

Oral Health Consultant Comparison



Prepared by: Wendy Gattoni

Date: May 6, 2019

On behalf of Plumas County Public Health Agency, I would like to thank you for your help during our recent PHAB Accreditation site visit. Surprise! Our high quality, values-driven strategic plan was recognized by our site visitors as outstanding. We could not have reached this milestone without our ongoing partnership with you. I look forward to continuing the great work we do together for the people of Plumas County.

Andrew Woodruff and Zach Revene

Public Health Director and Associate Public Health Director

“

Over a period of a year, Galen provided consultation and training to our Prevention Services Unit in research-based planning. With great humor and skill, she guided our staff and youth council to identify priorities and data needs, develop logic models, and design a youth-led research project that has put our prevention work on the map. This has noticeably increased our effectiveness and has allowed us to protect precious resources in a time when prevention dollars are shrinking.

— **Kathy Delaney**

Mariposa County Prevention Services



“ For the last 18 months, Galen has been part of a consultant team to assist our Maternal, Child, and Adolescent Health Program in developing a five year strategic plan to address racial and ethnic health inequities. We have been consistently impressed by Galen’s ability to creatively engage our staff in all levels of planning, from needs assessment to logic model evaluation planning. For example, Galen designed a brilliant training program that brought together community members and staff from our hardest hit census tracts to learn about, analyze, and interpret all kinds of data to determine priorities for our strategic plan. Not only did we actively engage with the data and each other, but we laughed a lot and had a tremendous sense of accomplishment.

— Vicki Alexander

City of Berkeley Maternal Child Adolescent Health



ACRD – Alliance for Community Research and Development

Past Clients

Building Healthy Communities – Merced
Tatiana Vizcaíno-Stewart
Hub Project Manager
Phone: 209-383-4242

CulturaLink
157 Technology Parkway, Suite 600
Norcross, Georgia
Phone: 888-844-1414

Tulare County Health and Human Services
5957 South Mooney Blvd
Visalia, California
Phone: 559-624-8000

Dignity Health
185 Berry Street, Suite 300
San Francisco, California
Phone: 415-438-5500

West Fresno Family Resource Center
1802 E California Ave
Fresno, California
Phone: 559-621-2967

Golden Valley Health Centers
737 W Childs Ave
Merced, California
Phone: 209-383-1006

California Health Collaboratives
1680 West Shaw Ave
Fresno, California
Phone: 559-221-6315

Heartland Alliance
208 S LaSalle Street, Suite 1300
Chicago, Illinois
312-660-1300

California Healthcare Foundation
Oakland, California
Phone: 510-238-1040
Sacramento, California
Phone: 916-329.4540

Merced Mental Health Department
2222 M Street
Merced, California
Phone: 209-385-7434

Community Healthcare Network
60 Madison Ave, 5th Floor
New York, New York
Phone: 212-545-2400

United Way
701 N Fairfax Street
Alexandria, Virginia
Phone: 703-836-7112

VIVA Reviews

"VIVA's expertise, energy, and ability to find innovative solutions have been essential to moving our quality rating and improvement system forward from day one."



Lupe Jaime

Director, Early Care & Education, Fresno County Office of Education

"Working with VIVA was refreshing and very different than typical strategic planning efforts. Their energy and sense of fun served to engage our contributors, and yet the process was highly focused and effective."



Iliana Rodriguez

Director, San Mateo County Human Services Agency

Barbara Aved Associates Reviews

What Our Clients Say



“Barbara and her excellent team worked with our organization to help us improve the sustainability of the organization. The results were, in a word, remarkable. They've helped us turn a corner to make better decisions, improve processes, and run our operation more efficiently. They had absolutely the right expertise to bring to the project.”

Suzie Shupe, JD - *Executive Director, California Coverage & Health Initiatives*



“Barbara Aved Associates delivered not only an excellent product but presented the final results to the County Board of Supervisors to start action on the recommendations. She gave us the quality data we needed to start improving dental access for children and families.”

Debra Payne, MSW - *Vice Chair, Medi-Cal Dental Advisory Committee*



“Barbara is one of the most skillful interviewers I've come across.... she really understood what was important to ask.”

Jacqueline Powers Doud - *Former President, Mount St. Mary's College*



“What a pleasure it is working with Barbara Aved Associates. I have found Barbara to be very detail oriented, conscientious about deadlines, knowledgeable in her field, and exudes professionalism in all avenues. One of the attributes that I most appreciate is her ability to explain the complex world of data in terms that I can understand.”

Cheryl Cereghino - *Inmate Programs Manager, Tulare County Sheriff's Department*



LOCAL ORAL HEALTH PROGRAM CONSULTANT SERVICES

Proposal to Lake County Public Health Department

Submitted by Ellis Planning Associates (EPA) Inc.

P.O. Box 901

Nevada City, CA 95959

(P) 530-264-7127

www.ellisplanningassociates.com

DUNS No. 057220934

Tax ID No. 46-4969825

January 31, 2019

Summary of Qualifications

Experiences related to start up and maintenance of a Local Oral Health Program (LOHP) and relevant past performance:

Throughout 2018 and into 2019, Ellis Planning Associates Inc. (EPA) has been assisting three rural health departments in developing their LOHPs. Our team, Galen Ellis MPH, President of EPA, Jessica Lime, MA, Senior Policy Associate, and Shannon Eli, BA, Program Administrator, has developed tools and systems to engage each county's local stakeholders in assessing needs, conducting a network analysis, collecting and analyzing primary data, and ultimately writing the Community Health Improvement Plan (CHIP), Needs Assessment Report, One-Year Action Plan, and Evaluation Plan. By providing these services to multiple counties, we can maximize resources by drawing upon resources and systems we have already established. Furthermore, the programs we assist are learning from each other and best practices are rising to the top.

Since February 2018, our team has conducted an extensive stakeholder assessments, including both online surveys and numerous key informant interviews. Furthermore, we have teamed up with county staff to create a detailed "Data Map" for each locality, identifying relevant indicators, local data, comparable to the California Oral Health Plan data and sources. These assessments have painted a detailed picture of the oral health landscape in all three counties and where additional primary data needed to be collected. We identified data gaps and priority population groups for the development of community surveys, including parent surveys to be administered at the Head Start programs, elementary school sites, and community health fairs. The purposes of these surveys were to assess parent's oral health knowledge, attitudes, and behaviors (KAB) and access to care. We have included a few samples of this work as attachments.

We have designed stakeholder engagement processes, not only to collect data, but for each county Oral Health Coalition to provide significant input into the CHIPs and Action Plans. For each county's LOHP, we conducted two full-day stakeholder workshops: the first to develop the coalition's mission, vision, and guiding principles statements and the second, to engage participants in conducting an environmental scan and identifying strategic priorities. To involve as many stakeholders as possible, many of whom are oral health providers, we have also developed virtual engagement opportunities, including webinars and listservs to share information, collect input, and provide feedback on drafts and interpretation of survey results.

Our team has several decades of experience in community and public health planning, program development, evaluation, and research. Galen Ellis has many years as a program manager for two county health departments, where she developed and oversaw community-based programs related to chronic disease prevention; alcohol, tobacco, and other drug prevention; reproductive health; oral health; HIV services; and adolescent health.

Jessica Lime has 16 years of experience working with public and nonprofit organizations to plan, implement, and evaluate programs aiming to improve community health and wellbeing. Some of her relevant work experience includes, Health Educator for the Child Health and Disability Prevention (CHDP) program and the Nutrition Education Obesity Prevention (NEOP) program. Additionally, she was a director of the Nevada County Child Care Resource and Referral agency. For the past 6 years she has been operating her consulting business whereby she has conducted a previous oral health assessment for the Kent County (Michigan) Oral Health Coalition. For the last year, Jessica has served as Ellis Planning Associate's coordinator and principle researcher for the Nevada County Public Health Department, Tuolumne County Public Health Department, and the Plumas County Public Health Agency Local Oral Health Projects.

Experience gathering and reporting data in a timely manner; methods for effectively tracking participant data.

In addition to our LOHP projects, EPA is currently the Local Program Evaluator for several county tobacco prevention programs and has provided evaluation services to numerous agencies for over 30 years. Tobacco program evaluations require significant attention to detail as there are many moving parts to these efforts. We have systems in place to assess community needs, knowledge, attitudes, and behaviors; track partner and coalition participation and effectiveness; conduct public opinion polls; monitor policy and media activity; and use evaluation data for program course corrections and public dissemination.

