

# Review of the ASTDD State Oral Health Program Evaluation Project:

## FINAL REPORT

Prepared for

The Association of State and Territorial Dental Directors

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## I. INTRODUCTION

Since 1986 the Association of State and Territorial Dental Directors (ASTDD) has been providing systematic, formal evaluations of state and territorial oral health programs when requested by appropriate state authorities. In general, these evaluations have been based on the ASTDD publication, *Guidelines for State and Territorial Oral Health Programs*, which was initially developed in 1985 and revised in 1997 and 2001.

Under current policy, evaluations are conducted either by self-study, with guidance provided by an ASTDD consultant, or by site visits from a team of selected oral health specialists led by a current state dental director. The dental director of the state or territory requesting the review specifies the preference for self-study or site visit. Funding support for the evaluations has been provided through agreements with either the Maternal and Child Health Bureau (MCHB) at HRSA or the Division of Oral Health at CDC. Since 1993, all program evaluations have been carried out by contract consultants under ASTDD direction.

In 1999 the ASTDD conducted a limited outcomes assessment of programs that had been reviewed up to that time. For that assessment the Association distributed an evaluation form to dental directors of programs that had been reviewed, requesting their assessment of outcomes of the site visit. The results showed a generally positive response to the evaluations by state dental directors. As the evaluation program expanded, however, the need was perceived for a more structured and comprehensive outcomes assessment. In early 2001, the ASTDD and MCHB/HRSA agreed on the essential elements of an expanded and more comprehensive outcomes assessment to aid the Association in planning the future direction of the evaluation project. A contract with an independent consultant was issued in April 2001, with a targeted completion date of July 31, 2001 (Appendix 1). Funding was provided through a cooperative agreement with MCHB/HRSA .

The assessment has three objectives:

- Identify the outcomes that have resulted from previous state evaluations as reported by each oral health program reviewed
- Summarize recommendations made in past evaluations to identify trends and tendencies
- Determine the strengths and shortcomings of the evaluation process and recommend changes

## II. METHODS

It was initially determined that a complete inventory of all oral health programs reviewed since 1986 was not available in the ASTDD archives. Through contacts with ASTDD personnel a comprehensive inventory of all previous state evaluations was compiled, and final reports from all completed state evaluations were collected for review. In total, 19 programs had received an evaluation between 1986 and 2001, either by site visit or by self-study only (Table 1). Final reports were available from 15 of these programs. Reports from the remaining four programs were still in progress and were not included in this analysis. These were from three states that were site-visited in 2001 and one state that had completed a self-study in 2000. The contractor subsequently reviewed all available final reports to identify and summarize common themes, trends, and outcomes of the program evaluations.

From the inventory shown in Table 1, a complete listing of dental directors of oral health programs reviewed in the past was assembled. A questionnaire was then developed for distribution to state dental directors requesting their assessment of the impact of the site visit or self-study evaluation on their program, and to provide suggestions for improving future evaluations. The questionnaire was accompanied by a cover letter from the ASTDD president that explained the purpose of the questionnaire and encouraged participation (Appendix 2). Through discussions with ASTDD it was decided to send questionnaires only to those programs that had been reviewed within the past ten years. In practice, this limited the outcomes assessment to programs reviewed since 1993 because no programs were reviewed in 1992. In all, 16 programs met this qualification. Of these, 10 programs had received a site visit, two others (SC and IA) had a visit scheduled for mid-2001, and four had completed a self-study only. Questionnaires were subsequently sent to the 10 states with completed site visits and four states with completed self-studies. Follow-up contacts were made with those states that did not return their forms by the requested deadline.

To determine the strengths and weaknesses of the site visit process, a second questionnaire was developed for distribution to a selected panel of past site visitors from state evaluations. This panel comprised 20 recently active site visitors, i.e., those who had participated in an evaluation within the past three years. The questionnaire requested responses about various aspects of the site visit process, and included a request for recommendations to improve future visits (Appendix 3).

### III. RESULTS

#### A. Program director questionnaires

Completed questionnaires were received from 11 the 14 oral health program directors contacted (78.6%). Nine of these were from the ten states with completed site visits (90%), and two were from the four states with completed self-studies only (50%). Because the questionnaires from these two groups tended to show different outcomes, their responses will be described separately.

#### *Site-visited programs*

The questionnaire was divided into three sections. *Section A* requested identifying information and asked whether the respondent was the active dental director at the time of the site visit. Seven of the 9 forms returned (81.8%) were completed by the dental director active at the time of the evaluation and two were completed by the active director's immediate successor.

