

HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
TDD: (408) 454-4123

April 25, 2000

AGENDA: May 9, 2000

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95061

Re: APPROVAL OF 2000-2001 DENTAL DISEASE PREVENTION PROGRAM FUNDING APPLICATION

Dear Board Members:

The Health Services Agency is requesting approval of the attached 2000/01 renewal funding application in the amount of \$22,973 for the Dental Disease Prevention Program. Also attached is a State-required resolution approving the application and authorizing the Health Services Agency Administrator to sign the related State revenue agreement when received.

Each year, the Health Services Agency receives State funding for various school-based dental disease prevention activities called the "Happy Tooth" program. This program provides supervised brushing and flossing in the classroom, instructional visits by a trained dental health instructor, educational materials and supplies, and teacher training workshops for participating schools.


The program is designed to reach 5,105 pre-school and elementary school children in high need areas in the County and to stimulate the development of community resources to respond to the need for preventive oral health services for children. The State funds support a part-time bilingual Health Program Specialist to coordinate the program and to conduct class visits. Supplies and materials are underwritten by the County.

It is therefore RECOMMENDED that your Board:

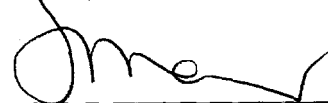
1. Adopt the attached resolution approving the \$22,973 funding application for the 2000-01 Dental Disease Prevention Program and authorizing the Health Services Agency Administrator to sign the related State revenue agreement when received, and

2. Direct the Clerk of the Board to return one certified copy of the resolution to the Health Services Agency to forward to the State.

Sincerely,


Rama Khalsa, Ph.D.,
HSA Administrator

RECOMMENDED:


Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor-Controller
County Counsel
HSA Administration

BEFORE THE BOARD OF SUPERVISORS 0095
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

Resolution No. _____

On the motion of Supervisor
duly seconded by Supervisor
the following resolution is adopted:

**RESOLUTION APPROVING FUNDING APPLICATION FOR THE DENTAL DISEASE PREVENTION
PROGRAM AND AUTHORIZING SIGNATURE OF THE RELATED STATE STANDARD AGREEMENT**

WHEREAS, the State Department of Health Services has solicited funding applications for the 2000-01 Dental Disease Prevention Program; and

WHEREAS, the funding application requires a Resolution from the Local Governing Body authorizing the application submission and further authorizing the local Agency Administrator to sign the resultant State Standard Agreement and any amendments thereto related to minor program changes; and

WHEREAS, the Health Services Agency has prepared a funding application for the 2000-01 Dental Disease Prevention Program in the amount of \$22, 973.

NOW, THEREFORE, BE IT RESOLVED that the Santa Cruz County Board of Supervisors hereby approves the 2000-01 funding application for the Dental Disease Prevention Program in the amount of \$22,973 for the period July 1, 2000 - June 30, 2001 and authorizes the Health Services Agency Administrator to sign the related State Standard Agreement and any amendments thereto related to minor program changes.

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State of California, this of _____ day _____, 2000, by the following vote (requires four-fifths approval).

AYES: Supervisors
NOES: Supervisors
ABSENT: Supervisors

Chair of said Board

ATTEST: _____
Clerk of Said Board

APPROVED AS TO FORM:



Assistant County Counsel

Distribution:

County Administrative Office
Auditor-Controller
County Counsel
HSA Administration

APPLICATION COVER SHEET

FY 2000-2001

1. Contact Person for this Application and Mailing Address

Legal Name of Agency Santa Cruz County Health Fed Tax I.D.# 95-6000534
Services Agency

Title of Project 'Happy Tooth Program'

Mailing Address P.O. Box 962

City Santa Cruz ZIP 95061 County Santa Cruz

Contact Person's Name Yolanda Chavez Phone (831) 454-4312

Project Coordinator's Name Celia Barry Phone (831) 454-4318

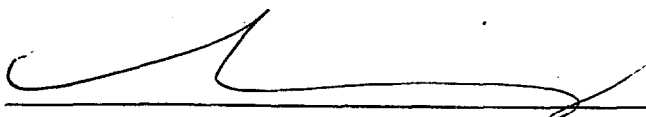
Mailing Address P.O. Box 962 Santa Cruz CA 9506

2. Proposed Funding Amount \$ 22,973.

3. Proposed Number of children to be served:

| PRE-K | K | 1 | 2 | 3 | 4 | 5 | 6 | UNGR | TOTAL |
|-------|-------|-----|-----|-----|-----|-----|----|------|-------|
| 1,446 | 1,116 | 848 | 652 | 448 | 393 | 102 | 56 | 44 | 5,105 |

4. The undersigned hereby affirms that the statements contained in this application package are true and complete to the best of the applicant's knowledge, and accepts as a condition of any resulting contract the obligation to comply with applicable state requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Signature  Date 7/5/00

Type Name and Title Celia Barry, Senior Health Educator

APPLICANT INFORMATION SHEET

PLEASE COMPLETE THIS FORM CAREFULLY

1. Agency Information:

Legal Name of Applicant Organization Santa Cruz County Health Services AgencyTitle of Project Happy Tooth ProgramMailing Address P.O. Box 962City Santa Cruz ZIP 95061Federal Tax ID # 95-6000534County (where agency headquarters is located) Santa CruzTelephone Number (831) 454-4312 FAX Number (831) 454-5048

2. Project Coordinator (This person is responsible for all of the day-to-day activities of project implementation. This person will be the contact person for the Office of Oral Health staff, will receive all programmatic, budgetary and accounting mail for the project, and will be responsible for the proper dissemination of project information):

Name Celia BarryAddress P.O. Box 962City Santa Cruz ZIP 95061Telephone Number (831) 454-4318 FAX Number (831) 454-5048

In the event that the Project Coordinator is not yet appointed, identify a contact person for the Office of Oral Health to send pertinent contract and program materials in the interim.

Name _____

Address _____

City _____ ZIP _____

Telephone Number () _____ FAX Number () _____

3. Financial Officer (This person has signature authority for invoices):

Name

David McCollum, Chief of Fiscal Services

Address

P.O. Box 962

City Santa Cruz ZIP 95061

Telephone Number (831) 454-4329 FAX Number (831) 454-4488

4. Agency Official (This person has official signature authority to enter into an agreement for the agency):

Name

Rama Khalsa, Administrator

Address

P.O. Box 962

City Santa Cruz ZIP 95061

Telephone Number (831) 454-4015 FAX Number (831) 454-4476

5. All payments for invoices are automatically sent to the address of the Agency Official. If the address of the Agency Official is not the address you wish payments mailed to, please indicate the correct contact person and address below. The Office of Oral Health staff will notify the DHS Accounting Section when special handling is required for your agency.

Name

David McCollum

Address

P.O. Box 962

City Santa Cruz ZIP 95061

Telephone Number () FAX Number ()

I certify that the above is true and correct:


By (Authorized Signature)

4/6/00
Date

AFFIRMATIVE ACTION INFORMATION SHEET AND INSTRUCTIONS

Complete Affirmative Action Information Sheet, HAS 1090, that follows this instruction sheet. The form is essential for statistical information and grant processing. The form is self-explanatory except for section, "Statistical Information." Minority Business Enterprise and Woman Business Enterprise definitions and information is also provided should you wish to apply for certification with CalTrans, Office of Civil Rights.

STATISTICAL INFORMATION:

The statistical information needed in Affirmative Action Sheet, HAS 1090, (ethnic and gender) is the majority ethnic and gender composition of your "governing body." The governing body is either the Advisory Board, Board of Directors, etc. For example, if you have a seven member board and four of the members are Black Americans and four of the members are male, then you would circle: 1 - Black American/Male. If you have a seven member board and four of the members are Black Americans and four of the members are female, then you would circle: A- Black Americans/Female.