Experience in needs assessment and program evaluation.

Ms. Ellis's MPH from UC Berkeley emphasized Health Education, and included coursework in program development, program implementation, and evaluation. Additionally, she undertook further program evaluation coursework at the UC Berkeley School of Education.

Ms. Lime has extensive professional experience assessing community needs and evaluating programs for multiple organizations in the public and nonprofit sectors through her work as a health educator and as an independent consultant.

Since 1998, we have conducted countless needs assessments and evaluations for programs such as:

- County and Competitive Grantee Tobacco Control Programs
- Domestic Violence Prevention Initiatives
- Nutrition Education and Obesity Prevention Programs (Local and Regional organizations)
- Alcohol and Drug Prevention programs
- Local Oral Health Programs

Our team brings the following research and evaluation skills to this effort:

Assessment and Evaluation Planning

- Community needs assessments, including Communities of Excellence (CX)
- Facilitation of Midwest Academy Strategy Charts
- Theory of change and logic model development and training

Types of Evaluations

- Evaluation of community initiatives (*e.g.*, local ordinance, educational, and media campaigns)
- Conference and training evaluation
- Coalition process and effectiveness surveys and other collaboration evaluation
- Distance learning evaluation
- Collective impact evaluation

Evaluation Methods

- Survey design and administration
- Measures of community-level efficacy and sense of control
- Embedded evaluation
- Case studies
- Key informant interviews
- Focus groups (and training of focus group facilitators)
- Sampling for quantitative and qualitative methods
- Incorporating Census data into needs assessments and evaluation
- Project-specific maps using ArcGIS that incorporate program and secondary data such as from the Census

Data Analysis

- Quantitative data analysis
- Qualitative analysis (using Atlas.ti and Dedoose software)
- Participatory data analysis (engaging community residents and youth in coding and interpretation of results)

Proposed Budget

Ellis Planning Associates Inc.
LOHP Planning Facilitation Cost Estimates (May - December 2019)
Lake County Public Health Department

Deliverables	Hours	Cost
Objective 1: Build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.		
Provide template to develop evaluation system for public meetings, including instruments, analysis and reporting (Staff)	1	\$ 160.00
Facilitate identification of mission, vision, shared values, and structure of Advisory Committee/Coalition	30	\$ 4,800.00
Summarize data from key informant interviews, focus groups and/or KAB surveys to address common themes, challenges, and support of mission, vision, and values (EPA design instruments, staff collect and analyze the data)	6	\$ 960.00
Facilitate development of Strategic Priorities for improving oral health; written document	40	\$ 6,400.00
Assist staff in analysis of satisfaction survey which includes quantitative measures to assess network density or involvement and recommendations for improvement	2	\$ 320.00
Objective 2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus underserved areas and vulnerable population groups.		
Analyze and report on assessment of available data to determine LHJs health status, oral health status, needs, and available dental and health care services to resources to support underserved areas and vulnerable population groups (Staff collect the data)	10	\$ 1,600.00
Identify data gaps (need for primary data)	8	\$ 1,280.00
Select methods for primary data collection	8	\$ 1,280.00
Analyze needs assessment data and prepare summary analysis/report (Staff collect the data)	32	\$ 5,120.00
Objective 3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.		
Develop survey instrument for staff to conduct interviews/surveys (included in Objective 1)	0	\$ -
Objective 4: Develop a community health improvement plan (CHIP) and an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.		
CHIP Template-Identify flow of information between organization, community and other stakeholders; identify how organizational procedures facilitate participation; and identifies the strengths, weaknesses, challenges and opportunities that exist in the community to improve the health status of the community (Staff completes Action Plan section)	20	\$ 3,200.00
Provide materials and coaching to support the development of an Action Plan.	8	\$ 1,280.00
Objective 5: Develop an Evaluation Plan to monitor and assess the progress and success of the Local Oral Health Program.		
Facilitate and produce the development of the Program Logic Model	20	\$ 3,200.00
Provide an "Evaluation Matrix" to identify outcomes from the logic model, indicators, measurements, and data collection methods. <u>Comprehensive Evaluation Plan not included in this cost estimate.</u>	10	\$ 1,600.00
Project/Contract Management		
Weekly/bi-weekly meetings with staff (one hour x 30 meetings); prep, facilitation, notes (1-2 consultants)	67.5	\$ 10,800.00
Misc. correspondence, contract management (.5 hour x 40 weeks)	20	\$ 3,200.00
Total Hours	282.5	\$ 45,200.00
Indirect Cost (10%)		\$ 4,520.00
Total Cost Estimate		\$ 49,720.00

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LOHP Planning Facilitation Cost Estimates (May - December 2019)
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Objective 4: Develop a community health improvement plan (CHIP) and an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.		
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Provide materials and coaching to support the development of an Action Plan.	8	\$ 1,280.00
Objective 5: Develop an Evaluation Plan to monitor and assess the progress and success of the Local Oral Health Program.		
Facilitate and produce the development of the Program Logic Model	20	\$ 3,200.00
Provide an "Evaluation Matrix" to identify outcomes from the logic model, indicators, measurements, and data collection methods. Comprehensive Evaluation Plan not included in this cost estimate.	10	\$ 1,600.00
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Total Hours		\$ 45,200.00
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1600/HR.

5. Attachments:

- a) Resumes for Key Staff (Ellis and Lime)
- b) Sample LOHP Stakeholder Survey Results (Tuolumne County)
- c) Sample LOHP Data Map (Nevada County)
- d) Sample Oral Health Needs Assessment (Kent County, Michigan)

GALEN ELLIS, MPH

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HIGHLIGHTS OF SKILLS

PLANNING, EVALUATION AND PROJECT MANAGEMENT

- 30 years experience designing, planning, and evaluating community health and community-organizing programs and campaigns.
- Facilitating strategic and program planning processes that are participatory, engaging, and grounded in theories of change.
- Direct experience developing and managing of contracts, budgets and staffing plans.
- Participatory approaches to qualitative, quantitative, and empowerment evaluation.

TRAINING, EDUCATION, AND COMMUNICATION

- Over 30 years experience developing curricula and designing capacity building and leadership development training programs.
- Demonstrated success utilizing popular education, collaborative, and participatory training methodologies.
- Highly engaging training and facilitation style, utilizing minimal amounts of lecture and expertly tapping into the creativity of participants.
- Commitment to linking training programs and educational materials to broader programmatic and community-level outcomes.
- Development of effective and creative educational materials.
- Extensive experience writing and editing manuals, articles, planning, and policy documents.

EXPERIENCE

CONSULTING

Ellis Planning Associates currently provides consulting services in the areas of training and education, community organizing and community development, designing and planning programs, administration, and evaluation. A partial list of clients includes:

- Alameda County-wide Homelessness Continuum of Care Council
- Asian Resources, Inc. (Sacramento)
- Bay Area Community Resources
- California Department of Health Services, STD Control Branch
- California Department of Health Services, Tuberculosis Control Branch

- California Department of Public Health, Environmental Health Investigations Branch
- California Department of Social Services
- California Food Security Council
- Center for Infectious Disease Preparedness (UC Berkeley)
- Coalition of Lavender-Americans on Smoking and Health (CLASH)
- Community Recovery Resources (Grass Valley, CA)
- California Partnership for Children
- California Works for Better Health (The California Endowment and The Rockefeller Foundation)
- City of Berkeley Maternal Child and Adolescent Health Program
- Colusa County Public Health Department
- Contra Costa Health Services
- Korwin Consulting (clients including the San Jose Domestic Violence Advisory Board and Santa Clara County Domestic Violence Advocacy Consortium)
- Health Education Council (Sacramento)
- Labor Occupational Health Program (UC Berkeley)
- Marin County Alcohol, Drug, and Tobacco Services
- Mountain Area Preservation Foundation (Truckee, CA)
- National Asian Women's Health Organization
- Nevada County Health & Human Services Agency
- Pacific Gateway Group (client is the California Environmental Health Investigations Branch)
- Partnership for the Public's Health (The California Endowment and The Public Health Institute)
- Placer County Community Health and Placer County Human Services
- Plumas County Public Health Agency
- Putnam Consulting Group (clients including Robert Wood Johnson Foundation, Northern California Grantmakers, Stewardship Council, and Stuart Foundation)
- Service Employees International Union
- Sonoma County Department of Health Services
- Tuolumne County Public Health Department
- Westside Health Center/Southeast Partnership for Health (San Francisco)