*Section B* requested information about the site visit process from the viewpoint of the state dental director. Responses to the eight questions in *Section B* are summarized as follows:

#### **B1: How was your state evaluated? (self-study or site visit)**

Nine states reported site visits.

#### **B2: Was the self-study form easy to use and understand?**

Most responses (78%) described the form as "about average." Only two responses described it as "difficult."

#### **B3: Did the consultant review and explain the form to you? Was this helpful?**

All responses (100%) reported a consultant review. All but one felt the review was helpful.

#### **B4: How helpful was the consultant in preparing you for the site visit?**

All respondents (100%) described the consultant as "helpful" or "very helpful."

#### **B5: Was the state oral health program staff well prepared for the site visit?**

All respondents (100%) felt their program was "well prepared" or "very well prepared" for the site visit.

#### **B6: Did you feel the site visit team was well prepared for the site visit?**

All respondents (100%) felt the site visitors were "well prepared" or "very well prepared."

#### **B7: Did you feel the team had the appropriate qualifications and makeup?**

All responses (100%) reported the team's makeup as "appropriate" or "very appropriate."

**B8: How burdensome was the site visit to your and your staff?**

Most programs (57%) described the site visit as “somewhat burdensome” or “very burdensome.” Three programs described it as “not burdensome.”

In general, the findings of *Section B* show a high level of satisfaction with the site visit process by the dental directors who responded to the questionnaire. The exceptions were two programs that found the self-study difficult and two that found the site visit process overly burdensome.

*Section C* of the questionnaire requested information about the outcomes of the site visit from the point of view of the oral health program director. Two questions asked for a general assessment of program outcomes and a third asked for an outcomes assessment in 14 specific areas of program activity. Responses to these questions are summarized as follows:

**C1: Overall, how useful was the ASTDD evaluation to your oral health program?**

All responses (100%) rated the assessment as “useful” or “very useful.”

**C2: Did the evaluation result in significant changes to your program?**

Four programs reported “significant changes,” three reported “some changes,” and two reported “little or no change.”

**C3: Specifically, did the evaluation result in improvements in the following areas:**

**a. Program visibility:**

All programs (100%) reported improvement in program visibility. Four reported major improvement.

**b. Strategic planning:**

All but one program (89%) reported improvement in strategic planning. Three programs reported major improvement.

**c. Program organization:**

All but two programs (78%) reported improved organization. Two reported major improvements.

**d. Program budget/resources:**

Only two programs (22%) reported an increase in budget or resources. Only one program described the increase as major.

**e. Program staff and leadership:**

Five programs (56%) reported some improvement. One reported major improvement.

**f. Staff training or education:**

Five programs (56%) reported some improvement. One reported major improvement.

**g. Statewide oral health initiatives:**

All but one program (89%) reported some improvement. Two reported major changes.

**h. Oral health partnerships:**

All but one program (89%) reported some improvement. One reported major improvement.

**i. Legislation beneficial to oral health:**

Six programs (67%) reported improvement or expansion of legislation. One reported major legislative initiatives.

**j. Education or promotion of oral health:**

Five programs (56%) reported improvement in this area. One reported major changes.

**k. Access to oral health care:**

Only four states (44%) reported improved access to oral health care. Only one reported major improvement.

**l. Oral disease prevention programs:**

All but one program (89%) reported improvement in prevention programs. Two described the improvement as major.

**m. Availability of oral health data:**

Six states (67%) reported improved availability of data. Two reported major improvement.

**n. Use of oral health data to influence policy or legislation:**

All but one program (89%) reported increased use of data. Two reported a major increase in data use.

Overall, results of *Section C* show broad agreement that the ASTDD site visit was useful to the oral health program, and that important change resulted in many program areas. Specifically, these changes were greatest in the areas of program visibility, strategic planning, partnerships, new initiatives, prevention, and use of data. Improvements were least in program budgets/resources and in access to oral health care.

***Self-study programs***

Programs that were evaluated solely by self-study returned only two questionnaires. In both programs the current state dental director was active at the time of the review. Both respondents described the self-study form as “about average” in difficulty. One respondent reported that the ASTDD consultant provided a helpful review of the form prior to the assessment. The other reported having to request an explanation from the consultant.

