs of young children	Increased number of community members' will identify oral health care as important for young children Increased number of community members surveyed will report knowing 2 or more causes of dental disease in young children Increased number of community members surveyed will report knowing 3 or more oral health resources for young children.	Community survey	Community survey to be implemented twice: First, before public education/media campaign efforts begin Second, two weeks after public education/media campaign efforts are completed	Survey 300 community members, ages 17 and older. 300 community members will be a convenience sample of those who visit one of three community locations in a 4-day period. Community locations to include: 1. Grocery store at 3rd and Main 2. Fred Meyer at Market and 9th 3. Restaurant on W. Pacific Ave.
2. Improve oral health of pre-school students.	100% of Head Start enrolled children receive dental exams and treatment by December 31, 2002 75% of pre-school providers in the county attend at least 1 workshop on oral health for young children by December 31, 2001.	Tracking forms to be used at each Head Start site Tracking form to be completed at each workshop offered in 2000 and 2001.	Ongoing, through 2002. Data to be summarized in January, 2003. Ongoing, through 2001, data to be summarized in January, 2002.	All children enrolled in Head Start programs in the county. All pre-school providers in the county

For the first outcome, the coalition chose to measure the indicators by using a community survey. The following pages show an example of a tool that could be used to measure an outcome such as the one identified in the evaluation plan above

As an incentive for community members to participate, this coalition decided to enter those who responded to the survey into a drawing. The coalition was able to get donations of Family Passes to the County fair. Each survey respondent was invited to fill out a slip of paper with their name, address and phone number and put it in a hat. Three slips will be drawn from the hat and those individuals will receive County fair passes.

For the second outcome, the coalition created and distributed a tracking form to every Head Start program in the county. A coalition member visited each Head Start and trained staff in how to complete the tracking form. An additional form was created so that the coalition could ensure Head Start tracking forms were submitted quarterly. In addition, the coalition developed a participant sign-in sheet to be completed at every workshop on young children's oral health presented through December, 2001. The sign-in sheet will be compared with a list of all pre-school providers in the county to see whether 75% have participated in at least one workshop by the end of 2001. Examples of the tracking forms are shown on pages 19-20, following the community survey.

.

Community Survey

These questions ask about young children and dental health. Please answer these items to the best of your ability. Thank you very much for participating!

1. Are you: ❑ Male ❑ Female

2. What is your age group?
   - ❑ 17-24
   - ❑ 25-34
   - ❑ 35-44
   - ❑ 45-54
   - ❑ 55 or older

3. Are you:
   - ❑ Caucasian/White
   - ❑ African-American/Black
   - ❑ Native American
   - ❑ Hispanic/Latino/Latina
   - ❑ Asian-American
   - ❑ Other: _____

4. Do you have children?
   - ❑ Yes ⟶ What are their ages? _____
   - ❑ No

5. On a scale of 1 to 5, how important is regular dental care for children under age 5? (Please circle)

Rsx mqtsvxerx ex ep p		Wsqi{lex mqtsvxerx		Ziv} mqtsvxerx
5	6	7	8	9

6. How often do you think children under age 5 should receive preventive dental care?
   - ❑ At least once before they reach age 5
   - ❑ At least once every two years
   - ❑ At least once every year
   - ❑ At least once every six months

7. What percentage of children under 5 suffer from dental disease?
   - ❑ Less than 10%
   - ❑ 10-20%
   - ❑ 20-30%
   - ❑ 30-50%

8. Can you name2 or more causes of dental disease in young children?
   a.
   b.
   c.
   d.

9. Can you name 3 or more places in the community where young children can receive oral health care?
   a.
   b.
   c.
   d.
   e.

10. **If you have children**, have you ever used or received information about any of the following community resources:
   - ❑ The ABCD Program
   - ❑ The Mom and Me Program
   - ❑ The Smile Mobile
   - ❑ The Cherry Valley School-Based Dental Screening and Treatment Program
   - ❑ Cavity Free Kids
   - ❑ The Baby Bottle Tooth Decay Prevention Project

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Dental Exams/Treatment for Head Start Enrolled Children

To Head Start Staff,

We are requesting your cooperation to track the number of Head Start enrolled children in our county who have received dental exams and treatment. As dental exams occur within your site, please complete these forms, and submit them quarterly to: Pearlie White, c/o County Health Department, 132 First Avenue, Healthy, WA 98414. If you have any questions, please call Pearlie at (360) 218-6684. Thanks so much for your assistance—here's to cavity free kids!

Sincerely,
The County Dental Health Coalition

⌘⌘⌘

Head Start Program Location: _____

Date: _____

Form shows information for quarter ending: ____/____/____

Quarterly Total Enrollment: _____

	On-Site Dental Exam Dates This Quarter			
Number of Head Start participants screened/treated				

Tracking Dental Exams/Treatment for Head Start Enrolled Children, January 2000- September 2001

County Head Start Programs	Quarterly Tracking Forms Received						
	3/31/00	6/30/00	9/30/00	12/31/00	3/31/01	6/30/01	9/30/01
Greenway							
CFC							
Sunnyvale							
Hiawatha							
Orchard St.							
Glenview							
High Point							
Miller							
Washington							
St. John's							
Community Partners							
Royal Crest							
Shepherd of the City							
Rogers							

Example #2

A local oral health coalition has a goal of improving oral health for rural, underserved populations. To meet this goal, the coalition plans to provide "satellite" clinical oral health services at several locations, work to attract volunteers and dental residents to staff these clinics, conduct targeted outreach efforts in three communities to encourage residents to obtain dental screening/treatment, and conduct a fundraising campaign to build a dedicated clinic in one particular rural area.