MINORITY BUSINESS ENTERPRISE AND WOMAN BUSINESS ENTERPRISE DEFINITIONS:

- A. Minority Business Enterprise (MBE): MBE is defined in the Public Grant Code 10470(e) as follows:

MBE is a small business owned and controlled by one or more minorities or women. Owned and controlled means that:

1. at least 51 percent of the small business concern is owned by one or more minorities or women or, in the case of a publicly owned business, at least 51 percent of the stock of which is owned by one or more minorities or women; and
2. whose management and daily business operations are controlled by one or more such individuals.

- B. Women Business Enterprise (WBE): WBE is defined in the public Grant Code 10470(f):

WBE is a small business, owned and controlled by one or more women. Owned and controlled means that:

1. at least 51 percent of the small business concern is owned by one or more women; and
2. whose management and daily business operations are controlled by one or more women who own it.

For additional information on MBE and WBE, please contact: CalTrans, Office of Civil Rights, P.O. Box 943784-MS 44, Sacramento, CA 94274, (916) 445-2276.

AFFIRMATIVE ACTION INFORMATION SHEET

1. For statistical purposes, **please complete the** following information to the **questions** below. 0100
2. **This** information is for statistical use only. It is **considered** confidential and does not **constitute** a basis for award or **rejection** of a contract, work **order**, service authorization, or **purchase** order **with the** Department.

VENDOR/CONTRACTOR INFORMATION

| | |
|--|--------------------------|
| Name of Firm Santa Cruz County Health Services Agency | DGS Vendor Number N/A |
| Name of Principal (if other than an individual firm) | Title N/A |

| | |
|----------------------------------|-----------------------------|
| Business Address P.O. Box 962 | City Santa Cruz CA 95061 |
|----------------------------------|-----------------------------|

Type of Ownership (Use 2 digits, ie., 01, 02, 10, 11, etc):
 01 - Individual 02 - Partnership 03 - For Profit Corp. 04 - Not-for-profit Corp. 05 - For Profit Hospital/Skilled Nursing Facility 06 - Not-for-profit Hospital/Skilled Nursing Facility 07 - Incorporated Association 08 - College/University (including both Public and Private) including University Hospitals 09 - County Government only 10 - Other California governmental entity, except counties and No. 11 below, (City, School District, Water District, Joint Powers, etc.) 11 - California State Agency 12 - Other entity, including Federal Government, another State, any entity not identified in 1 through 11.

Indicate Ownership digit(s) here: 12 -other entity: Public

| | |
|--|---------------------------------|
| Type of Business Public Health Department | Contractors License N/A if any: |
|--|---------------------------------|

Statistical Information

Ethnic Codes:

| | Male | Female | | Male | Female |
|-------------------------|------|--------|--------------------------------|------|--------|
| Black Americans | 1 | A | American Indian/Alaska Natives | 7 | G |
| Asian-Pacific Americans | 2 | B | Filipino Americans | 8 | H |
| Hispanic Americans | 4 | D | Asian-Indian Americans | | I |
| Pacific Islanders | 6 | F | Caucasian/White Americans | 65 | E |

Enter Ethnicity of Vendor /Contractor from above List E-Caucasian/Female

Has Vendor/Contractor applied to and been approved by the Office of Small and Minority Business, Department of General Services as a small business? (See reverse side). Yes ☐ No ☒

If yes, enter the date of the letter OSMB sent to the Vendor/Contractor approving the small business status: _____

Has Vendor/Contractor applied to and been approved by the Office of Civil Rights, Department of Transportation, as a Minority Business Enterprise or a Disadvantaged Business Enterprise? Yes ☐ No ☒

If yes, enter CalTrans seven-digit certificate number given to Vendor/Contractor: _____

Enter certificate expiration date: _____

is vendor/Contractor a "woman-Owned Enterprise? Yes ☐ No ☒

DHS Information. Date Received: _____ By: _____

DHS Program Name: _____ in CMS SA log: _____

.....
 INFORMATION PRACTICES ACT STATEMENT

This information is requested by the State of California, Department of Health Services for statistical purposes only. Completion of the form is voluntary and there are no consequences for not providing the information. Information will be provided to Contract Manager and possibly other public agencies. For more information or access to your records, contact the Section Chief, Contract Management Section,

Department of Health Services, 744 P Street, Sacramento, CA 95314. Telephone (916) 322-6122

HAS 1090 (2/88).

ABSTRACT OF PROPOSAL

1. Legal Name of Applicant Organization: Santa Cruz County Health Services
2. Project Title: "Happy Tooth" Dental Disease Prevention Program
3. Project Coordinator: Celia Barry, MPH
4. Provide a brief program description. Include a summary of the essential contents of the proposal.

The "Happy Tooth" Dental Disease Prevention Program (DDPP) is a voluntary school-based program focusing on, but not limited to, the City of Watsonville where dental disease prevention and education needs are the greatest. The DDPP has been a popular prevention program for children in Santa Cruz County since 1980, and continues to be well-received by the community. The program provides a comprehensive dental and nutritional education program for at least 5,105 preschool through sixth grade students, consisting of two instructional presentations, daily fluoride tablets, and brushing and flossing. Each child receives two toothbrushes over the course of the school year.

A bilingual educator performs program activities. Volunteer school nurses provide an annual dental screening/educational visit for children in the program. Teachers in all participating classrooms receive an in-service to prepare them for the program. Update trainings are provided yearly for participating "Happy Tooth" teachers. The program coordinator assists with planning, evaluation, supervision of staff, report writing and general coordination of the program.

TABLE OF CONTENTS

| | |
|--|----|
| ProblemStatement/NeedsAssessment----- | 1 |
| Proposed Schools for Project Implementation ----- | 3 |
| Scope of Work ----- | 7 |
| Evaluation Plan----- | 15 |
| Budget | |
| A. DDPP line Item Budget ----- | 19 |
| B. Budget Summary ----- | 20 |
| Agency Description and Capability | |
| A. OrganizationCharts----- | 21 |
| B. Board of Supervisors Resolution Supporting Application Submission ----- | 23 |
| C. Statement of Compliance ----- | 24 |
| D. Drug-Free Workplace Certification----- | 25 |
| E. Resumes for Key Agency and Project Personnel ----- | 26 |
| F. Job Descriptions for All Project Staff ----- | 28 |
| List of Dental Health Advisory Committee Members ----- | 32 |
| Letter of Support ----- | 33 |
| Fluoride Supplement ----- | 34 |

PROBLEM STATEMENT / NEEDS ASSESSMENT

TARGET POPULATION

1999-00 elementary enrollment data for the County of Santa Cruz, are as follows:

| | |
|--------------|-------|
| Kindergarten | 3,051 |
| First | 3,099 |
| Second | 3,249 |
| Third | 3,278 |
| Fourth | 3,259 |
| Fifth | 3,020 |
| Sixth | 3,115 |
| Other | 128 |

Total number enrolled in elementary school is 22,599. Approximately 44% of these children participate in the Free School Lunch Program.

Most recent figures indicate that there are now 47% "Latino" students in Santa Cruz County and 46% of Santa Cruz County's students are classified as "Anglo". Other ethnic groups comprise a total of 7% of students in Santa Cruz County (African-American and Asian/Other).

It is estimated that approximately 890 children and youth in Santa Cruz County are homeless (Santa Cruz County Office of Education). Countywide, 10.7% of residents live below the poverty line. The majority of those living in poverty are children. In Watsonville, 1 out of 4 children live in poverty (Community Action Board of Santa Cruz). The Happy Tooth program concentrates services at Watsonville area schools because of this significant level of poverty.

AVAILABLE ORAL HEALTH SERVICES

Most dentists in Santa Cruz County serve children. However, most dentists do not accept Medi-Cal. DentiCal referrals are commonly made to out-of-county dentists.