TECHNICAL ASSISTANCE, TRAINING, AND CURRICULUM DEVELOPMENT

Developed training programs utilizing popular education methods, and developed technical assistance programs for local and statewide community-building initiatives:

- Faculty and developer for the To the Point Facilitation's Facilitator Certification Program, providing beginning to advanced meeting planning and facilitation skills training to individuals and organizations throughout California.
- Developed Bioterrorism Preparedness Training and Field Epidemiology Training-of-Trainers curricula for local health departments.
- Developed training curriculum for job developers to counsel clients on finding healthy and quality jobs.
- Developed curriculum and provided training for 20 week parent advocacy and leadership institute.
- Developed curriculum and trained grantees of statewide initiative in connections between work and health utilizing popular education methods.
- Oversaw training and coordination of 19 local coaches for a statewide public health partnership initiative.
- Developed and coordinated technical support program for grantees of a statewide public health partnership initiative.

- Developing Environmental Justice (EJ) performance standards for the California Environmental Health Investigations Branch.

COMMUNITY ORGANIZING AND LEADERSHIP DEVELOPMENT

Twenty years of direct community organizing and leadership development experience, combined with management and administration of community building programs. Developed nationally recognized models that build on community strengths and assets, recognize and develop local leadership, and utilize participatory methods of training and education. Examples include:

- Healthy Neighborhoods Project, a resident-lead neighborhood-organizing project in which 120 residents were trained as community organizers to improve the quality of life in their communities. Over 1000 residents participated in developing and implementing action plans in six low-income neighborhoods.
- TIGHT (Tobacco Industry Gets Hammered by Teens), a youth leadership development and training initiative, which established four regional anti-tobacco campaigns involving hundreds of multi-cultural youth organizers.
- Lead Safe Neighborhoods, a local resident-driven campaign which trained 16 organizers in two neighborhoods who mobilized their neighbors to reduce lead hazards.

POLICY DEVELOPMENT

Developed local policy campaigns in collaboration with labor and community coalitions, local officials, and businesses, including advocacy for local ordinances and statewide legislation in the areas of:

- Smoke free public places and workplaces
- Prevention of video display terminal (VDT) injuries
- Elimination of tobacco advertising targeted at youth.

PLANNING AND EVALUATION

Facilitation and technical assistance in the areas of program planning, strategic planning, and evaluation:

- Training and technical assistance to non-profits and public agencies on logic modeling and outcome-based prevention planning and evaluation.
- Developed evaluation plans and implemented evaluation protocols for local and regional tobacco control and economic development programs.
- Developed participatory data analysis workshops for local community-based strategic planning processes.

MEDIA ADVOCACY

Utilized the media to advance public health and community development goals:

- Developed media advocacy strategies to support local policy campaigns and to expose tobacco industry activities.
- Created on-going relationships with local media personnel to maximize coverage of health campaigns.
- Trained staff and local residents to develop media advocacy strategies and become spokespersons to the media.

EMPLOYMENT HISTORY

1998-present President, Ellis Planning Associates Inc., Nevada City, CA.
2007-2012 Health & Wellness Program Manager, Nevada County Public Health Department, Grass Valley, CA.
2003-2004 Regional Trainer, Prevention by Design, UC Berkeley, CA.
1992-1998 Program Director, Tobacco Prevention Project, Lead Poisoning Prevention Project and Healthy Neighborhoods Project, Contra Costa County Health Services, Martinez, CA.
1991-1992 Administrative Director, Center for Working Life, Oakland, CA.
1989-1991 Training, Education and Policy Consultant, self-employed, Berkeley, CA.
1987-1988 Project Manager, Age Wave, Inc., Emeryville, CA.
1984-1986 Community Relations Coordinator, Womancare Clinic, San Diego, CA

EDUCATION

MPH, Health Education -University of California, Berkeley, 1991
B.A., Social Science - San Francisco State University, 1989

PROFESSIONAL MEMBERSHIPS

American Evaluation Association (AEA)
American Public Health Association (APHA)
California Public Health Association - North
National Community Building Network (NCBN)
Northern California Society for Public Health Education
Society for Public Health Education (National)

COMMUNITY ACTIVITIES

10/09-Present: Sierra Health Foundation – Health Leadership Program Class IX
6/08-1/10: Nevada County Dial 211 Community Board
9/06-Present: Nevada County Community Leadership Institute – Class of 1997
1/07-6/09: *Strategic Planning Committee* – Center for Nonprofit Leadership
1/95-1/97: *Local Grants Advisory Board Co-Chair* - Food For All - A nonprofit organization
4/92-10/95: *Board of Directors* - Coalition of Lavender-Americans on Smoking and Health
2/86-12/86: *Membership Committee Chair* - Sunset Junction Neighborhood Alliance
5/86-11/86: *Steering Committee Member* - Stop AIDS Quarantine Committee

JOURNAL AND BOOK CHAPTER PUBLICATIONS

(1998-2005 listed under former name "El-Askari")

Ellis, G. and Walton, S. "Building Partnership between Local Health Departments and Communities: Case Studies in Capacity Building and Cultural Humility," in Community Organizing & Community Building for Health and Welfare, 3rd Edition, Minkler, M. editor, Rutgers University Press, New Brunswick, NJ, 2012.

El-Askari, G. A. et al, "The Healthy Neighborhoods Project: A Local Health Department's Role in Catalyzing Community Development," Health Education & Behavior, Vol. 25(2):146-159 (April 1998).

Ellis, G. A.; Reed, D. F.; and Scheider, H., "Mobilizing a Low Income African American Community Around

Tobacco Control: A Force Field Analysis," *Health Education Quarterly*, Vol. 22(4): 443-457 (November 1995).

Ellis, G. A.; Hobart, R. L.; and Reed, D. F., "Overcoming a Powerful Tobacco Lobby in Enacting Local Smoking Ordinances: The Contra Costa County Experience," *Journal of Public Health Policy*, Vol. 17(1): 28-46, 1996.

INSTRUCTIONAL PUBLICATIONS

El-Askari, G., curriculum developer, "Infectious Disease Emergency Field Investigator Training," *STD and TB Control Branches, California Department of Health Services*, forthcoming.

El-Askari, G., curriculum developer, "Field Epidemiology Basics: Training-of-Trainers," *UC Berkeley Center for Infectious Disease Preparedness*, August 2005.

El-Askari, G., curriculum developer, "Bioterrorism Preparedness Training for Frontline Disease Investigators," *UC Berkeley Center for Infectious Disease Preparedness*, August 2005.

El-Askari, G., curriculum developer, "Healthy Jobs Training Program Trainer's Guide," *Sacramento Works for Better Health*, July, 2004.

El-Askari, G., contributor, "Healthy Neighborhoods Project: Guide for Community-Building and Mobilizing Around Health," *Contra Costa Health Services*, January 2005.

El-Askari, G., Walton, S., and Yen, I., "Work and Health Training Curriculum," *California Works for Better Health*, 2001.

El-Askari, G. and Renner, R., "Instructor's Guide and Parent Training Handbook," Parent Leadership Advocacy Network to Learn About Democracy (PLAN to LEAD), 20 week parent advocacy course. *Sponsored by the California Partnership for Children*, 2001.

PAPER PRESENTATIONS

Floyd-Carroll, C., Ellis, G. A., and Freestone, J., "Tobacco Free Youth: Community Assessment of Policy Options Which Reduce Pro-Tobacco Influences on Young People," Poster Session delivered to the American Public Health Association, Indianapolis, ID, November 1997.

Ellis, G. A., Walton, S., Morgan M. A., Zellers, L. and Martinez-Ochoa, L., "Healthy Neighborhoods Project: Implementing a Community Agenda Under Categorical Funding Restraints," Delivered to the American Public Health Association, Indianapolis, ID, November 1997.

