

Intervention Report Form (IRF) Instructions

LOHP conducts *many* different types of activities. The following table shows the interventions/activities we are going to focus reporting on.

Oral Health Collaborative/Workgroup_ Attendance_1.1.C(B)
Oral Health Collaborative/Workgroup_ Member Technical Assistance (Reaching Out To Members, Responding To Member Requests)
Medical Partners _ OH Ed/Literacy_ Recruitment Of Champion Partners_5.2(A)
Medical Partners _ OH Ed/Literacy_ Recruitment Of Primary Care Offices_6.1.D(B)
Medical Partners _ OH Ed/Literacy_ Technical Assistance – Materials Distributed Targeting Providers_5.3.A(A)
Medical Partners _ OH Ed/Literacy_ Technical Assistance – Materials Distributed Targeting Clients/Community_5.3.A(A)
Medical Partners_ OH Ed/Literacy Trainings_5.3(B-C)
Health Care Organizations And Systems_ OH Ed/Literacy _ Technical Assistance – Outreach Materials_6.1.C(A)
BBB Campaign_ OH Ed/Literacy _ Champion Recruitment
BBB Campaign_ OH Ed/Literacy _ Champion Development – Trainings_5.1(C)
Providers_ OH Ed/Literacy_ Quality Improvement– Recruitment Of Partners_6.4(A)
Providers _ OH Ed/Literacy_ Quality Improvement– Partner Trainings_6.4.A(A) And 6.4.D(A)
Community Partner _ OH Ed/Literacy _ Recruitment Of Partners_3.2(C)
Community Partner_ OH Ed/Literacy _ Trainings_3.2.E(B)
KOHA_School District/Site_ KOHA Eligible School Recruitment_3.1.G(C)
KOHA_Non-School Key Partners _Recruitment Of Partners_3.1.G(A)
KOHA_ Distribution Of KOHA Related Community Materials_5.3.A(A)
KOHA_School District/Site_ Technical Assistance – SCOHR Reporting_3.1.D(D)
KOHA_School District/Site_ On-Site Dental Assessment_3.1.H(D-E)
KOHA_School District/Site_ On-Site Preventive Care – Sealants_2.3.E(B)
KOHA_School District/Site_ On-Site Preventive Care – Fluoride_2.3.E(C)
KOHA_School District/Site_ On-Site Preventive Care – Toothbrush_2.3.E(D)
KOHA Family_ Materials Distributed – Sealants_2.2.D(A)
KOHA Family_ Materials Distributed– Fluoride_2.2.D(B)
KOHA_Family_ Education Session For Parents/Families_2.2.G(A &B)
KOHA_Family_Linkage To Care – Patients Initially Contacted For Referral_2.3(D)
KOHA_Champion Recruitment_3.1.C(A)
KOHA_Champion Development– Trainings
Outreach Activities (Tabling/Booths)
Water Fluoridation_Technical Assistance – Operators/Engineer Trainings_2.4.A(A)
Water Fluoridation_Technical Assistance – Community Trainings_2.4(C)
Staff Development And Training

Please only **complete 1 intervention report form per intervention activity**. If multiple staff members are participating in a specific activity only one staff member should be submitting an intervention report form.

We can decide, as a team, which members will be responsible for submitting specific intervention report forms.

BEFORE starting to fill out the intervention report form for a particular activity be sure to gather the following metrics. Every activity you complete will require you to provide the following:

- **Intervention Start/End Date**

If the intervention was only performed on one day, enter the same date in the “start date” and “end date” boxes. Include the slashes in your entry.

If the intervention was completed on a single day, please enter the same date for start and end. For interventions reported per week, in aggregate, please enter the first and last day of the week.

Enter responses in the mm/dd/yyyy format.

START DATE

END DATE

- **Reach**

The number of persons reached by the intervention being reported.

- **Episodes**

The number of times the intervention was implemented.

If the entry is for a single intervention episode (e.g., 1 community event, 1 TA request fulfilled) then enter 1 in the box. If the intervention activity being reported on is aggregated over a period of time, enter the number of times this intervention was implemented over the week specified (e.g., 3 days in a week where oral health assessments were held at the same site= 3 episodes).

Please enter the number of persons this intervention reached ("Reach") and the number of times this intervention was implemented over the period specified ("Episodes").

REACH
(Number of persons reached by the intervention being reported)

EPISODES
(If this entry is for a single intervention episode enter a '1'. If reported in aggregate over a period of time, enter the number of times this intervention was implemented over the dates specified above.)

- Names of OC HCA LOHP staff who have participated in the intervention activity being reported.

Please indicate the name(s) of OC HCA staff who performed/participated in the intervention. Staff include: Henry Torres, Iris Corpus, Jerome Samonte, and others.

If more than one staff person was involved, please enter your name (the person completing the reporting form) in the "STAFF 1 (Primary)" field, followed by other staff that assisted in the intervention. **ONLY ONE PERSON** (the "primary") should complete an intervention reporting form per activity.