Cabrillo College Dental Hygiene Program offers cleanings to children two days per semester for a fee of \$25 per child and the clinic takes Medi-Cal. Sealants are provided at \$5.00 per tooth. In emergency cases only, x-rays are taken for \$15.00 - \$25.00. Clinics for children participating in Migrant Education Programs are held twice a year at \$25.00 per child. This is an increase of 52% over the last two years.

Dientes Community Dental Clinic, Inc. has one - two dentists working five days a week. Dientes Clinic has a school based sealant program at five Pajaro Valley Elementary Schools and one High School. Children receive screenings and referrals to local dentists as needed. At least 150 children from each school have been provided with sealants, fluoride treatments, prophylaxis and/or fillings. Approximately 70 children have been referred to private dentists in the area for urgent care.

The Santa Cruz County Happy Tooth Dental Disease Prevention Program serves over 5,000 students each year with comprehensive dental health education. Each year, students are provided with two toothbrushes, floss and flossmen, and if they have parental permission, daily fluoride tablets. The students receive instruction in brushing, flossing, fluoride, nutrition and dental safety. Examples of students the bilingual health educator has seen include: fifth and sixth graders who have never flossed before, second graders who have never used a toothbrush, students who share one toothbrush with all family members and parents who are grateful that their children receive fluoride supplements in school because they could not afford them otherwise.

GAPS IN EXISTING ORAL HEALTH RESOURCES

Dental treatment resources for low-income children continue to be inadequate. Dentists are reluctant to take Medi-Cal and Dientes Community Dental Clinic provides treatment on a limited basis. The only other option available for dental treatment is referrals to dentists who will provide services free of charge. Community efforts continue to attempt to address the need for more affordable dental treatment.

Comprehensive dental health education is provided by the County's Happy Tooth Program to over 5,000 students each year. The number of free school lunch students in Santa Cruz County continues to rise, indicating a need to serve a greater number of students with dental health education.

Overall the need for dental services for low-income children in Santa Cruz County has outpaced the emergence of new resources.

BARRIERS

The changing ethnic composition of Santa Cruz County students provides challenges in implementing a comprehensive dental health program. Among the children served are recent immigrants, mostly from Spanish-speaking countries. Many of their parents have never used toothbrushes and have never received dental care. The Happy Tooth Program's educator is bilingual English/Spanish and bicultural and is sensitive to the problems of newly immigrated students and their families. The Happy Tooth Program's curriculum includes dental health information given to the students intended for their families to reinforce what the students are learning.

Another barrier to addressing the dental health education needs of Santa Cruz County children is the lack of funds needed to provide the Happy Tooth Program to all schools which have a high percentage of free school lunch students.

| NAME OF ELEMENTARY SCHOOL | FLUORIDE METHOD | | | | YR- RND | NEW SCHS | TOTAL NUMBER OF STUDENTS | | FSL% |
|--|-----------------|--------|-------|------|------------|-------------|-----------------------------|----------|------|
| | Rinse | Tablet | Paste | None | | | ENROLLED | TARGETED | |
| Santa Cruz City School District | | | | | | | | | |
| Natural Bridges Elementary | X | | | | | | 456 | 157 | 26.3 |
| Del Mar Elementary | X | | | | | | 513 | 130 | 37.4 |
| Gault Elementary | X | | | | | | 378 | 43 | 28.3 |
| Green Acres Elementary | X | | | | | | 483 | 140 | 34.8 |
| De Laveaga Elementary | X | | | | | | 559 | 120 | 27.7 |
| Soquel Elementary | X | | | | | | 431 | 120 | 37.4 |
| Santa Cruz Gardens Elementary | | | | | | | 382 | 140 | 41.1 |
| Live Oak Elementary | X | | | | | | 455 | 300 | 46.6 |
| Branciforte Elementary | X | | | | | | 430 | 80 | 57.7 |
| Multigraded School District | | | | | | | | | |
| Pacific Elementary | X | | | | | | 83 | 54 | 20.4 |
| Pajaro Valley Unified School District | | | | | | | | | |
| Amesti Elementary | X | | | | | | 653 | 84 | 65 |
| Bradley Elementary | X | | | | | | 539 | 120 | 21.7 |
| Calabasas Elementary | X | | | | X | | 742 | 363 | 83.6 |
| Freedom Elementary | X | | | | | | 791 | 170 | 81.3 |
| Hall Elementary | X | | | | | | 718 | 200 | 81.1 |
| TOTALS | | | | | | | | | |
| AVERAGE FSL% FOR TARGETED SCHOOLS | | | | | | | | | |
| FSL% FOR ALL COUNTY SCHOOLS | | | | | | | | | |

see next page

[illegible]

[illegible]

* Preschools other than Head Start or State Preschools must be justified and approved in writing by the State.

24

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK PA 2000-2001

24

CONTRACTOR Santa Cruz County

0109

COMPONENT: Fluoride Supplements

| 08 OBJECTIVES | ACTIVITIES TO ACCOMPLISH | DATE BEGIN/END | RESPONS PERSON | DOCUMENTATION OF ACTIVITIES |
|--|---|-----------------|--------------------------|--|
| 1.1 By 10/16/00, all children in grades K-6, targeted by the program and who have parental permission, will receive a daily fluoride supplement for a class minimum of 30 weeks. | 1.1.1. Provide fluoride workshop to all new teachers to outline logistics and requirements of fluoride storage and activities prior to administration of daily fluoride supplement. | 7/1/00-9/30/00 | Educator | Signed and dated workshop attendance sheet, workshop agenda and outline. |
| | 1.1.2. Program staff will deliver fluoride supplies (fluoride supplement tablets, permission slips, fluoride roster instructions) to each participating teacher. | 7/1/00-10/16/00 | Educator | Daily fluoride participation classroom rosters will be completed by the teacher and kept on file by program for five years. Signatures from school contact persons will indicate delivery of supplies. |
| | 1.1.3. Provide monitoring and technical assistance to all participating schools to ensure consistent implementation of program. | 7/1/00-6/30/01 | Educator | Visit notes on school roster sheets, compliance documented on daily fluoride records. |
| | 1.1.4. Evaluation of objective: Determine if all targeted children in grades K-6 were participating in fluoride supplement program by target date. Collect teacher evaluations, daily fluoride use records at year-end; analyze data and report to State. | 6/1/01-6/30/01 | Coordinator and Educator | Sample of teacher evaluations and daily fluoride use records; report to State. |

DENTAL/scope of work 4/00

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM

SCOPE OF WORK PA 2000-2001

CONTRACTOR Santa Cruz County

COMPONENT: Fluoride Supplements

o

o

| OBJECTIVES | | ACTIVITIES TO ACCOMPLISH | | DATE | RESPONS PERSON | DOCUMENTATION OF ACTIVITIES |
|---|--|--|--|-----------------|--------------------------|--|
| 1.2 By 10/16/00, all children in preschool, targeted by the program and who have parental permission, will receive a daily fluoride supplement for a class minimum of 30 weeks. | | 1.2.1. Provide fluoride workshop to all new teachers to outline logistics and requirements of fluoride storage and activities prior to administration of daily fluoride supplement. | 1.2.2. Program staff will deliver fluoride supplies (fluoride supplement tablets, permission slips, fluoride roster instructions) to each participating teacher. | 7/1/00-9/30/00 | Educator | Signed and dated work-shop attendance sheet, workshop agenda and outline. |
| | | 1.2.2. Program staff will deliver fluoride supplies (fluoride supplement tablets, permission slips, fluoride roster instructions) to each participating teacher. | 1.2.3. Provide monitoring and technical assistance to all participating schools to ensure consistent implementation of program. | 7/1/00-10/16/00 | Educator | Daily fluoride participation classroom rosters will be completed by the teacher and kept on file by the program for five years. Signatures from school contact persons will indicate delivery of supplies. |
| | | 1.2.3. Provide monitoring and technical assistance to all participating schools to ensure consistent implementation of program. | 1.2.4. Evaluation of objective: Determine if all targeted children in preschool were participating in fluoride supplement program by target date. Collect teacher evaluations, daily fluoride usage records at year end; analyze data and report to State. | 7/1/00-6/30/01 | Educator | Visit notes on school roster sheets, compliance as documented on daily fluoride usage records. |
| | | 1.2.4. Evaluation of objective: Determine if all targeted children in preschool were participating in fluoride supplement program by target date. Collect teacher evaluations, daily fluoride usage records at year end; analyze data and report to State. | | 6/1/01-6/30/01 | Coordinator and Educator | Sample of teacher evaluations and daily fluoride usage records; report to State. |