In the outcomes assessment (*Section C*), both programs described the self-study evaluation as “useful,” but reported little or no improvement in most of the specific

program areas. However, one state reported that the self-study provided impetus for a state dental summit meeting (planned), and the other program used the self-study to request a full site visit to be conducted in FY 2002.

In summary, programs having only a self-study reported few program improvements as a direct result of the evaluation, but used the self-study in other ways to benefit their program.

## **B. Site visitor questionnaires**

Site visitor questionnaires were returned by 14 of the 20 recipients (70%). The questionnaire posed eight open-ended questions about the most recent site visit attended by the respondent. Responses are summarized as follows:

### **1. How many site visits have you participated in?**

Eight respondents (57%) had participated in only a single visit and the remaining six had participated in from two to seven visits.

### **2. Was the site visit team (for the most recent visit) properly constituted?**

Most respondents (79%) thought the team was properly constituted. Two respondents felt that the teams are becoming too large and complex. One respondent suggested adding a dental school representative to future teams.

### **3. Was the team adequately prepared for the site visit?**

Most responses (86%) reported adequate preparation. One site visitor thought the self-study should have been available earlier, and another did not respond to the question.

### **4. Was the state oral health program adequately prepared for the site visit?**

Nine respondents (64%) reported adequate preparation by the state. Four thought preparation could have been improved (three of these were from the same site visit). The most frequent complaint concerned scheduling of interviews.

### **5. Was the state's self-assessment adequate for your review purposes?**

Most respondents (71%) thought the self-study was adequate for purposes of the site visit. Two respondents would have liked more information in some program areas and one reported that the self-study was not seen.

### **6. Did the interview schedule include the appropriate individuals and agencies?**

Most respondents (71%) were satisfied with the interview schedule. Two felt that additional persons or agencies should have been included. One respondent suggested reducing the number of interviews and focusing on key individuals or agencies.

### **7. Did the onsite logistics meet the needs of the site visit team?**

All but two responses (86%) reported high satisfaction with the onsite logistics of the site visit. Both dissenters reported problems with the interview schedule and/or venues.

## **8. Was the site visit useful to you?**

All respondents (100%) felt the site visit was useful to them.

## **9. Please provide additional comments that you feel would improve future site visits.**

Seven respondents provided additional comments and recommendations. (These were varied in nature and will be further described in the *Discussion* section.)

Overall, the responses from the site visitor questionnaire showed reasonable satisfaction with the site visit procedures by the team members. Respondents were most satisfied with the team's preparation for the visit (86%) and onsite logistics during the visit (86%), and least satisfied with the preparation of the state oral health program for the visit (64%), primarily because of problems with the interview schedule.

## **C. Final reports of past evaluations**

Final reports were available from a total of 15 oral health program evaluations, 13 from programs that were site visited and two from self-studied programs. All reports since 1993 followed the same general format based on the ASTDD guidelines document. Three earlier reports followed a slightly different format. Regardless of format, all the reports presented detailed recommendations for specific program areas and concluded with a summary of key findings, including program strengths, weaknesses and recommendations. To provide an overall summary of the report outcomes, key recommendations from each report were reviewed and tabulated according to the three core function subdivisions of the ASTDD guidelines document (assessment, planning and policy development, and assurance). Because the recommendations were in narrative form and employed variable terminology in making specific suggestions, only a qualitative assessment of the results could be made. However, it was clear that some topics received more attention than others in each core function area. The recommendations made most often for each core function were as follows, listed in approximate decreasing order of frequency:

### **Assessment:**

- Develop a comprehensive oral health surveillance system for the state
- Complete a statewide needs assessment
- Obtain technical assistance for data collection needs
- Update the identification of Health Professional Shortage Areas
- Improve monitoring of fluoridated water systems

### **Planning and policy development:**

- Develop a state oral health improvement plan (strategic plan)
- Improve the infrastructure of the oral health program
- Increase resources and/or staff of the program
- Improve the dental public health capacity at the local level
- Institutionalize the oral health program
- Increase partnerships for oral health
- Improve program visibility
- Establish an advisory committee for the oral health program

**Assurance:**

- Expand water fluoridation within the state
- Advocate increased compensation for dental Medicaid providers
- Improve access to oral health care for the underserved
- Expand the dental safety net
- Expand or improve prevention programs other than water fluoridation
- Provide more continuing education opportunities for staff
- Increase oral health education and/or promotion activities
- Work to provide more oral health services for adults

In summary, recommendations made most frequently were fairly consistent across the states reviewed. Most programs needed improvements in needs assessment, surveillance systems, strategic planning, program infrastructure, implementation and monitoring of water fluoridation, and access to oral health care for underserved populations.