Staff 1 (Primary)

Staff 2

Staff 3

Staff 4

Staff 5

- The language(s) that an intervention was delivered in.

ANY language used in ANY capacity will be documented in this question (e.g., at a community event where we distributed materials in English, but we engaged with a Spanish speaking person (in Spanish) about the work we do, we would check both English AND Spanish).

Please select the language(s) in which the intervention was implemented. Mark all that apply.

English

Spanish

Vietnamese

Other (please specify)

- Narrative

Notes on activity that would be useful to document/specify. Instructions give examples of the types of information that could be included here.

Please enter any brief narrative details that contribute to a complete description of this intervention report. AS APPLICABLE, include things like event names, media titles, types of materials that were distributed, overall observations from the activity/our audience, etc.

Now that you are prepared with the information that will be required for **every** IRF entry, we will discuss how to select the LOHP intervention activity code you are reporting on and additional data that you may need to properly document that activity.

At the start of the survey, you will be asked the following:

Please select the LOHP intervention activity that is being reported on.

Upon clicking the dropdown, the following intervention activity codes will be available for selection:

- Oral Health Collaborative/Workgroup_ Attendance_1.1.C(B)
- Oral Health Collaborative/Workgroup_ Member Technical Assistance (Reaching Out To Members, Responding To Member Requests)
- Medical Partners _ OH Ed/Literacy_ Recruitment Of Champion Partners_5.2(A)
- Medical Partners _ OH Ed/Literacy_ Recruitment Of Primary Care Offices_6.1.D(B)
- Medical Partners _ OH Ed/Literacy _ Technical Assistance – Materials Distributed Targeting Providers_5.3.A(A)
- Medical Partners _ OH Ed/Literacy _ Technical Assistance – Materials Distributed Targeting Clients/Community_5.3.A(A)
- Medical Partners _OH Ed/Literacy Trainings_5.3(B-C)
- Health Care Organizations And Systems_ OH Ed/Literacy _ Technical Assistance – Outreach Materials_6.1.C(A)
- BBB Campaign_ OH Ed/Literacy _ Champion Recruitment
- BBB Campaign_ OH Ed/Literacy _ Champion Development – Trainings_5.1(C)
- Providers_ OH Ed/Literacy_ Quality Improvement– Recruitment Of Partners_6.4(A)
- Providers _ OH Ed/Literacy_ Quality Improvement– Partner Trainings_6.4.A(A) And 6.4.D(A)
- Community Partner _ OH Ed/Literacy _ Recruitment Of Partners_3.2(C)
- Community Partner_ OH Ed/Literacy _ Trainings_3.2.E(B)
- KOHA_School District/Site_ KOHA Eligible School Recruitment_3.1.G(C)
- KOHA_Non-School Key Partners _Recruitment Of Partners_3.1.G(A)
- KOHA_ Distribution Of KOHA Related Community Materials_5.3.A(A)
- KOHA_School District/Site_ Technical Assistance – SCOHR Reporting_3.1.D(D)
- KOHA_School District/Site_ On-Site Dental Assessment_3.1.H(D-E)
- KOHA_School District/Site_ On-Site Preventive Care – Sealants_2.3.E(B)
- KOHA_School District/Site_ On-Site Preventive Care – Fluoride_2.3.E(C)
- KOHA_School District/Site_ On-Site Preventive Care – Toothbrush_2.3.E(D)
- KOHA Family_ Materials Distributed – Sealants_2.2.D(A)
- KOHA Family_ Materials Distributed– Fluoride_2.2.D(B)
- KOHA_Family_ Education Session For Parents/Families_2.2.G(A &B)
- KOHA_Family_Linkage To Care – Patients Initially Contacted For Referral_2.3(D)
- KOHA_Champion Recruitment_3.1.C(A)
- KOHA_Champion Development– Trainings
- Outreach Activities (Tabling/Booths)
- Water Fluoridation_Technical Assistance – Operators/Engineer Trainings_2.4.A(A)
- Water Fluoridation_Technical Assistance – Community Trainings_2.4(C)
- Staff Development And Training

In addition to the mandatory data that will be collected across all of these different activities, referenced in the first few pages of the guide, there are additional types of data relevant for **some** activities. The following are the additional data we will be collecting, **WHEN APPLICABLE**.

- **Hours** (only for the “Staff Development and Training” activity)
Time taken for the activity being reported.

Provide additional information on your intervention activity.

HOURS
(Time taken for the activity being reported)

- **Kits Distributed** (only for the “Outreach Activities (Tabling/Booths)” activity)
Number of kits distributed for the intervention being reported.

Provide additional information on your intervention activity.

KITS DISTRIBUTED
(Number of kits distributed for the intervention being reported)

- **Contact information** (necessary for any activities/work that is linked to a particular site or partner)
Contact information of a primary contact at the organization that is getting the intervention activity.