DENTAL/scope of work 4/00

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK FY 2000-2001

0111

CONTRACTOR Santa Cruz County

COMPONENT: Plaque Control

| OBJECTIVES | ACTIVITIES TO ACCOMPLISH OBJECTIVES | DATE BEGIN/END | RESPONS PERSON | DOCUMENTATION OF ACTIVITIES |
|--|---|--|---|--|
| <p>2.1 By June 30, 2001, all students in K - 6, targeted by the project will receive instruction and guided practice in toothbrushing for 25 days to be followed by daily home brushing or daily classroom brushing.</p> | <p>2.1.1. Toothbrushes and supplies will be sent to participating year-round schools by August 1, 2000 and to traditional schools by September 20, 2000. Teachers new to the project will receive toothbrushes and labeling supplies at the inservice.</p> <p>2.1.2. School contacts (school nurses, secretary, Healthy Start principal) will be sent a notice regarding the distribution of toothbrushes to participating classes. They will also be instructed to encourage classrooms to begin brushing immediately. Teachers will be sent a notice to pick up their toothbrushes and supplies from the school office and begin brushing immediately.</p> <p>2.1.3. All classes will receive instruction and guided practice in toothbrushing, including specific feedback on skill development.</p> <p>2.1.4. School contacts will be reminded to continue to reinforce brushing throughout the year.</p> <p>2.1.5. Evaluation of objective: Determine if by January 31, 2001, all students received instruction and guided practice in toothbrushing. Collect and review teacher evaluations and determine if students received appropriate daily toothbrushing. Report to State.</p> | <p>7/1/00-9/20/00</p> <p>7/1/00-9/20/00</p> <p>7/1/00-1/31/01</p> <p>7/1/00-6/30/01</p> <p>1/31/01-2/28/01</p> | <p>Educator</p> <p>Educator</p> <p>Educator</p> <p>Educator</p> <p>Educator</p> | <p>Documentation of supplies received by teacher will be included in educator classroom roster data.</p> <p>Copy of notice with list of who it was sent to.</p> <p>School visit records.</p> <p>School visit records.</p> <p>Teacher evaluation, school visit records.</p> |

DENTAL/scope of work 4/00

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK FY 2000-2001

CONTRACTOR Santa Cruz County

COMPONENT: Plaque Control

| OBJECTIVES | ACTIVITIES TO ACCOMPLISH OBJECTIVES | DATE BEGIN/END | RESPONS PERSON | DOCUMENTATION OF ACTIVITIES |
|--|---|-----------------------|-----------------------|---|
| 2.2. By 6/30/01, all children in preschool targeted by the program will receive instruction and guided practice followed by daily classroom brushing. | 2.2.1 Toothbrushes and supplies will be sent to participating year-round schools by August 1, 2000 and to traditional schools by September 20, 2000. Teachers new to the project will receive toothbrushes and labeling supplies at the inservice. | 7/1/00-9/30/00 | Educator | Documentation of supplies received by teacher will be included in educator classroom roster data. |
| | 2.2.2. School contacts will be sent a notice regarding the distribution of toothbrushes to participating classes. They will also be instructed to encourage classrooms to begin brushing immediately. Teachers will be sent a notice to pick up their toothbrushes and supplies from the school office and begin brushing immediately. | 7/1/00-9/20/00 | Educator | Copy of notice with list of who it was sent to. |
| | 2.2.3. All classes will receive instruction and guided practice in toothbrushing, including specific feedback on skill development. | 7/1/00-1/31/01 | Educator | Each ∞ visit records. |
| | 2.2.4 School contacts will be reminded to continue to reinforce brushing throughout the year. | 7/1/00-6/30/01 | Educator | Sch ∞ visit records. |
| | 2.2.5. Evaluation of objective: Determine if by January 31, 2001, all students received instruction and guided practice in toothbrushing. Collect and review teacher evaluations and determine if students received appropriate daily toothbrushing. Report to State. | 1/31/01-2/28/01 | Educator | Teacher evaluation, school visit records. |

DENTAL/scope of work 4/00

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM

SCOPE OF WORK PAZ000-Z001

CONTRACTOR Santa Cruz County

24

COMMENT: Dental Health Education

0113

| OBJECTIVES | ACTIVITIES TO ACCOMPLISH | DATE | RESPONS PERSON | DOCUMENTATION |
|--|--|-----------------|-----------------------|---|
| 3.1 By June 30, 2001, all participating K - 6 th grade students will receive a series of two instructional visits on oral health, each lasting approximately 30 minutes, using appropriate scope and principles. The following subject areas will be included: causes, processes and effects of oral diseases; plaque control; nutrition; and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention. | 3.1.1. Develop scope and curriculum and culturally appropriate educational materials. | 7/1/00-7/31/00 | Educator | Lesson plans, handouts. |
| | 3.1.2. Assign/schedule classroom visits. | 7/1/00-7/31/00 | Educator | School assignment lists. |
| | 3.1.3. Develop according to the scope and field test, and deliver Lesson 1. | 7/1/00-10/16/00 | Educator | Scope and plans, schedules of coordinator/educator. |
| | 3.1.4. Develop, field test and deliver Lesson 2. | 11/1/00-2/1/01 | Educator | School visit records, schedules |
| | 3.1.5. Evaluation of objective: Determine whether by June 30, 2001, all participating students had 2 appropriate scope and sequenced lessons. Review lesson plans and school visit records. Report to State. | 6/1/01-6/30/01 | Coordinator, Educator | School visit records, lesson plans. |
| 3.2 By June 30, 2001, all participating preschool students will receive a series of two instructional visits on oral health, each lasting approximately 20 minutes, using appropriate scope and principles. The following subject areas will be included: causes, processes and effects of oral diseases, plaque control; nutrition; of preventive dental agents, including bonding sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention. | 3.2.1. Develop scope and curriculum and culturally appropriate educational materials. | 7/1/00-7/31/00 | Educator | Lesson plans, handouts. |
| | 3.2.2. Assign/schedule classroom visits. | 7/1/00-7/31/00 | Educator | School assignment lists. |
| | 3.2.3. Develop according to the scope and field-test, and deliver Lesson 1 | 7/1/00-10/16/00 | Educator | Scope and plans, schedules of coordinator/educator. |
| | 3.2.4. Develop, field-test and deliver Lesson 2. | 11/1/00-2/1/01 | Educator | School visit records, schedules |
| | 3.2.5. Evaluation of objective: Determine whether by June 30, 2001, all participating students had 2 appropriate scope and sequenced lessons. Review lesson plans and school visit records. Report to State. | 6/1/01-6/30/01 | Coordinator, Educator | School visit records, lesson plans. |