**IV. DISCUSSION**

Although this evaluation was more comprehensive and detailed than the first outcomes assessment completed in 1999, several shortcomings in the methods used here should be pointed out. First, part of the assessment was limited to states that had received a review within the past ten years (in effect, since 1993). This restriction was imposed to avoid anamnestic censoring of the data, and to assure that the programs included would reflect the most recent site visit practices. Second, the review of final reports was necessarily restricted to programs having a completed final report available for review. This resulted in the exclusion of four states (OR, IA, ME, SC) that had been evaluated in 2000-01 or were undergoing evaluation at the time this report was being prepared. For this reason, some parts of this report may not accurately reflect the most recent practices of the evaluation teams. Third, there has been continual evolution of the site visit program through the years; site visits conducted after about 1993 were based on the “core functions” format of the current ASTDD guidelines, while earlier evaluations used a somewhat different format. This meant that it was not always possible to accurately compare recommendations in the final report across the various core function categories. Fourth, there was a variation in the questionnaire response rate between states that were site visited (90%) and those that were self-studied (50%). For this reason caution should be exercised when making conclusions about differences in outcome between the two types of assessment. Finally, this assessment was designed to reflect the collective characteristics of state oral health programs receiving an ASTDD evaluation. These characteristics should not be considered representative of state oral health programs in the United States at large.

Responses from the program director questionnaires showed generally high satisfaction with the ASTDD site visit procedures, with 100% of directors reporting positively in five of seven categories. Respondents were most dissatisfied with the complexity of the self-study form (22%) and the burdensome nature of the evaluation to program staff (57%). Respondents were unanimous in rating the site visit as “useful” or “very useful”, but

varied considerably when asked to rate outcomes in specific program areas. However, more than half of respondents reported “some improvement” or “major improvement” in 12 of the 14 specific areas, and almost 90 percent reported improvement in six areas (visibility, strategic planning, oral health initiatives, partnerships, prevention programs, and use of oral health data to influence policy). Respondents were least satisfied with improvements in program budget/resources and access to oral health care for the underserved, two categories that traditionally have been resistant to change. Some respondents provided narrative comments citing specific changes or improvements that resulted from the site visit. Examples of these changes included improvement to the state water fluoridation program, improved institutionalization of the oral health program, an increase in the FTEs for the oral health program, increased program visibility, improved working relations with Medicaid, and the establishment of a dental hygiene school as a Medicaid provider.

Only two questionnaires were received from states that were self-studied, and these reported little or no change in most program areas. However, both respondents reported using the self-study to advantage in furthering program goals (one program has since requested a full site visit and the other is preparing for a statewide dental summit in the coming year).

Questionnaires completed by recently active site visitors showed a generally high level of satisfaction with most of the site visit procedures. Overall, 76% of the total responses were unequivocally positive and an additional 12% were essentially positive, but with qualifying comments. These comments ranged across questionnaire items and reflected both agreement and dissent about the various topics addressed. Some site visitors tended to feel that the teams have grown larger in recent years, making the interview schedule unnecessarily complex, while others suggested adding additional team members to address specific program areas (notably, dental educators). The self-study form was judged to be adequate overall, but some respondents felt the need for more complete statistical information and others suggested distributing the form earlier to allow more preparation time. Overall, respondents reported the least satisfaction with the preparation of the oral health program, and particularly with preparation of the interview schedules. However, most of these comments came from a single oral health program and may not reflect an overall deficiency in the review process. Respondents were generally well satisfied with onsite accommodations and logistics and offered no suggestions to improve these areas. All respondents reported that the site visit experience was useful in broadening their understanding of state programs in general. Finally, it should be noted that by asking the site visitors to base their responses on their most recent site visit, the responses were unintentionally biased toward the most recent evaluations, which may or may not be representative of the evaluations as a group.

The review of state program final reports was somewhat more subjective than the analysis of questionnaire data because of differences in narrative style and terminology, and in some degree to differences in the reporting format, which has changed over time. For example, none of the earlier reports included recommendations for developing a statewide oral health surveillance system although they almost certainly would have

contained this recommendation if the site visit had been conducted more recently. This reflects a change in the emphasis of the site visitors over time rather than real differences in the programs reviewed. Despite these shortcomings, it was at least possible to summarize the most common recommendations and to rank them (roughly) according to frequency of occurrence.