Ellis, G. A., Kraut, K. L. and Irizarry, C., "The Healthy Neighborhoods Project: Mapping and Mobilizing Community Capacities to Address Public Health Problems," Delivered to the American Public Health Association, San Diego, CA, October 1995.

Ellis, G. A., McCurdy, G. S. and Rahn, P. A., "Fighting Back: The Lesbian/Bay/Bisexual Community Responds to Tobacco and Alcohol Industry Targeting," Delivered to the American Public Association, San Diego, CA, October 1995.

Scheider, H. and Ellis, G. A., "A Dialogue on Mobilizing Low Income, Ethnic Communities Around Tobacco Control: Lessons Learned and Fresh Starts," Delivered to the American Public Health

Association, Washington, D.C., November 1994.

Ellis, G. A., "Reaching the Lesbian/Gay/Bisexual Community with Mainstream Health Programs: The Contra Costa County Experience," Delivered to the American Public Health Association, Washington, D.C., November 1994.

Ellis, G. A., "Moving from Participation to Community Involvement: A Local Health Department Model for Tobacco Control," Delivered to the American Public Health Association, Washington, D.C., October 1994.

Ellis, G. A. and Morgan, M. A., "Overcoming Invisibility: The Need for Lesbian-Sensitive Prevention Programs," Delivered to Society for Public Health Education (SOPHE) Midyear Scientific Conference, Chapel Hill, NC, July 1994.

Ellis, G. A. and Morgan M. A., "Mapping and Mobilizing Community Capacities," Delivered to Society for Public Health Education (SOPHE) Midyear Scientific Conference, Chapel Hill, NC, July 1994.

Ellis, G. A., "Coalition Building in Contra Costa County, California: Try, Try Again," Delivered to the American Stop Smoking Intervention Study (ASSIST) Information Exchange Conference, San Francisco, CA, May 1994.

Ellis, G. A. and Hobart R. L., "Local Policy Development: A Strategy for Tobacco Prevention," Delivered to the American Public Health Association, Washington, D.C., November 1992.

Ellis, G. A. and Hobart R. L., "Anatomy of a Local Smoking Ordinance Campaign," Delivered to the American Public Health Association, Washington, D.C., November 1992.

WORKSHOPS & LECTURES

Guest Lecturer, "Cultural Humility and Cross-Cultural Organizing to Improve Health," University of California, Berkeley, School of Public Health: Community Organizing Class, Berkeley, CA, October 2004.

Guest Lecturer, "Race, Ethnicity, and Cross-Cultural Organizing to Improve Health," University of California, Berkeley, School of Public Health: Community Organizing Class, Berkeley, CA, October 2002.

Guest Lecturer, "Training for community capacity building/Training non-public health people in understanding the determinants of health," University of California, Berkeley, School of Public Health: Health and Social Behavior Post-Residency Seminar, Berkeley, CA, September 2001.

Guest Lecturer, "Designing Interventions," University of California, Berkeley, School of Public Health: Program Planning, Development and Evaluation Class, Berkeley, CA, March 1999.

Guest Lecturer, "Building Cultural Competency Within Organizations to Facilitate Community Organizing and Community Building," University of California, Berkeley, School of Public Health: Community Organizing Class, Berkeley, CA, October 1998.

Workshop, "Healthy Neighborhoods: Creating Collaborations From the Ground Up," California Public Health Association-North 1998 Annual Meeting, Berkeley, CA, January, 1998.

Guest Lecturer, "Cross-Cultural Community Organizing," University of California, Berkeley, School of

Public Health: Community Organizing Class, Berkeley, CA, October 1996.

Workshop, "Community Development: Is It Our Line of Work?" Society of Public Health Educators Annual Meeting, San Diego, CA, October 1995.

Guest Lecturer, "The Considerations and Challenges of Conducting Community-Based Prevention Programs with Categorical Funding," University of California, Berkeley, School of Public Health: Community Health Education Seminar, Berkeley, CA, October 1994.

Session Planner/Moderator, "Tobacco Addiction in the Lesbian, Gay, and Bisexual Community: The Silent Epidemic," American Public Health Association, San Francisco, CA, October 1993.

Panel Speaker, "Future Directions: Role of the Health Officer in Tobacco Control Public Policy Issues," Workshop sponsored by California Tobacco Control Resource Partnership, a project of the Western Consortium for Public Health, Sacramento, CA, May 1993.

Guest Lecturer, "Community Planning in Tobacco Control," University of California, Berkeley, School of Public Health, Berkeley, CA, December 1992.

Conference Session Planner/Moderator, "Making it Work: Model Programs Targeting Small Business," Revolt Against Tobacco Conference, Los Angeles, CA, October 1992.

HONORS & AWARDS

(The following is a partial list of honors and awards for projects managed)

- Award for Outstanding Contribution to Tobacco Prevention in Contra Costa County, May, 2004
- Healthy Neighborhoods Project: Excellence in Community Health Award, National Association of City and County Health Officials, September 1998
- Tobacco Prevention Project: People Who Make a Difference Award, Contra Costa County Board of Supervisors, March 1994
- Recognition of Smoke-out Excellence (ROSE) Award, national recognition by the American Cancer Society, April 1993
- Award of Distinction, California Department of Health Services, October 1992
- Great American Smoke-out Par Excellence (GASPAR) Award, statewide recognition by the American Cancer Society, 1992.

Proposal for Technical Assistance and Evaluation Services for the
Completion of the Oral Health Needs Assessment of Lake County

Submitted on April 10, 2019 to the Lake County Department of Health
Services, Public Health Division, Oral Health Program

Support Staff for this Proposal:

Tashelle Wright, MSPH, PhD candidate
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936 W. 18th Street, Merced, CA 95340

PROJECT PROPOSAL

PROJECT ACTIVITIES

This proposal is in reply to the Lake County Department of Health Services (LCDHS), Public Health Division (PHD) request for proposals to conduct an assessment of the oral health needs and resources in Lake County. This project will be completed by working very closely with the County of Lake Oral Health Program (OHP) team led by Wendy Gattoni, the Health Program Coordinator for the OHP. All work will follow the guidelines and requirements of the California Department of Public Health (CDPH). The needs assessment project (including five objectives in the OHP Scope of Work) will be led by ACRD's Community Scientist Tashelle Wright with Community Scientist and Director Stergios (Steve) Roussos, and other research staff as needed. Since 2005, ACRD has been helping primarily lower-income communities address their concerns through participatory research, evaluation, and technical assistance. The team supporting this project has successfully completed similar state-required oral health needs assessment projects for communities with rural populations and resource needs similar to those of Lake County.

The project activities include the following.

Project Design and Framing. Outline how the project plans and reports of the Needs Assessment, CHIP, Action Plan, and Evaluation Plan will be organized (e.g., with key evaluation questions, report categories and appendices) and formatted (e.g., look and feel, literacy level) to best meet the needs of the OHP, CDPH and target audiences for the project.

Measurement Activities. Identify, collect, and organize all data and information using the latest available and most accurate data available.

Synthesis and Analysis. Examine and interpret all data, including qualitative and quantitative analyses and graphical analysis to help the OHP make sense of the project findings.

Reports and Presentations. Prepare a professional report(s) that meet the standards of the OHP and CDPH, and present report findings to the OHP and its stakeholders as needed. These will include the Needs Assessment, CHIP, Action Plan, and Evaluation Plan with other progress and periodic reports as needed.

Application and Dissemination. Work with the OHP to ensure the project findings can directly benefit the planning and implementation of the objectives. Also, work with the OHP and local Advisory Board members to help disseminate results and lessons more broadly, as through the OHP-affiliated websites, social media, and newsletters.

The following project work plan describes the deliverables related to and a timeline for these activities. This work plan will be refined with input from the OHP to ensure it best meets the OHP needs, goals and objectives. ACRD will arrange the work plan to fit the timeline and availability of the OHP. While ACRD will be responsible for the overall quality and implementation of this project, the work plan will

maximize input, review, and guidance from the OHP. The principles of community-engaged research and participatory research guide the work of ACRD. These principles ensure that the research processes and products will reflect the values and goals of the OHP and its stakeholders.

PROPOSED WORK PLAN

ACRD will collaborate with the OHP to ensure the completion of the five objectives outlined in the OHP Scope of Work. All activities and deliverables will be completed between May and December 2019. The project work plan and timeline described here can be revised based on the needs of the OHP.