DENTAL/scope of work 4/00

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK PD 2000-2001

CONTRACTOR Santa Cruz County

COMPONENT: Oral Health Education

| 08 OBJECTIVES | ACTIVITIES TO ACCOMPLISH OBJECTIVES | DATE BEGIN/END | RESPONS PERSON | DOCUMENTATION OF ACTIVITIES |
|---|---|-----------------|----------------|--|
| 3.3 By June 30, 2001, all participating preschools will offer dental health education for parents which could include baby bottle tooth decay; causes, processes and effects of oral diseases; plaque control, nutrition; and preventive dental agents, including fluorides and sealants; for regular dental care and preparation for visiting the dentist; and dental injury prevention. | 3.3.1 Develop presentation outline and culturally appropriate educational materials. | 7/1/00-7/31/00 | Educator | Presentation outline. |
| | 3.3.2 Notify preschools of availability of dental presentation for parents. | 7/1/00-10/16/00 | Educator | Flyers and list of preschools. |
| | 3.3.3 Conduct dental health presentations for parents. | 7/1/00-6/30/01 | Educator | Log of presentations, sign-in sheets. |
| | 3.3.4 Evaluation of objective: Determine whether by June 30, 2001 all participating preschools offered dental health presentations for parents. | 6/1/01-6/30/01 | Educator | Log of presentation and agenda of meeting. |

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM SCOPE OF WORK FY 2000-2001

CONTRACTOR Santa Cruz County

COMPONENT: Dental Health Advisory Committee

| OBJECTIVES | ACTIVITIES TO ACCOMPLISH OBJECTIVES | DATE BEGIN/END | RESPONS PERSON | DOCUMENTATION OF ACTIVITIES |
|---|--|-----------------|-------------------------------------|---|
| 4.1 By June 30, 2001, the Dental Health Advisory Committee (Sealant Advisory Committee) will hold meetings at least twice yearly. | 4.1.1. Assist CHDP with DHAC meetings. | 7/1/00-6/30/01 | Coordinator Educator | Meeting announcements. |
| | 4.1.2. Assist with staffing meetings. | 7/1/00-6/30/01 | Coordinator Educator | Meeting agendas, minutes. |
| | 4.1.3. Evaluation of objective: Assess whether DHAC had 2 meetings. Review meeting dates. Report to State. | 6/01/01-6/30/01 | Coordinator | Meeting minutes. |
| 4.2 By April 30, 2001, the Dental Health Advisory Committee will assist in developing, reviewing and commenting on the local project application. | 4.2.1. Send out draft copies of 2000-2001 project application to each member, requesting their input. | 3/31/01 | Coordinator, Office Assistant | Draft application, cover letter. |
| | 4.2.2. During the 2 nd meeting, discuss suggested revisions to draft; vote on final version. | 4/30/01 | Coordinator | Meeting minutes. |
| | 4.2.3. Evaluation of objective: Have chair sign letter verifying participation in developing, reviewing and commenting on the application; letter will be sent in with application. Report to State. | 4/30/01 | Coordinator | Signed letter, final application. |
| 4.3 By August 1, 2000, the Dental Health Advisory Committee will have its full complement of members, including representatives from at least education, the dental professions, and parent groups. | 4.3.1. Confirm participation of current members. | 7/1/00-8/1/00 | Coordinator | Meeting agendas, minutes. |
| | 4.3.2. Recruit representatives from underrepresented groups to fill vacancies. | 7/1/00-8/1/00 | Coordinator | Roster of Advisory Committee members, including names, addresses, phones, agencies represented. |

DENTAL/scope of work 4/00

CHILDREN'S DENTAL DISEASE PREVENTION PROGRAM
SCOPE OF WORK FY 2000-2001

CONTRACTOR _____ Santa Cruz County

COMPONENT: Dental Health Advisory Committee

| OBJECTIVES | ACTIVITIES TO ACCOMPLISH OBJECTIVES | DATE BEGIN/END | RESPONS PERSON | DOCUMENTATION OF ACTIVITIES |
|------------------|--|----------------|----------------|-----------------------------|
| 4.3. (continued) | 4.3.3. Evaluation of objective: Assess whether DHAC had representatives from at least education, dental professions, and parent groups. Report to State. | 8/1/00-8/15/00 | Coordinator | Attendance sheets, roster. |

DENTAL/scope of work 4/00

EVALUATION PLAN

COMPONENT I. FLUORIDE SUPPLEMENTS

Objective 1.1: By 10/16/00, all children in grades K - 6th targeted by the program and who have parental permission will receive a daily fluoride supplement a class minimum of 30 weeks.

Who: Targeted children in grades K - 6th with parental permission

How Many: All targeted children

Intervention: Daily fluoride supplements

Instrument: Daily fluoride use records, teacher evaluations

Method: Count the total number of targeted children in grades K - 6th grade with parental permission who are participating in the fluoride supplement program by October 16, 2000.

Objective 1.2: By 10/16/00, all children in preschool targeted by the program and who have parental permission will receive a daily fluoride supplement a class minimum of 30 weeks.

Who: Targeted children in preschool with parental permission

How Many: All targeted children

Intervention: Daily fluoride supplements

Instrument: Daily fluoride use records, teacher evaluations

Method: Count the total number of targeted children in preschool with parental permission who are participating in the fluoride supplement program by October 16, 2000.

COMPONENT II. Plaque Control

Objective 2.1: By 10/16/00, all children in grades K - 6th targeted by the program will receive instruction and guided practice in toothbrushing for 25 days followed by daily home brushing or daily classroom brushing.

who: Targeted children in grades K - 6th

How Many: All targeted children

Intervention: Instruction and practice in toothbrushing for 25 days followed by daily home brushing or daily classroom brushing

Instrument: School visit records, teacher evaluations, home brushing contracts

Method: Calculate total number of children in grades K - 6th grade by the project receiving instruction and guided practice in toothbrushing for 25 days followed by daily home brushing or daily classroom brushing by June 30, 2001

Objective 2.2: By 10/16/00, all children in preschool targeted by the program will receive instruction and guided practice followed by daily classroom brushing.

who: Targeted children in preschool

How Many: All targeted children

Intervention: Instruction and practice in toothbrushing followed by daily classroom brushing

Instrument: School visit records, teacher evaluations, home brushing contracts

Method: Calculate total number of children in preschool targeted by the project receiving instruction and guided practice in toothbrushing followed by daily classroom brushing by June 30, 2001

COMPONENT III: Oral Health Education

Objective 3.1: By 10/16/00, all participating K - 6th grade students will receive a series of two instructional visits on oral health, each lasting approximately 30 minutes, using appropriate scope and sequence principles. The following subject areas will be included: causes, processes and effects of oral disease; plaque control; nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.

who: All participating K - 6th grade students

How Many: All targeted children

Intervention: Classroom instructional visits on oral health

Instrument: School visit records, teacher evaluations, home brushing contracts daily fluoride supplements

Method: Calculate total number of children in grades K - 6th targeted by the project receiving two instruction visits on oral health by June 30, 2001

Objective 3.2: By 10/16/00, all participating preschool students will receive a series of two instructional visits on oral health, each lasting approximately 30 minutes, using appropriate scope and sequence principles. The following subject areas will be included: causes, processes and effects of oral disease; plaque control; nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.

who: . All participating preschool students

How Many: All targeted children

Intervention: Classroom instructional visits on oral health

Instrument: School visit records, teacher evaluations, home brushing contracts

Method: Calculate total number of children in preschool targeted by the project receiving two instruction visits on oral health by June 30, 2001

Objective 3.3: By June 30, 2001, all participating preschools will be offered dental health education for parents which could include baby bottle tooth decay, causes, processes and effects of oral diseases, plaque control, nutrition; use of preventive dental agents, including fluorides and sealants; the need for regular dental care and preparation for visiting the dentist; and dental injury prevention.

Who: All participating preschools

How Many: All participating preschools

Intervention: Presentation for parents

Instrument: Sign-in sheets, copies of letters offering presentation, agendas and minutes

Method: Calculate total number of parents attending presentation

COMPONENT IV: Sealant Advisory Committee

Objective 4.1 By June 30, 2001 the Sealant Advisory Committee will hold at least two public meetings; which will include representative from at least education, the dental professions and parent groups; will assist in developing and reviewing the local project application; and will provide input on the need for and adequacy of local preventative oral health services for children.