In summary, the following conclusions are warranted from this analysis:

- As a group, the ASTDD state oral health program evaluations conducted since 1986 have been notably successful, as shown by the overall satisfaction reported by state dental directors and the specific improvements reported in a wide range of program areas.
- The evaluations have been most successful in raising program visibility, improving the planning process, expanding oral health partnerships and initiatives, improving prevention programs, and increasing the use of oral health data to influence policy.
- The evaluations have been relatively less successful in securing more program resources and significantly improving access to oral health care for the underserved.
- The recommendations made by the site visit teams have tended to be fairly consistent across the programs evaluated. Most programs have received recommendations to improve or enhance needs assessment and oral health surveillance activities, strategic planning, program infrastructure, implementation and monitoring of water fluoridation, and access to care for underserved populations.
- The evaluation process is generally sound in the view of both the program directors and the site visitors themselves. However, additional emphasis should be placed on the completeness and timely submission of self-study documents, and on the timely preparation of interview schedules.
- The make-up of the site visit teams is generally appropriate, but some redundancy may exist, and the teams are larger now than in the past. The ASTDD should periodically review the composition of the teams to balance the need for appropriate representation with the need for efficient conduct of the site visits.
- Programs reviewed by site visit demonstrate substantially more change as a result of the assessment than those reviewed by site visit only. The ASTDD should continue to promote the site visit as the preferred method of review, and should develop guidelines to help programs choose between the two review procedures. Programs that have completed a self-study only should be encouraged to apply for a future site visit review.
- Finally, the ASTDD should use the tangible positive outcomes described in this report to help recruit additional state oral health programs to apply for a future program evaluation.

## V. RECOMMENDATIONS

The following recommendations are provided for future consideration by the ASTDD in the interest of improving an already excellent evaluation program. The goals and resources of the ASTDD will be key factors in determining which, if any, of these recommendations are implemented.

1. Continue to provide evaluations for state oral health programs, utilizing the services of contract consultants and following the current model based on the 2001 revision of the ASTDD *Guidelines* document. This model has evolved into an efficient and effective mechanism for conducting the assessments, and the outcomes described here attest to the value of these assessments to state oral health programs.
2. Consider allowing previously reviewed programs to request a follow-up review after a suggested interval of five years. Dental public health concepts and principles continue to evolve, along with assessment mechanisms. The ASTDD should support program evaluation as a continuing process.
3. Continue to periodically evaluate the ASTDD assessment program. Strengthen the evaluation process by distributing evaluation questionnaires to state dental directors six months following each program review. Review and archive the responses and discuss key issues with dental directors. Develop a written evaluation of the assessment program every five years, using the archived questionnaires and final program reports.
4. As part of the evaluation process, annually distribute survey questionnaires to recent site visitors to assess their satisfaction with the site visit procedures. Review and archive the responses and include the results in the five-year written evaluation described in item 3 above.
5. Continue to promote the site visit as the preferred method of evaluation while offering the self-study option as an alternative. Develop guidelines to help states select the best option for their goals and needs. Encourage programs selecting the self-study option to apply for a full site visit within a reasonable period of time. Continue to assess and document differences in outcomes between the two methods of evaluation.
6. Provide an information packet for state dental directors who apply for an evaluation, telling them what to expect from the program assessment and how to plan for the site visit. Require the consultant to review this material with the dental directors and establish a written timetable with realistic dates and deadlines for critical events in the planning stages.
7. Revise the self-study form by clarifying the topic descriptors and providing clear instructions for its use. Develop a written guide for filling out the self-study and

require the consultant to review the form with the applicant. Revise Part 2 of the form to reduce the requirement for statistical information that may not be useful. For site-visited programs, require completion of the self-study before conference calls are conducted. Assure the timely distribution of the self-study document to reviewers and solicit reviewer comments.