AS APPLICABLE, please enter the contact information for the primary contact at the organization receiving the intervention. Please enter information consistently and accurately.

Name

Email

Organization

City

- **Geographic information** (necessary for any activities/work that is linked to a particular site)

Enter the following information **ONLY IF** an intervention is associated with a geographical location or specific site.

Note that virtual delivery of services/materials etc. that will be used in a particular geographic area or site should be reported in this section. Please provide the physical address of the geographic location/site that our virtual efforts are impacting

Enter the address/city/ZIP for the point of delivery of your intervention. If a street address is not possible, please enter nearest cross streets. Please validate address in Google Maps/Bing before entering below.

Name of Location
(e.g., Peak Park, Los Cerritos Elementary, etc.)

Address

City

Zip

- **OUTCOMES**

The following intervention activities contribute to some type of outcome (ex., recruiting medical partners as champions leads to the outcome of champions that work with/affiliate with LOHP). When reporting on intervention activities in the left column below you will be prompted in the survey to enter information on potential outcomes associated with that activity. **Be sure to enter a number for each outcome that you are prompted to report on. If an outcome hasn't happened yet, you will enter a 0. Do NOT leave an outcome blank.**

Intervention Activity	Types of Intervention Activity Outcomes
Medical Partners _ OH Ed/Literacy_ Recruitment Of Champion Partners_5.2(A)	Medical Partners _ OH Ed/Literacy_ Champion Partners Affiliated With LOHP_5.2(A)Outcome 5.2(A): List Of Health Literacy Champions For Partner Outreach
Medical Partners _ OH Ed/Literacy_ Recruitment Of Primary Care Offices_6.1.D(B)	Medical Partners _ OH Ed/Literacy_ Primary Care Offices Affiliated With LOHP_6.1.D(B)Outcome 6.1.D(B): List Of Primary Care Offices And Cbos Identified
	Medical Partners_ OH Ed/Literacy _ Adoption Of

	Health Literacy Component 5.2.B(A)Outcome 5.2.B(A): Number Of Dental Offices With Added Oral Health Literacy Component
BBB Campaign_ OH Ed/Literacy _ Champion Recruitment	BBB Campaign_ OH Ed/Literacy _ Champion Partners Affiliated With LOHP (Outcome)
Providers_ OH Ed/Literacy_ Quality Improvement– Recruitment Of Partners_6.4(A) 6.4(A): List Of Providers Recruited For Preventive Dentistry Program	Providers_ OH Ed/Literacy_ Quality Improvement– Partners Affiliated With LOHP_6.4(A)Outcome
Community Partner _ OH Ed/Literacy _ Recruitment Of Partners_3.2(C)	Community Partner _ OH Ed/Literacy _ Partners Affiliated With LOHP_3.2(C)Outcome 3.2(C): List Of Key Partners Recruited
	Community Partner _ OH Ed/Literacy _ Partner Convening Meetings_3.2.B(A)Outcome 3.2.B(A): Schedule Of Key Partners Meetings
KOHA_ School District/Site_ KOHA Eligible School Recruitment_3.1.G(C) 3.1.G(C): List Of KOHA Targets Identified	KOHA_ School District/Site_ KOHA School Partners Affiliated With LOHP_2.2.A(A)Outcome 2.2.A(A): List Of Participating And Identified Schools And Grades [Schools That Say Yes To KOHA Work-Outcome]
	KOHA _ Linkage To Care_ School Partners Participating In Linkage_2.1.B(A)Outcome 2.1.B(A): List Of Participating And Identified Schools And Grades
KOHA_ Non-School Key Partners _ Recruitment Of Partners_3.1.G(A)	KOHA_ Non-School Key Partners _Partners Affiliated With LOHP_3.1.G(A)Outcome 3.1.G(A): List Of KOHA Key Partners [Partners Outside Of Schools, PTA Etc.]
KOHA_ Family_ Linkage To Care – Patients Initially Contacted For Referral_2.3(D) 2.3(D): Patient Contact	KOHA_ Family_ Linkage To Care – Patients Who Actually Received Referrals_2.3.F(B)Outcome 2.3.F(B): Number Of Referrals
	KOHA_ Family_ Linkage To Care – Follow Ups Post Dental Visit_ Patient Received Care_2.3.F(D)Outcome 2.3.F(D): Number Of Successful Referrals
	KOHA_ Family_ Linkage To Care – Follow Ups Post Dental Visit_ Patient Needs Met By Services_2.3(E-F)Outcome 2.3(E): Receipt Of Services (Linkage To Care) 2.3(F): Need Resolution
KOHA_ Champion Recruitment_3.1.C(A)	KOHA_ Champions Affiliated With LOHP And KOHA Efforts_3.1.C(A)Outcome

	3.1.C(A): List Of KOHA Champions
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