- Intervention:** Hold meetings
- Instrument:** Meeting agendas, meetings minutes, roster of advisory committee members.
- Method:** Assure advisory committee held at least two meetings; included representatives from education, the dental professions and parent groups, assisted in developing and reviewed the local project application; and provided input on the need for and adequacy of local preventative oral health services for children.

Evaluation Objective

- Objective** By June 30, 2001 ten classrooms of 3rd grade students targeted by the project and receiving dental health education will demonstrate scores in knowledge and attitudes toward dental health that average at least 15% higher on post-test scores than on pre-test scores (before and after intervention).
- Who:** Third grade students
- How Many:** Ten classrooms targeted by the project.
- Intervention:** Classroom instructional visits on oral health.
- Instrument:** Pre-test and post-test on dental health knowledge and attitudes before and after intervention.
- Method:** Calculate percentage difference between pre-test and post-test.

BUDGET

DDPP Line Item Budget

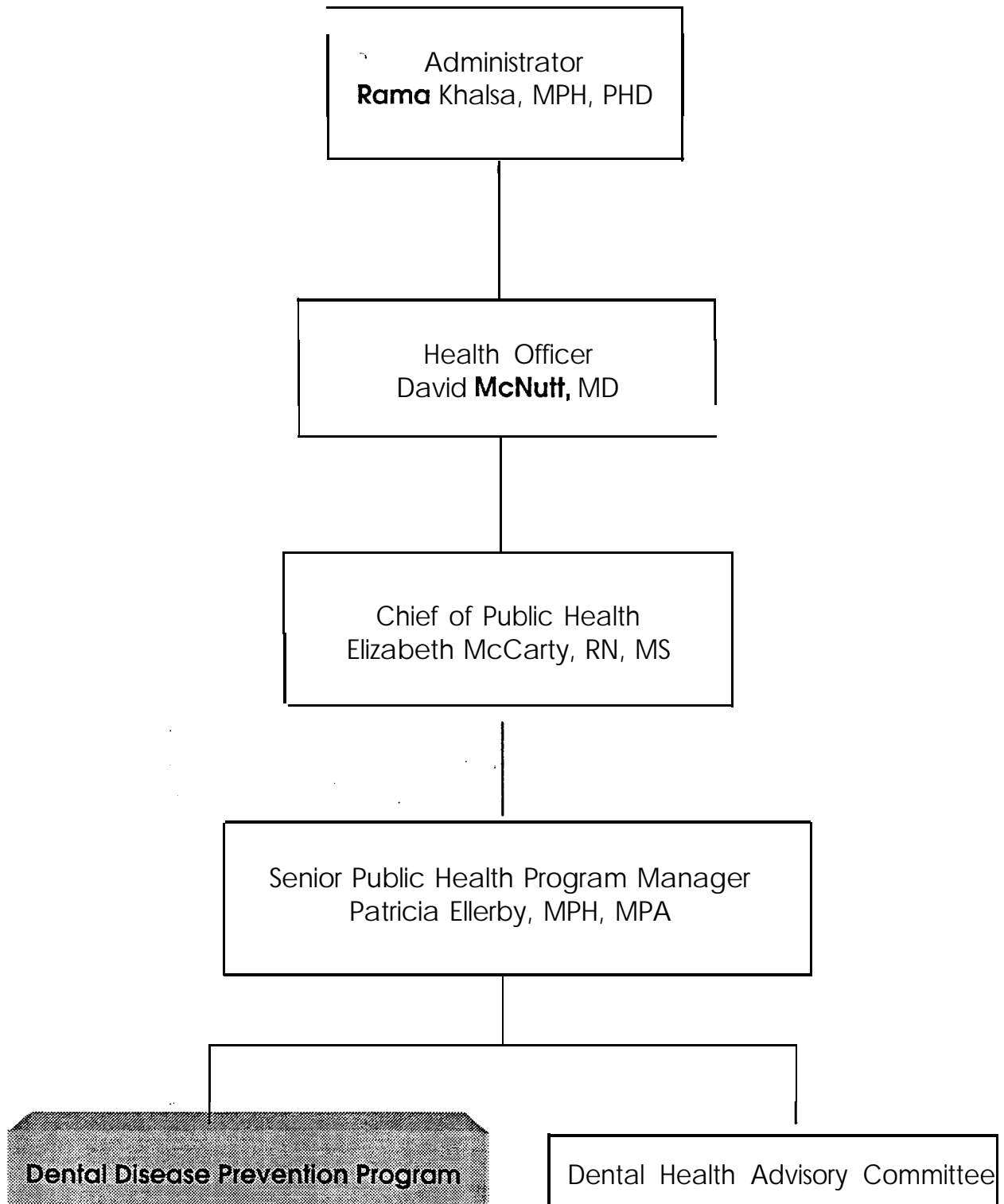
Contractor: Santa Cruz County Health Services Agency

| 1. Personal Services (include Funding | Proposed State |
|---|----------------|
| position & rate x time calculations) | \$ Amount |
| Health Program Specialist (1,470/biweekly x .50 FTE x 26 pay periods [applicant is contributing balance]) | \$17,997 |
| SUBTOTAL SALARIES | |
| 2. Fringe Benefits (State share not to exceed 30%) | 4,976 |
| SUBTOTAL PERSONAL SERVICES | |
| 3. INDIRECT COSTS (@ of Personal Services) (@ of Contractual Services) | |
| 4. General Expense | |
| 5. Expendable Supplies | |
| 6. Printing & Duplicating | |
| 7. Communications & Postage | |
| 8. Travel, Per Diem & Training | |
| 9. Contractual Services | |
| 10. Educational Materials | |
| 11. Rent & Utilities | |
| 12. Other (Specify) | |
| SUBTOTAL OPERATING EXPENSES (4-12) | |
| TOTAL | \$22,973 |

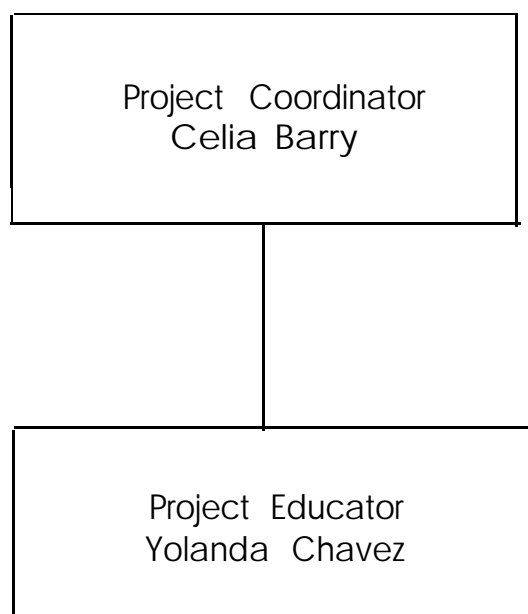
BUDGET SUMMARY

| BUDGET CATEGORY | PROPOSED SOURCES OF FUNDING | | | |
|--------------------------------|-----------------------------|-----------|---------|-----------|
| | State | Applicant | In-Kind | Other |
| A. Total Salaries | \$ 17,997 | \$ 1,113 | | \$ 19,110 |
| B. Fringe Benefits | \$ 4,976 | \$ 375 | | \$ 5,351 |
| TOTAL PERSONAL SERVICES | \$ 22,973 | \$ 1,488 | | \$ 24,461 |
| C. INDIRECT COSTS | | \$ 3,446 | | \$ 3,446 |
| D. General Expense | | \$ 200 | | \$ 200 |
| E. Expendable Supplies | | \$ 3,500 | | \$ 3,500 |
| F. Printing & Duplicating | | \$ 200 | | \$ 200 |
| G. Communications & Postage | | | | |
| H. Travel, Per Diem & Training | | \$ 1,500 | | \$ 1,500 |
| I. Contractual Services | | | | |
| J. Education Materials | | \$ 100 | | \$ 100 |
| K. Rent & Utilities | | | | |
| L. Other | | | | |
| TOTAL OPERATING EXPENSES | | | | |
| TOTAL | \$ 22,973 | \$ 10,434 | | \$ 33,407 |