These seven general activities will occur throughout the project period.

1. Participate in Oral Health Advisory Committee and Data Subcommittee meetings.
2. Attend grant convening as appropriate, via phone or video call.
3. Meet regularly with the OHP staff to review project status and refine direction as needed.
4. Provide coaching and guidance to the OHP team members to anticipate and avoid problems and improve success.
5. Organize and maintain all contract files, data and other materials on a shared web-based system to ensure the OHP staff have access to the latest information at all times.
6. Submit invoices monthly with all required documentation.
7. Submit final reports for each deliverable by their due date.
 - a. Oral Health Needs Assessment
 - b. Oral Health CHIP
 - c. Oral Health Action Plan
 - d. Oral Health Evaluation Plan

The overall project will be guided by four broad questions to help focus decisions and activities. These guiding questions have been field-tested successfully with similar projects. They can be refined with the OHP in the early stages of the project.

1. What are the overall oral health needs and disparities in Lake County?
2. How do Lake County residents rate their overall health compared to their oral health?
3. What oral health ACCESS barriers exist in Lake County?
4. What oral health ASSETS exist in Lake County?

The guiding questions will provide a cohesive and consistent way to organize the Needs Assessment, CHIP, Action Plan, and Evaluation Plan. The guiding questions will help to produce plans and reports that make sense and guide the OHP to promote equitable oral health for all.

Table 1 describes the project work plan in greater detail. In the first weeks of the project, ACRD and OHP teams will refine this plan with more details and specific dates for activities and deliverables.

Table 1. Proposed Work Plan to Meet Scope of Work Deliverables		
	Activities and Deliverables Specifics	Timeline
1.	<p>Objective 1: By December 31, 2019, build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.</p> <p>This proposal is based on the understanding that an Advisory Committee (AC) already exists for the Lake County OHP. Normally, establishing an AC may require two to three months.</p> <p>Help the oral health advisory committee identify a Mission, Vision, shared values and agreed upon structure (i.e. who leads it, how often to meet).</p> <p>Train and prepare the OHP staff to conduct key informant interviews, focus groups, or Knowledge, Attitude and Belief (KAB) surveys with key stakeholders to determine understanding and priority of addressing oral health.</p> <p>Prepare summaries of KI interviews, focus groups and/or KAB surveys that identify common themes, challenges, and support of the AC mission, vision, and values.</p> <p>Guide the OHP and the AC to work together to identify goals and objectives for improving oral health in Lake County.</p> <p>Conduct periodic satisfaction survey of AC membership to determine AC progress, recommendations and future directions and strategies to address challenges.</p> <p>Deliverable(s): a refined project work plan, a project Learning Plan with specific activities throughout the project period to meet the capacity-building goals of OHP, and a satisfaction survey with survey analysis protocols.</p>	Capacity building will begin in Month 1 and continue throughout the project.

Table 1. Proposed Work Plan to Meet Scope of Work Deliverables (continued)		
	Activities and Deliverables Specifics	Timeline
2.	<p>Objective 2: By December 31, 2018, assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus underserved areas and vulnerable population groups.</p> <p>Collect, organize, and analyze data based on the refined work plan. This will include data provided through the local agencies, the CDPH, the California Health Interview Survey (CHIS) website, and other appropriate resources. Periodic updates and examples of findings will be shared with the OHP as they are created.</p> <p>For the collection or retrieval of secondary (existing) data, ACRD will be responsible for creating a data inventory for primary and secondary data. CLOP staff will be responsible for collecting primary data, which may include community surveys, key informant interviews, and focus groups.</p> <p>For the collection or retrieval of primary data (e.g., key informant interviews, new surveys), ACRD will be responsible for qualitative and quantitative data analysis and the preparation of reports. OHP staff will be responsible for collecting primary data and data entry.</p> <p>This proposal assumes the following:</p> <p>A. Secondary or existing data for the Needs Assessment are available through the CDPH and CHIS tools for the OHP Needs Assessments. Based on our experiences, this will be the case for the majority of the project needs. If data are not available through secondary sources, ACRD will advise OHP staff on how to find and get these data.</p> <p>B. For primary data collection, measurement tools already exist and are ready for use, possibly with some minor edits and refinements. ACRD has a vast array of field-tested measurement tools including those specific to oral health needs assessments. For this project, ACRD will recommend the use of key informant interviews and populations surveys, and review other options as needed by the OHP. If new measurements are required or existing tools required refinements (i.e., data remains to be collected as through surveys, interviews, or focus groups), ACRD will work with the OHP staff to prepare these tools and prepare staff on their implementation.</p> <p>Deliverable(s): a shared web-based file system with all materials and resources for the OHP; clean, organized database(s) of quantitative and qualitative data; brief interpretative reports and graphics for the findings.</p>	<p>From Month 2 thru 4 with weekly progress review.</p>

Table 1. Proposed Work Plan to Meet Scope of Work Deliverables (continued)		
	Activities and Deliverables Specifics	Timeline
3.	<p>Objective 3: By December 31, 2018, identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.</p> <p>Provide and present an initial summative Needs Assessment report for discussion and refinement based on the OHP recommendations. This initial report will also help the OHP decide how to best disseminate the findings (e.g., other audiences, dissemination methods).</p> <p>Deliverable(s): draft Needs Assessment report including all planned analyses; raw and summarized data as needed to help review quality of study and findings.</p>	Months 4 and 5.
4.	<p>Objective 4: By December 31, 2019, develop a community health improvement plan (CHIP) and an action plan to address the oral health needs of underserved areas and vulnerable population groups for the implementation phase and to achieve the state oral health objectives.</p> <p>Work with the OHP to incorporate all Needs Assessment findings and results to develop the CHIP.</p> <p>Consult with the OHP, the Oral Health Advisory Committee and the Data Subcommittee to develop SMART goals and objectives for the CHIP.</p> <p>Write sections of the CHIP that address the Needs Assessment findings and relevant County indicators.</p> <p>Deliverable(s): draft CHIP including SMART goals and objectives</p>	Months 4 thru 6.
5.	<p>Objective 5: By December 31, 2019, develop an Evaluation Plan to monitor and assess the progress and success of the Local Oral Health Program.</p> <p>Develop an Action Plan and Evaluation Plan based on Needs Assessment findings and CHIP objectives.</p> <p>Consult with the OHP, the Oral Health Advisory Committee and the Data Subcommittee to ensure each plan is appropriate for the community and meets CDPH requirements. This will include support to determine actions and evaluation planning that best fit the staffing, funding, time, and other conditions of Lake County partners for this project.</p> <p>Deliverable(s): final draft of an oral health Action Plan and Evaluation Plan.</p>	Months 5 thru 7.
6.	<p>Provide the final report and presentation to the OHP and key stakeholders. As useful, ACRD can support discussions and planning to ensure the project's lessons are used to benefit the OHP's planning and impact.</p> <p>Deliverable(s): final written report; final PowerPoint presentation of project findings.</p>	Month 7 and 8.

Table 2 illustrates an overall timeline of the work plan with key deliverables from the OHP Scope of Work. A similar timeline with more specific start and completion dates will be developed at the beginning of the project. This timeline will be used for project management and monthly meetings with OHP to ensure timely completion of all activities.