8. Provide technical assistance to dental directors to enhance the site visit interview process. Develop written guidelines for scheduling interviews (using examples), and provide a sample interview schedule and a list of potential interviewees. Establish a deadline for completing the interview schedule at least 45 days in advance of the site visit.
9. Provide all site visitors with a brief description of each interviewee's position and its relation to the oral health program. Provide interviewees with a brief description of the aims and methods of the site visit.
10. For first-time site visitors, provide an informational packet that contains guidelines for conducting interviews, submitting notes and comments from the interviews, and submitting travel vouchers.
11. Maintain the efficiency of the site visit process by limiting the size of site visit teams to no more than eight members, not including the contract consultant. Evaluate the current model for team composition to eliminate redundancy. Consider having a core component of six members that represent key organizations, plus two *ad hoc* members selected to address particular issues in the state being evaluated.
12. Develop a marketing brochure that outlines the history, goals and achievements of the ASTDD evaluation program. Provide information on the types of evaluation available, how and when to apply, and what to expect from the site visit. Include examples of favorable outcomes from selected program reviews conducted in the past.

Table 1.

**ASTDD State Oral Health Program Evaluations, 1986-2001**

<b>State</b>	<b>Year</b>	<b>Type</b>	<b>OHP Director</b>	<b>Team Leader</b>	<b>Consultant</b>	<b>Funding</b>
Arizona	1986	Onsite	J. Dillenberg	M. Easley	N/A	N/A
Hawaii	1988	Onsite	M. Greer	R. Louie	N/A	N/A
Georgia	1990	Onsite	J. Alderman	D. Collier	N/A	N/A
Delaware	1993	Onsite	F. Luxl	J. Alderman	N/A	N/A
N. Dakota	1993	Onsite	K. Mangskau	J. Doherty	L. Wilson	HRSA
Indiana	1996	Onsite	C. Hazelrigg	J. Alderman	J. Steffensen	HRSA
Louisiana	1997	Onsite	J. Sutherland	K. Mangskau	J. Steffensen	HRSA
Missouri	1998	Onsite	D. Perkins	D. Altman	P. Swango	CDC
Colorado	1999	Onsite	D. Brunson	H. Goodman	R. Kuthy	CDC
Minnesota	1999	Self-study	M. Roesch	N/A	P. Swango	CDC
Idaho	1999	Self-study	L. Penny	N/A	P. Swango	CDC
Texas	1999	Onsite	J. Felkner	C. Hazelrigg	R. Lawrence	HRSA
Nevada	1999	Self-study	(vacant)	N/A	P. Swango	CDC
Maine	1999	Self-study	J. Feinstein	N/A	R. Kuthy	CDC
Kentucky	2000	Onsite	S. Wyatt	D. Perkins	P. Swango	CDC
Montana	2000	Onsite	C. Seed	D. Brunson	P. Swango	CDC
Oregon	2001	Onsite	W. Payne	M. Mallatt	J. Tang	HRSA
Iowa	2001	Onsite	H. Harvey	K. Mangskau	J. Tang	HRSA
S. Carolina	2001	Onsite	R. Lala	M. Siegal	P. Swango	HRSA

## **APPENDIX 1**

### **Scope of Work**

The ASTDD and the Consultant, in consideration of the mutual promises hereinafter expressed and intending to be legally bound, agree as follows:

1. The consultant agrees to provide the following services:
  - a. Review and summarize reports and experiences of participants in previous on-site reviews and self-assessments, and make recommendations for improving the program.
  - b. Review all reports of past on-site reviews and self-assessments.
  - c. Interview participants of these evaluations to determine strengths and limitations of the on-site review program and outcomes from the experience.
  - d. Discuss findings with the State Program Evaluation Committee and the Mentoring Program Coordinator.
  - e. Write a report summarizing the common themes and trends, barriers to participation, and recommendations for improving the program.

**APPENDIX 2**

**Outcomes Assessment: ASTDD State Oral Health Program Evaluation Project**

**INSTRUCTIONS:**

**Section A:** All respondents should complete Section A

**Section B:** All respondents should complete questions 1-4 of Section B. Only respondents whose states received a *site visit* evaluation should complete questions 5-9.

**Section C:** All respondents should complete Section C.

**A. General information**

1. Person completing this form \_\_\_\_\_
2. Position or title \_\_\_\_\_
3. State \_\_\_\_\_
4. State Dental Director (if not completing the form) \_\_\_\_\_
5. State Dental Director at time of ASTDD review \_\_\_\_\_

**B. Please answer the following questions regarding the ASTDD evaluation process.**

1. How was your state evaluated?  
 Self-study only  
 Self-study followed by site visit  
 Site-visit only (*skip to question 4*)
2. Was the self-study **form** provided by ASTDD easy to use and understand?  
 Easy                       About average                       Difficult X needs to be simplified  
  
What would you change?
3. A. Did the ASTDD consultant **review and explain** the self-study form with you prior to your assessment?  
 Yes                       No  
  
B. If so, was this explanation **helpful**?  
 Yes                       No  
  
C. If no, what would have been helpful?

4. How helpful was the ASTDD **consultant** in preparing you for the site visit?  
 Very helpful                       Somewhat helpful                       Not very helpful

What additional approaches or materials would have been helpful?