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY DENTAL DISEASE PREVENTION PROGRAM



SANTA CRUZ COUNTY HEALTH SERVICES AGENCY DENTAL DISEASE PREVENTION PROGRAM



NONDISCRIMINATION COMPLIANCE STATEMENT

STD. 19 (REV. 2-93)

0125

COMPANY NAME

Santa Cruz County Health Services Agency

The company named above (hereinafter referred to as "prospective contractor") hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 (a-f) and California Code of Regulations, Title 2, Division 4, Chapter 5 in matters relating to reporting requirements and the development, implementation and maintenance of a Nondiscrimination Program. Prospective contractor agrees not to unlawfully discriminate, harass or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized to legally bind the prospective contractor to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

OFFICIAL'S NAME

Sandra Haugen

DATE EXECUTED

April 17, 2000

EXECUTED IN THE COUNTY OF

Santa Cruz

PROSPECTIVE CONTRACTOR'S SIGNATURE



PROSPECTIVE CONTRACTOR'S TITLE

Chief of Administrative Services

PROSPECTIVE CONTRACTOR'S LEGAL BUSINESS NAME

Santa Cruz County Dental Disease Prevention Program

DRUG-FREE WORKPLACE CERTIFICATION

0126

COMPANY/ORGANIZATION NAME

Santa Cruz County Health Services Agency

The contractor or grant recipient named above hereby certifies compliance with Government Code Section 8355 in **matters** relating to providing a drug-free workplace. The above named contractor **will**:

1. Publish a statement notifying employees that **unlawful** manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. **Establish** a Drug-Free Awareness **Program** as required by Government Code Section 8355(b), to inform employees about all of the **following**:
 - a. The dangers of drug abuse in the workplace;
 - b. the person's or organization's policy of maintaining a **drug-free** workplace;
 - c. any available **counseling**, rehabilitation and employee assistance **programs**, and;
 - d. penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c) that every employee who works on the proposed contract or grant:
 - a. **Will** receive a copy of the company's drug-free **policy** statement, and;
 - b. will **agree** to abide by the terms of the company's statement as a condition of employment on the contract or grant.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized **legally** to bind the contractor or **grant** recipient to the above described certification. I am fully aware that **this certification**, executed on **the date** and in the county below, is made under penalty of perjury under the laws of the State of **California**.

OFFICIAL'S NAME

Sandra Haugen

DATE EXECUTED

April 17, 2000

EXECUTED AT THE COUNTY OF

Santa Cruz

CONTRACTOR or GRANT RECIPIENT SIGNATURE**TITLE**

Chief of Administrative Services

FEDERAL I.D. NUMBER

94-6000534

Celia Barry

0127

123 Cayuga Street
Santa Cruz, CA 95062
(408) 423-9020

EDUCATION:

Master of Public Health; San Jose State University 8/89

Bachelor of Arts; In Political Science, University of California, Davis 6/80

PROFESSIONAL EXPERIENCE:

Senior Health Educator,
Health Services Agency, Santa Cruz, CA
8/93 to present

Program Skills

Responsible for planning, developing, **implementing** and evaluating a variety of health education programs including tobacco prevention, injury prevention, and dental disease prevention; provides health education consultation and develops cooperative relationships with a wide variety of individuals, groups, representatives within Agency and community; establishes and maintains coalitions; writes press releases and conducts press events; collects and **analyzes** data to identify **health** needs.

Management Skills

Responsible for writing grants and reports; analyzes and prepares contracts; manages budgets and invoicing for five health education programs with an **annual** budget of \$340,000; interprets and applies legislative regulations, administrative policies and procedures; supervises a staff of five full-time employees; selects, trains and evaluates staff.

Health Educator,
Health Services Agency, Santa Cruz, CA
9/89 to 8/93

Responsible for planning, implementing and evaluating health education programs including tobacco education, injury prevention, Child Health and Disability Prevention, emergency medical services, and environmental health.

PRESENTATIONS:

1995 California Traffic Safety Summit, San Diego
1994 California **Traffic** Safety Summit, Lake Tahoe
1992 **Traffic** Safety Cities Conference, Aptos

A W A R D S :

1995 National Highway **Traffic** Safety Administrator's Program of Excellence
1995 California **Office** of **Traffic** Safety award recipient

PUBLICATIONS:

Co-Editor for "The Bicycle Zone" curriculum guide, 1994

YOLANDA D. CHAVEZ
714 Fair Avenue, Santa Cruz, C-4 95060
(408) 425-0672 (home) - (408) 454-4141 (work)

RECENT EXPERIENCE:

0128

Health Program Specialist
Santa Cruz County-Health Services Agency, Santa Cruz, CA
2/89 to present

Responsible for developing and **facilitating** dental and presentations for the elementary schools in Santa Cruz County; evaluate and develop educational material for the schools and different **community clinics**; maintain resource library; **collect** and evaluate statistical data; assist in the research and **preparation** of reports; evaluate the effectiveness of program information and methods.

Responsible for facilitating a comprehensive child passenger safety curriculum being used at Santa Cruz County Headstart and Migrant Headstart **Programs**.

Presently implementing the **curriculum** at State Preschools in Santa Cruz County.

Dental Health Educator
Dientes Community Dental Clinic, Inc.
April 1, 1993

Developed curriculum for **DIENTES** Health Education Component.

Responsible for conducting Health Education sessions for families with information on baby **bottle** tooth decay, nutrition and dental health, and brushing instruction.

Clerk II
Santa Cruz County Health Services Agency, Santa Cruz, CA
4/86-2/89

Responsible for typing form letters and reports in finished form; typed drafts of reports and other material from rough copy or machine transcription; proofread finished copy and made correction; operated standard office equipment such as photocopy machine, adding machine and word **processor**; assisted the public by referring them to the appropriate personnel or location.

Bank Teller
Pacific Western Bank, Santa Cruz, CA
10/83 to 4/86

Responsible for various transactions, deposits, withdrawals, cashiers checks and bonds. Back-up for bookkeeping; balance checkbooks and open new accounts.

EDUCATION:

- **Cabrillo College** - 1988 - General Education
- San Jose State

SANTA CRUZ COUNTY

SEPTEMBER 1989

SENIOR HEALTH EDUCATOR

DEFINITION

Under direction, to plan, develop, supervise, evaluate and monitor a specific health education program(s) for the Health Services Agency; and to do other work as required.

DISTINGUISHING CHARACTERISTICS

This class is distinguished from the Health Educator class in that the incumbent is responsible for the preparation, administration and evaluation of a specific public health education program(s), grant contracts and budgets. In addition the incumbent supervises staff assigned to a specific program(s),

The class is distinguished from the Health Education Program Manager in that the latter manages the County-wide public health education program while this position is responsible for the preparation, administration and evaluation of the public health education efforts of a specific program(s).

TYPICAL TASKS

Plans, implements and evaluates a specific public health education program(s); assesses and identifies community needs for educational services in a specific program area(s); plans, organizes, designs, develops, evaluates public health education activities; carries out or directs others to carry out public health education activities including educational presentations and workshops; assists in the development and adaptation of data collection instruments and designs for assessment and evaluation activities; develops educational literature, flyers and provides information to the community; selects, trains, directs, evaluates and handles disciplinary problems of subordinate staff; seeks funding sources for specific public health education program(s); prepares grant proposals; develops memoranda of understanding and budgets; negotiates and monitors contracts with the State and other subcontractors.; develops and maintains liaison with interfacing State and County-departments, community organizations and the media; serves as the community leader of public health education efforts for a specific program(s); inputs, accesses and analyzes data using a computer.