Table 2. Timeline with Key Scope of Work Activities and Deliverables by Month (May – Dec. 2019)								
	M	J	J	A	S	O	N	D
Objective 1 – Build Capacity and Engage Stakeholders								
Refine the project work plan with more specific deliverables and start-end dates for all deliverables/products	X							
Establish a project Learning Plan to guide accountability for ongoing learning, reflection, and outcomes	X							
Organize project shared drive and communication systems	X							
Train staff/volunteers on how to use data and information to benefit the project and its impact, for sustainability and to gain support	X	X						
Develop and implement procedures to ensure ongoing use of project findings and lessons (incorporate in needs assessment and CHIP, use in social media or presentations, etc.)	X	X	X	X	X	X	X	X
Develop and implement coaching and capacity-building activities as guided by the Learning Plan	X	X	X	X	X	X	X	X
Objective 2 – Needs Assessment								
Develop an inventory of existing data/data resources to guide all project objectives and activities (all primary and secondary data sources, including regional, state and local data)	X							
Prepare survey, analysis and report to understand group goals, needs and best ways to make progress	X							
Identify best-available local data across community sectors (e.g., schools, public/private clinics, social services, hospital, etc.)	X	X	X					
Create a database (bibliography) to organize all data sources with descriptors of their quality (e.g., dates, variables measured, quality limitations)	X	X	X					
Ensure best data collection and measurement	X	X	X	X				
As needed, refine measurement tools and prepare/train staff to conduct interviews and collect data		X	X					
Analyze all data (qualitative and quantitative)		X	X	X				
Prepare draft and final summative reports of findings. with data tables, graphs, and recommendations for the use of findings and lessons		X	X	X				

Table 2. Timeline with Key Scope of Work Activities and Deliverables by Month (May – Dec. 2019)								
	M	J	J	A	S	O	N	D
Objective 3 – Gaps, Assets and Resources								
Develop tools and methods to assess gaps, assets, and resources				X	X			
Identify oral health gaps, assets and resources in the county. Note: some of these may be identified through KIIs, focus groups, advisory committee meetings				X	X			
Train and coach the OHP Team to implement tools and methods				X				
Analyze findings to prepare an assets map with interpretation and recommendations to identify and address gaps				X	X			
Lead writing of report for assets/gaps analysis				X	X			
Objective 4 – CHIP and Action Plan								
Assist OHP Team (staff/AC) in preparing the CHIP and Action Plan by using Needs Assessment findings and results; ensure “S.M.A.R.T.” goals and objectives (e.g., measurable, achievable)					X	X	X	
Write sections of the CHIP and Action Plan that describe the impact of objectives and indicators for assessing progress.					X	X	X	
Objective 5 – Evaluation Plan								
Ensure all stakeholders understand the value of their participation, their roles, and their impact in the Evaluation Plan.					X	X	X	
Develop an OHP Logic Model based on all project data and lessons					X	X	X	
Develop the Evaluation Work Plan including all methods/study design, measurement protocols, analysis plans, quality assurance guidelines, and timeline for implementation.					X	X	X	

ESTIMATED BUDGET

ACRD estimates the budget for this project using a rate of \$100 per hour not to exceed \$46,000. This estimate is inclusive of all expenses for the project including staff and operational costs and transportation. This includes at least two trips in-person to Lake County. One at the initial set-up of the project and one toward the final report period. The timing and details of these trips will depend on OHP needs and requirements. Payment will be arranged according to the requirements of the OHP.

LEAD STAFF QUALIFICATIONS

Tashelle Wright, MSPH, PhD Candidate has been a public health practitioner for over nine years with experience in serving low-income and underserved populations. For the past five years, she has focused on conducting community-based research and working with governmental agencies on a variety of public health concerns, including socioeconomic disparities in oral health and tobacco use prevention. She has her Master's of Science in Public Health (MSPH) from the University of California, Merced and is in the final stages of completing her doctoral degree at UC Merced. Her most recent projects have focused on oral health with three San Joaquin Valley counties. In these projects, Tashelle has led county-wide needs assessments, community health improvement plans (CHIPs), and evaluation plans. She led the primary data collection processes for each county (e.g., key informant interviews, survey development and collection at local agencies). Tashelle has presented this work to several oral health advisory committees and is currently assisting with the planning of a regional (San Joaquin Valley) oral health symposium. Tashelle's dissertation research examines oral health and tobacco use in underserved, under resourced populations in California. She is an active community volunteer, serving as a member of three oral health advisory boards and as the Chair of the Merced County Tobacco Coalition. Prior to living in Merced, Tashelle conducted oral health and tobacco related research in Salt Lake City, UT and worked for the Utah Department of Health in the Office of Health Disparities.

Stergios (Steve) Roussos, PhD, MPH has over 25 years of experience as a researcher and educator in community-based programs to improve community health and development. Based in Merced, California since 2001, his work focuses on community-based participatory research with organizations, coalitions, and grass-roots groups, especially those working to improve outcomes for underserved and vulnerable populations. His ongoing research goals are to understand and improve collaborative partnerships for health and development and to improve culturally and linguistically appropriate services in health, education and human services. He has a doctorate in child psychology and human development and a masters in public health. He has led research and evaluation projects funded by major governmental and philanthropic grantmakers at the national, regional and local levels. With academic and community partners, Dr. Roussos co-founded the Alliance for Community Research and Development in 2005 to serve community-driven initiatives. He has been an Adjunct Research faculty with SDSU since 2004 and a researcher with UC Merced since 2009. In 2015, he co-developed a new minor at UC Merced on Community Research and Service to train students in community-engaged research. Dr. Roussos has led dozens of needs assessments for public health, education, social services, and economic development concerns for local, regional, state, and national initiatives. Recent projects have included state-mandated needs assessments for early learning and child care, a statewide needs assessment of County Offices of Education efforts and data for early education, and strategic planning and community health improvement planning (CHIP) for public health department accreditations. Dr. Roussos is a founding member and volunteer in several non-profit and governmental organizations working on health workforce development, early education, and community equity and social justice.

Full curriculum vitae and references available upon request.



April 10, 2019

TO: Wendy Gattoni, Oral Health Coordinator
Lake County Public Health Department

RE: Lake County Oral Health Workplan Proposal

Thank you for inviting this proposal to prepare an oral health (OH) needs assessment, OH strategic plan, and OH Logic Model and Evaluation Plan for Lake County. The proposal addresses the required components of your state-funded OH grant 2017-2022 Workplan as requested.

We understand that after having submitted an earlier proposal (January 23, 2019) at your invitation and being selected as the OH contractor through a bidding process, the County is required to re-open the bidding process. The proposal that follows is basically the same as our original proposal except for the new project timeline (showing an expected start date of May 1, 2019) and a small necessary budget adjustment.

Below is a brief summary of our qualifications followed by the proposed scope of work, timeline and cost estimate, and the assumptions we made in developing them. The assumptions and expectations are based on our knowledge of the State OH requirements (your State grant Workplan), recent experience producing this work for other counties, and our understanding of what it will take to deliver your work products within the promised timeframe.

Summary of Qualifications and Experience

BAA was established in 1986 and provides community health research, strategic planning and evaluation services for health and human service organizations. The primary focus of our work is improving outcomes for diverse populations, particularly underserved and high-risk populations. We draw on a core group of seasoned consultants with diverse skills and experience to team on projects when their expertise can help us meet client needs. BAA has completed over 100 consulting engagements for government, non-profit, professional association and foundation clients. Many details about our past projects along with work sample products—including several OH reports—can be viewed at our website: www.barbaraavedassociates.com.

Examples of oral health contracts have included a) evaluation of the California First 5 \$7 million, 4-year OH Training and Education Initiative; b) preparation of comprehensive OH needs assessments for Central Coast, Sacramento, Tulare and Ventura Counties, as well as the OH Strategic and Evaluation Plan for Ventura; c) development of *California's Oral Health Clinical Guidelines During Pregnancy and Early Childhood*; and d) a comprehensive study of the Medi-Cal Dental Program titled *Without Change it's the Same Old Drill*. We have a unique understanding of Lake County from conducting the last three (2010- 2016) Community Health Needs Assessments for the alliance of hospitals/public health/ community-based organizations.

Assumptions and Expectations

The following assumptions and expectations are important for ensuring clear understandings about roles and responsibilities and an enjoyable working relationship to accomplish the contract objectives.

1. We will limit travel to Lake County to meetings with the OH Advisory Committee (AC). We understand you have a functional OH Advisory Committee in place and look forward to meeting them; access to the members will greatly facilitate our work in data collection and developing the Strategic Plan.
2. To align with the goals of the State OH Plan, the assessment will address the attitudes, needs, oral health status and use of current services for the county's population as a whole, with particular attention to groups known to have higher needs. Exclusions include quality of care issues and needs associated with homebound, assisted living and skilled nursing facility patients and persons.
3. The data collection (primary and secondary data sources) will include both children and adults.
4. Utilization data at the zip code level will not be available for the assessment due to timing concerns and the exorbitant cost counties are being charged by Department of Health Care Services (DHCS) for providing it.
5. The primary data we will gather, analyze and present will be from the Community OH Survey, providing a very rich source of community input. We understand *you* plan to conduct the telephone interviews with key informants and convene focus groups with community/ stakeholder members, but need our help in analyzing and presenting the findings. We are happy to help and have allocated time in the budget for this.
6. To ensure we are able to meet the tight timeline you've specified and we've committed to here, the required Public Health (PH) staff agrees to be available and responsive to us in a reasonably timely manner through email, telephone and in-person to plan, respond to questions, review and approve work products without undue delay or requests for re-drafts, review and approve invoices, and share relevant information if any changes occur that could impact our timeline or budget.
7. To the extent where this was feasible, our proposed budget was discounted for you to reflect leveraging of our recent work for other counties' OH programs; this reduces time and costs to benefit Lake County.
8. For project continuity, we request assignment of one main PH staff person as our contract liaison; access to other PH management staff who oversee or coordinate with the OH program will also be requested from time to time as our work can benefit from the breadth of their experience.