The outcomes—***what will change as a result of the coalition's efforts***—that have been chosen by the coalition are:

1. Increase the amount of dental services available in three rural locations.
2. By 2003, 60% of the residents of three rural communities will have received at least one dental screening.
3. By April 1 2002, increase community readiness to open dental clinic.

The evaluation plan on the following page shows the indicators for each outcome, the data collection methods to be used to track each outcome, the schedule and frequency of data collection and sampling information.

Note that for these outcomes, sampling is not an issue as data consists of records already being kept. The second outcome requires no indicators, as the outcome is in itself measurable.

Outcomes	Indicators	Data Collection Method(s)/Tool(s)	Schedule and Frequency of Data Collection	Sample Size and Sampling Strategy
1. Increase the amount of dental services available in three rural locations.	Expanded hours at 3 existing dental clinics. Monthly dental exams/treatment provided at 4 additional community sites.	Track hours of operation noted in clinic logs. Hours of operation noted in clinic logs.	Quarterly	
2. By 2003, 60% of the residents of three rural communities will have received at least one dental screening.		From clinic logs at each of three community clinics, compare number of individual visits with the total population of each community.	Once in March 2003	
3. By April 1 2002, increase community readiness to open dental clinic	Key community partners are engaged in clinic development process. At least 3 grants for dollars to support community clinics have been written Site for clinic has been selected and agreed upon by key community partners.	Review of coalition meeting minutes 2000-2002.	Once, in April 2002.	

Example #3

The following pages show samples of a survey and an interview guide that could be used to measure outcome and indicators shown below and in the sample evaluation plan on page 13 of this manual.

Outcome	**Indicators**
Increase access to dental services among older adults.	♦ At least 75% of older adults surveyed will report knowledge of available dental services. ♦ At least 75% of older adults surveyed will report using dental services more regularly than they did before the coalition's efforts began. ♦ At least 75% of older adults will report it is easier to obtain dental services than it was before the coalition's efforts began.

Dear Community Member,

We are asking you to answer a few questions about dental health. Thanks very much for completing this short survey!!

Sincerely,

The Community Oral Health Coalition

✸✸✸

1. Do you know where you could go in this community to have a dental exam or get dental treatment if you needed it?
   - ❑ YES
   - ❑ NO

2. If you needed dental care, do you feel it would be easy to access it?
   - ❑ YES
   - ❑ NO

3. Thinking about the situation in this community four years ago, do you feel you know more now about where you can do to get a dental exam or dental treatment if you need it?
   - ❑ YES
   - ❑ NO

4. Thinking about the situation in this community four years ago, do you feel it is easier for older adults to access dental care now?
   - ❑ YES
   - ❑ NO

5. How important do you think it is for older adults to receive regular dental exams?
   - ❑ NOT IMPORTANT AT ALL
   - ❑ SOMEWHAT IMPORTANT
   - ❑ IMPORTANT
   - ❑ VERY IMPORTANT

6. **Thinking about the past four years**, would you say you visited a dentist or received dental care regularly?
   - ❑ YES
   - ❑ NO

7. **Thinking about the past four years**, about how many times did you visit a dentist, or receive a dental exam or treatment?
   - ❑ Not at all
   - ❑ Once
   - ❑ Two or three times
   - ❑ Four or five times
   - ❑ More than five times

8. Have you visited a dentist or received a dental exam or dental treatment in the last six months?
   - ❑ YES. If so, where did you receive this exam or treatment?

     _____
   - ❑ NO

9. Do you plan to visit a dentist or receive a dental exam or treatment in the coming six months?
   - ❑ YES. If so, where will you receive this exam or treatment?

     _____
   - ❑ NO

Thank you!!

Interview Guide

Interviewer can begin by explaining the purpose of the interview, the types of questions that s/he will be asking, and answering any questions the interviewee might have.

- Do you know where you can go to get a dental exam or dental treatment if you need it?

  Where are some places in this community that you can go?

- Do you feel it is easy for older adults to get dental care in this community?

  What are some of the things that make it easy for older adults to access dental care?

  What are some of the things that make it difficult for older adults to access dental care?

- Thinking back on the last four years, has it become easier for older adults to access dental care in this community?

  What has contributed to making it easier?

  What makes it difficult?

- Thinking back on the past several years, how often did you visit a dentist, get a dental exam or receive dental treatment in the past?

  Why did you visit the dentist regularly?

  Why did you not visit the dentist regularly?

  Would you visit the dentist regularly now?

  Why or why not?

- Have you visited a dentist, had a dental exam or received dental treatment in the past six months?

  Why or why not?