5. Was the state oral health **program staff** well prepared for the site visit?  
 Very well prepared                       Well prepared                       Not well prepared

How could they have been better prepared?

6. Did you feel the **site visit team** was well prepared?  
 Very well prepared                       Well prepared                       Not well prepared

How could they have been better prepared?

7. Did you feel the team had the appropriate **qualifications and make-up**?  
 Very appropriate                       Appropriate                       Not very appropriate

If not, what mix would have been better?

8. How **burdensome** was the site visit evaluation to you and your staff?  
 Very burdensome                       Somewhat burdensome                       Not burdensome

Which aspects were the most burdensome?

**C. Please answer the following questions regarding the outcomes of the ASTDD evaluation.**

1. Overall, how **useful** was the ASTDD evaluation to your oral health program?  
 Very useful                       Useful                       Not very useful

2. Did the evaluation result in **significant changes** to your program?  
 Significant changes                       Some changes                       Little or no change

3. Specifically, did the evaluation result in **improvements or expansion** in the following:

- a. Oral health **program visibility**
  - Major improvement
  - Some improvement
  - Little or no improvement
  
- b. **Strategic planning** for oral health
  - Major improvement
  - Some improvement
  - Little or no improvement
  
- c. Oral health program **organization**
  - Major improvement
  - Some improvement
  - Little or no improvement
  
- d. Oral health program **budget/resources**
  - Major improvement
  - Some improvement
  - Little or no improvement
  
- e. Oral health program **staff and leadership**
  - Major improvement
  - Some improvement
  - Little or no improvement
  
- f. Staff **training and/or education**
  - Major improvement
  - Some improvement
  - Little or no improvement
  
- g. Statewide oral health **initiatives**
  - Major improvement
  - Some improvement
  - Little or no improvement
  
- h. Oral health **partnerships**
  - Major improvement
  - Some improvement
  - Little or no improvement
  
- i. **Legislation** beneficial to oral health
  - Major improvement
  - Some improvement
  - Little or no improvement

j. **Education or promotion** of oral health

- Major improvement
- Some improvement
- Little or no improvement

k. Access to **oral health care**

- Major improvement
- Some improvement
- Little or no improvement

l. Access to **oral disease prevention** programs or procedures

- Major improvement
- Some improvement
- Little or no improvement

m. **Availability of data** on oral health status and determinants in your state

- Major improvement
- Some improvement
- Little or no improvement

n. **Use of data** in reports, to influence policy or legislation, or to increase funding

- Major improvement
- Some improvement
- Little or no improvement

4. Please provide specific examples of any of the above improvements or expansion, if possible:

5. Please provide any comments or observations about the ASTDD review process that were not addressed by this evaluation form.

6. Please provide any suggestions that you believe would improve the ASTDD evaluation process in the future.

7. How would you feel about recommending the ASTDD evaluation to another state?  
 Very enthusiastic     Somewhat enthusiastic     Unlikely to recommend

## APPENDIX 3

### ASTDD Site Visitor Questionnaire

1. How many ASTDD site visits have you participated in?

Regarding the MOST RECENT site visit you participated in:

2. Was the site visiting team properly constituted? If not, what other kinds of expertise would have been helpful?
3. Was the site visit team adequately prepared for the site visit? What additional information or preparation would have been helpful?
4. Was the state oral health program you visited adequately prepared for the site visit? How could the oral health program have been better prepared?
5. Was the state self-assessment adequate for your review purposes? How could it have been improved?
6. Did the site visit interview schedule include the appropriate individuals and agencies? If not, which additional interviews would have been helpful?
7. Did the onsite logistics of the site visit meet the needs of the site visit team? If not, what changes would have been helpful?
8. Was the site visit experience useful to you? How could it have been more useful?
9. Please provide any additional comments or observations that you feel would enhance the site visit effectiveness.

Please return the completed form by email attachment to:

pswango@att.net

Alternatively, you may print out the file and return the completed questionnaire to:

Phil Swango  
307 Aliso Dr. SE  
Albuquerque, NM 87108

Thank you for your cooperation.