Scope of Work (SOW)

Because time is of the essence and you need to submit the required OH work products to the State as soon as possible (we assume not later than the end of 2019), we based the Workplan below on the expectation of a signed contract by May 1, 2019. Our first activity upon contract award will be to schedule a telephone conference call with PH staff to discuss in more detail the activities and various dates in this Workplan to ensure there is a good fit with everyone's schedules.

Consultant Activities	Timeline	Deliverable
<i>Engage Stakeholders/Conduct Needs Assessment</i>		
<p>1. Confer with PH staff to identify all existing secondary OH data that may already have been collected; determine its adequacy (e.g., recency, relevance, completeness) and obtain as appropriate.</p> <ul style="list-style-type: none"> Identify data "holes" for secondary data indicators and gather additional data that align with the State's OH goals. Meet with/contact OH Advisory Committee (AC) members and other local sources as needed to obtain specific data (e.g., kinder assessment results). Analyze all data and prepare appropriate graphic formats for presenting it. 	5/1/19 – 7/31/19	Data gaps identified; Analyses and written summaries with appropriate graphics
<p>2. Assist PH staff in the community input process for key informant interviews and focus groups.</p> <ul style="list-style-type: none"> Advise regarding key stakeholders for interviews and host organizations for focus groups (numbers to reach, representativeness, types of organizations, geographic locations, etc.) who can best identify needs, barriers, resources/gaps and recommendations for improving OH. Develop structured questions and protocol/format for recording the input from the interviews and focus group sessions, and provide orientation to PH staff for using them. Collect and review staffs' findings, analyze data further if needed and prepare formal written summaries of findings. 	5/1/19 – 7/31/19	Written summary of results for inclusion in needs assessment including appropriate graphic formats where useful for supporting the findings.
<p>3. Plan, collect and analyze community input from a countywide survey.</p> <ul style="list-style-type: none"> Adapt for Lake County a Community OH Survey (English/Spanish) from those already developed by BAA, with input from PH staff. Meet with* and orient PH staff and OC members and provide an orientation and protocol for them and other stakeholders to distribute the Survey; work with staff and AC to identify appropriate venues for placement and to host the URL for the online version. Receive Surveys, enter and analyze data. Prepare written summary of findings. <p>*Note: same meeting as Activity 1.</p>	5/5/19 – 7/15/19	Written summary of results for inclusion in needs assessment including appropriate graphic formats where useful for supporting the findings.
<p>4. Identify and inventory appropriate existing groups/ providers that deliver OH services and programs in underserved areas/vulnerable populations.</p> <ul style="list-style-type: none"> Gather information from PH staff, organizations' websites and/or by telephone to obtain the needed information; analyze the data. Prepare narrative descriptions of available OH assets/resources. 	5/15/19 – 7/15/19	Inventory of existing assets/resources



Consultant Activities	Timeline*	Deliverable
Conduct Needs Assessment, cont.		
5. Prepare written OH needs assessment report. <ul style="list-style-type: none">Format and complete all sections of needs assessment report (Introduction, Methods, Findings, and Conclusions).Submit draft to PH and AC for review/comment	7/1/19 – 9/30/19	OH Needs Assessment Report – draft
6. Make any needed revisions to the report based on feedback and submit in final.	9/30/19 - 10/10/19	OH Needs Assessment Report – final
Produce Strategic Plan (SP)		
7. Work with PH and the AC/others (“the working group”) to create a strategic/action planning process. <ul style="list-style-type: none">Prepare materials for and facilitate an in-person all-day meeting of the AC to collaboratively develop the OH Program’s vision, mission, goals, objectives and implementation strategies.Write up the meeting results (i.e., draft SP) and send to staff/AC for review and comment.Send template and instructions to the working group to consider how they will accomplish the SP (this is to prepare them for developing the Action Plan portion of the SP).	10/10/19 – 11/15/19	Strategic Plan - draft
8. Meet with and facilitate a half-day meeting with the working group to develop the Action Plan, identifying the action steps needed to implement the SP, who will take lead responsibility, timeframe, etc.	11/15/19 – 11/30/19	Action Plan - draft
9. Write up results of the meeting and send to AC for review. Request feedback by email, and make revisions based on feedback—communicating directly with reviewers as needed to clarify comments, or ask follow-up questions or additional information—and send back for confirmation.	11/30/19-12/15/19	
10. Finalize the Strategic/Action Plan with any needed re-editing and submit to PH as a final deliverable.	12/15/19 – 12/31/19	Strategic/Action Plan - final

Produce Evaluation Plan		
11. Create a Logic Model that reflects the local OH program.	10/15/19 – 11/5/19	Logic Model
12. Confer with PH, and design the evaluation plan, taking into account the outcome objectives and identifying the timeline, human resources and indicators for tracking success. Send to PH (and the AC, if PH wishes to) for review and comment.	11/5/19 – 12/5/19	
13. Based on feedback, make any needed revisions to Evaluation Plan and submit as final deliverable.	12/5/19 – 12/31/19	Evaluation Plan
Contract Management		
14. Develop internal project workplan and tracking, and maintain internal management control and accountability.	5/1/19 – 12/31/19	Internal documents
15. Prepare and submit monthly and final invoices, including a description of work performed, work hours, and other required cost explanations.	5/31/19 – 12/31/19	Invoices
16. Maintain regular communication with client for planning, updates, approvals, etc.	5/1/19 – 12/31/19	Emails, telephone calls, meetings

Estimated Costs

I. PERSONNEL

A. Consultant Hours: 236 @ \$180/hour composite rate 42,480.00

II. DIRECT EXPENSES

A. Office support costs, pro rata (rent, utilities, telephone/fax) @ \$50/mo x 8 400.00
 B. Supplies, materials, reproduction/printing, postage 375.00
 C. Travel: mileage @ \$.58/mi. x 940 miles 545.20
 D. Miscellaneous 100.00
1,420.20

III. INDIRECT COST

A. Rate of 5.5% of Personnel \$2,336.40

Total \$46,236.60

Budget Justification

Proposed Personnel (Consultant Team)

Project Director (Aved)

Provides project direction and contract management, direct liaison with PH staff and external partners, review, collect and analyze data, facilitate meetings, prepare and present written products.

Research Associate (Parry)

Provides expertise in research capacity to develop or modify surveys and other instruments, analyze data, and participate in preparation of written reports.

Dental Hygiene Specialist (Scheideman)

Provides capacity for participating in development of data collection instruments and professional expertise for interpretation of quantitative and qualitative data.

Office Support (Colón and Funakoshi)

Provides clerical support services for personnel, including project logistics, data entry, preparation of report formats, and other office support activities.

Direct Expenses

Office support costs

Office support costs include rent, utilities and telephone/fax and are billed at pro rata share of project costs at \$50/month x 8 months.

Supplies and materials

Expenses for this line item include office supplies such as computer paper, printer ink, files, and the cost of printing and shipping documents (e.g., surveys), data and other materials for field work and reports.

Travel

Three trips to Lake County have been budgeted for in-person meetings. Mileage is calculated at the IRS-approved rate for 2019 of 58 cents/mile. All travel is piggybacked to as many project activities as possible to maximize time onsite and minimize costs.

Miscellaneous

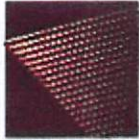
A modest amount has been included to cover unanticipated costs.

Indirect Rate

Indirect costs are those that cannot be directly allocated to any specific project but contribute to the ability to perform the work such as the non-allocable costs of insurance and professional services for bookkeeping, accountancy, legal, and computer support.