EMPLOYMENT STANDARDS

Knowledges:

Thorough knowledge of the principles of public health education including program planning and evaluation;
Thorough knowledge of public health education methods and

SANTA CRUZ COUNTY

SEPTEMBER 19 87

HEALTH PROGRAM SPECIALIST

DEFINITION

Under general supervision, to develop, coordinate, implement and evaluate public health information and related education programs; and to do other work as required.

DISTINGUISHING CHARACTERISTICS

This class is responsible for planning, facilitating and disseminating health information and related programs to the community and community organizations. Positions in this class are distinguished from the higher level class of Health Educator in that Health Program Specialist positions do not perform consultative and technical educational services in major health program areas.

TYPICAL TASKS

Develops and facilitates the presentation of a wide variety of health information programs to community groups and organizations; plans and implements outreach activities by evaluating and developing educational health information programs, meetings and speakers bureau; maintains liaison between the Health Services Agency and other private or public agencies, professional groups and health care providers to present health information programs to the community and community organizations; maintains resource directories; writes letters, newsletters, agendas, bulletins and brochures; organizes and coordinates volunteer assistance, meeting facilities and program events; collects and evaluates statistical data; assists in the research and preparation of reports, grant proposals and budgets; evaluates the effectiveness of program information and methods; and may supervise volunteers, clerical or other staff.

EMPLOYMENT STANDARDS

Knowledges :

- Working knowledge of the methods and materials of health information and education;
- Working knowledge of the functions and objectives of public and private agencies and institutions that provide community health information and educational activities, programs and services; and
- Some knowledge of the theories and techniques of teaching and learning for groups such as youth, elderly, physical or mental handicapped, or the economically or socially disadvantaged.

1

DENTAL HEALTH ADVISORY COMMITTEE MEMBERS

0131

Cathleen Filpatrick
PVUSD Nurse
294 Green Valley Road
Watsonville, CA 95076

Yolanda Chavez
Health Services Agency
Health Program Specialist
P.O. Box 962
Santa Cruz, CA 95060

Shahe Mountafian
PVUSD Nurse
Ohlone Elementary School
21 Bay Farms Road
Watsonville, CA 95076,

Maria Carmen Hernandez
Healthy Start Program
Ohlone Elementary School
21 Bay Farms Road
Watsonville, CA 95076

Laurie Hester
Santa Cruz Head Start
408 E. Lake Avenue
Watsonville, CA 95076

Doris Downs
Healthy Start Program
Salsipuedes Elementary School
115 Casserly Road
Watsonville, CA 95076

Elaine Glunt
Welfare Parents Support Group
Volunteer Coordinator
506 Broadway Street
Santa Cruz, CA 95062

Roy Jimenez
Growth & Opportunity Child Care
Program
40 Brennan Street
Watsonville, CA 95076

Jay Balzer
Dientes Community Dental Clinic
930 Mission Street
Santa **Cruz**, CA 95060

Jeff Richman
PVUSD Nurse
Freedom Elementary School
25 Holly Road
Watsonville, CA 95019

Celia Barry
Health Services Agency
Senior Health Educator
P.O. Box 962
Santa Cruz, CA 95060



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1070 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4141 FAX: (831) 454-5048 TDD: (831) 454-4123

Health Education Programs

April 17, 2000

Laurie Staszak
Office of Dental Health Services
Continental Plaza/MS 253
P.O. Box 942732
Sacramento, CA 94234-7320

Dear Ms. Staszak,

I have reviewed the 2000-01 Santa Cruz County Health Services Agency's Happy Tooth Dental Disease Prevention Program proposal.

I support the program's goals: providing fluoride supplements to preschool through sixth grade students with parental permission, conducting lessons in toothbrushing and providing toothbrushes, presenting oral health sessions on nutrition, fluoride, dental care, and other dental issues, and advocating for community oral health needs.

I strongly support the Happy Tooth Program and urge you to continue funding this valuable community program.

Sincerely,

Laurie Hester
Santa Cruz Head Start
Acting Chairperson, Dental Health Advisory Board



County of Santa Cruz .

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1070 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4141 FAX: (831) 454-5048 TDD: (831) 454-4123

Community Health and Prevention Programs

Exhibit A
State of California
Department of Health Services
Office of Dental Health Services
Sample Blanket Prescription

Q Daily Fluoride Tablet

Sample R_x: For all pre K children in the County of Santa Cruz
(grade level) (jurisdiction: county, school district)

Happy Tooth Program who have parental consent.
(program name)

R.: 0.55 mg sodium, fluoride tablets
(dosage: 0.55 mg, 1.1 mg or 2.2 sodium fluoride)*

Sig: One (1) tablet per day, to be chewed in the mouth for 30 seconds, swished between the teeth for 30 seconds, then swallowed. Nothing by mouth, including water, for 30 minutes following treatment.

Michele Violich M.D.
Signature

Michele Violich, M.D.

Name (Print plainly)

1080 Emeline Avenue
Address

Santa Cruz, CA 95060

City, State, Zip

3/28/00
Date

(831)454-4066

Phone

A054619
License Number

Copies: Original prescription should be kept on permanent file by the program coordinator and a copy sent to the Office of Dental Health Services with the initial or renewal program application.

Renewals: A new blanket prescription should be written each school year by the advisory dentist, the local health officer, or other qualified dentist or physician.

- In calculating the supplemental fluoride dosage, both the child's age and the fluoride concentration in all major sources of drinking water (e.g., home and school) need to be considered, since fluoride content and water supplier can vary greatly within a region. Refer to Daily Fluoride Tablet Program Guidelines for appropriate dosage to prescribe. 2.2 mg sodium fluoride contains 1 mg fluoride, 1.1 mg sodium fluoride contains 0.5 mg fluoride and 0.55 contains 0.25 mg fluoride.



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1070 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

(831) 454-4141 FAX: (831) 454-5048 TDD: (831) 454-4123

Community Health and Prevention Programs

Exhibit A

State of California

Department of Health Services

Office of Dental Health Services

Sample Blanket Prescription

☒ Daily Fluoride Tablet

Sample R.: For all k-6 children in the County of Santa Cruz
(grade level) (jurisdiction: county, school district)

Happy Tooth Program who have parental consent.
(program name)

R.: s o l . 1 . 1 m g m f l u o r i d e t a b l e t s
(dosage: 0.55 mg, 1.1 mg or 2.2 sodium fluoride)*

Sig: One (1) tablet per day, to be chewed in the mouth for 30 seconds, swished between the teeth for 30 seconds, then swallowed. Nothing by mouth, including water, for 30 minutes following treatment.

Michele Violich M.D.
Signature

3/28/00
Date

Michele Violich, M.D.
Name (Print plainly)

(831)454-4066
Phone

1080 Emeline Avenue
Address

A054619.
License Number

Santa Cruz, CA 95060
City, State, Zip

Copies: Original prescription should be kept on permanent file by the program coordinator and a copy sent to the Office of Dental Health Services with the initial or renewal program application.

Renewals: A new blanket prescription should be written each school year by the advisory dentist, the local health officer, or other qualified dentist or physician,

- In calculating the supplemental fluoride dosage, both the child's age and the fluoride concentration in all major sources of drinking water (e.g., home and school) need to be considered, since fluoride content and water supplier can vary greatly within a region. Refer to Daily Fluoride Tablet Program Guidelines for appropriate dosage to prescribe. 2.2 mg sodium fluoride contains 1 mg fluoride, 1.1 mg sodium fluoride contains 0.5 mg fluoride and 0.55 contains 0.25 mg fluoride.

Dental\00-01rfp\prescription.frm 3/00