Budget Notes

1. All labor costs in this proposal reflect the requisite level of qualifications and experience and are based on current rate history for similar work. Professional fees reflect fully loaded hourly rates (e.g., inclusive of wages, fringe benefits, retirement, taxes) for all personnel, and are guaranteed for the duration of the contract. Personnel will be billed on a composite basis at a rate of \$180/hour that includes all charges for professional services.
2. The number of hours is based on our understanding of the project requirements. The hours are calculated from experience designing and conducting similar needs assessments, strategic and evaluation plans, and are inclusive of planning, collecting and reviewing relevant materials and data, preparing written products and regular and ongoing communication with key client and consultant team members associated with the project.



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3. BAA will not exceed the maximum number of hours proposed but may transfer hours between activities as necessary to meet the contract objectives.
4. BAA will invoice monthly at the end of each month on a fee-for-services (arrears) basis for only the number of hours worked. Invoices will include the number of consultant hours and a description of work performed. Net payment is due 20 business days from date of invoice. Invoices will be submitted electronically.

Barbara M. Aved, PhD, MBA, President

4/10/19

Date

Research and Consultation Proposal

County of Lake Oral Health Program

April 10, 2019

Submitted to:

Wendy Gattoni
Oral Health Program Coordinator
County of Lake Oral Health Program
Wendy.gattoni@lakecountycalifornia.gov
(707) 263-1090

Submitted by:



Project Summary

VIVA Strategy + Communications will work in partnership with the Oral Health Project in Lake County to support the development of the Oral Health Program. This includes establishing a baseline understanding of the community's capacity and need through a needs assessment, the development of a Community Health Improvement Plan, Logic Model and an Evaluation Plan used to evaluate the program's success.

Project Deliverables

- Develop Lake County's Oral Health Needs Assessment
- Create a Community Health Improvement Plan (CHIP).
- Create an Evaluation Plan to support the programmatic elements of the CHIP.
- Provide coaching and consultation in how to develop a stakeholder process.

Proposed Scope of Work

In order to support the outcome identified above VIVA proposes the following activities:

Process	Activities	Timeframe
1. Needs Assessment		
Project Kick-Off	Initial meeting via conference call to review project deliverables, agreement on process, protocols, project objectives and 'roadmap' for going forward.	May 2019
Key Informant Interviews Protocol	Develop interview protocol and conduct up to 10 key informant interviews to gather qualitative data on perceptions of oral health services in the county.	May 2019
E-Survey	Develop and administer an electronic survey to be completed by an estimated 50 respondents to collect additional feedback on current county oral health services.	April 2019
Research	Utilize a demographic analysis approach to gain deeper understanding of the Lake County population as well as the landscape of oral health services and gaps from a quantitative perspective. Other available research and literature will be utilized to inform the process.	April – June 2019
Needs Assessment	Draft Needs Assessment and process for reviewing assessment with stakeholders	June – July 2019
Budget: \$25,000		

2. Advisory Committee		
Coaching and Consultation	<p>Work with Health Program Coordinator to manage and facilitate Advisory Committee process.</p> <p>Plan monthly meetings from May to December to provide consultation to support the community planning process including developing Advisory Committee agendas and setting the strategic direction for the project.</p>	On-going
		Budget: \$3,700
3. Community Health Improvement Plan		
Design and Draft of Community Health Improvement Plan	Draft and deliver the Community Health Improvement Plan based on the Needs Assessment and Advisory Committee input with clear and actionable goals and objectives to guide the work of the Oral Health Project.	August 2019
Design Program Logic Model	Design the theory of action for guiding the implementation of the program to be used for creating a relevant evaluation design.	August – September 2019
		Budget: \$7,000
4. Evaluation Plan		

Draft and approval of Oral Health Evaluation Plan	<p>Design and deliver an Oral Health Evaluation Plan.</p> <p>The development of the evaluation design will be conducted with attention to:</p> <p>The development of the evaluation plan will entail several key elements including but not limited to:</p> <ul style="list-style-type: none"> • Draft of initial outline • Draft of Executive Summary • Draft of other core elements of the evaluation plan which may include but not be limited to: <ul style="list-style-type: none"> ◦ Executive Summary ◦ Introduction ◦ Needs Assessment Summary ◦ Program Description ◦ Evaluation Focus ◦ Evaluation Design ◦ Data Collection Methods ◦ Implementation ◦ Communication ◦ Conclusion 	September - October 2019
Budget: \$6,475		
5. General Project Management		
Overall project coordination and management	General coordination and communication with client.	On-going
Budget: \$1,850		

Oral Health Project staff responsibilities associated with this scope include taking notes during consultation calls, printing needed materials for meetings, and providing materials for consultant review, (appropriate research reports, etc.) at project inception and throughout the course of the project.

Budget

Category	Amount
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Consultation & Report Writing	\$44,025
Indirect (10%)	\$4,402
TOTAL	\$48,427

Staff Positions	Hourly Rate
Senior Consultant (Saeed Mirfattah):	185
Senior Associate Consultant (Katy Nagy)	160

Project Timeline

The project is proposed to start May 1, 2019 and conclude December 1, 2019.

Payment Terms

To be paid monthly upon submission of an invoice that includes hours by project staff and a summary of monthly activities.

About VIVA Strategy + Communications

VIVA Strategy + Communications is a social impact consulting firm serving nonprofits, public agencies, and philanthropic organizations. At the core of VIVA's effectiveness is our ability to infuse innovative strategic thinking, experienced facilitation, and smart communications into each of our projects. In blending these skills, we ensure that our clients' experiences with us are transformative, and we dramatically increase their impact and success.

VIVA is led by managing partners Christina Bath Collosi and Nicole O. Tanner, along with the firm's senior leadership team, Saeed Mirfattah, and Laura Bowen. All of VIVA's team members are personally committed to social impact and have educational and professional backgrounds that demonstrate a passion for excellence and community service.

VIVA offers services in four core areas: community collaboration, strategy and implementation, strategic capacity building, and strategic communications. This work includes multi-stakeholder coalition building, facilitation of community engagement processes, research and data analysis, program cost analysis, coaching and executive training, organizational development, strategic planning and implementation, program design and management, and

developing communications related content that strengthens a community or agency's strategic efforts.

Project Team

Saeed H. Mirfattah, MA, Senior Consultant will provide overall project supervision and consultation and strategic guidance on the project. Saeed brings over 30 years of leadership experience in the public, nonprofit and philanthropic sectors as a strategic advisor working within a diverse range of communities and organizational structures that facilitate multi-partner systems change and integration efforts. Saeed is particularly adept at working with systems partners who have a shared agenda but separate systems infrastructure or mandate. Examples of such work include working with Local Education Agencies, and the Departments of Public Health and Social Services as well as local community-based agencies (CBOs) to develop systems of care that support children and families. Saeed provided strategic consultation and facilitation services focused on strengthening Sonoma County's oral health system and the Mendocino County oral health system. Saeed has facilitated both the strategic planning process as well as the implementation process through a grant from the DentaQuest Foundation to the Sonoma County Dental Health Network which provided the resources to bring together representatives from agencies and organizations that focus on oral health, in addition to dental practitioners, parents, and other community members. In Mendocino County, Saeed was instrumental in crafting their Needs Assessment, Community Health Improvement Plan, Program Logic Model and other elements required by the state of California. Saeed is also a Certified Professional Co-Active Coach.

Katy Nagy, Senior Associate Consultant Katy will support the project by providing data analysis and other functions as needed. She brings significant experience in policy analysis, program evaluation, project management, and strategic planning through courses, hands-on projects, and consultancies. Katy is proud of having developed a Theory of Change and corresponding indicators, for the Migration Policy Institute Europe where the project involved developing a tool to support the monitoring, evaluation, and learning for a refugee resettlement project in European states. For the project, she conducted rigorous data analysis for an impact evaluation of a national early childhood development program in Rwanda through her work at the Research Program on Children and Global Adversity. Much of her work has included building stronger monitoring and evaluation systems, analyzing program data, and presenting results with corresponding recommendations to program leaders. She has also been working closely with program leaders on strategic planning, which has involved developing tools to support future expansion and using data to detect key trends and opportunities.