

COMMUNITY PLANNING COLLABORATIVE ASSIGNMENT

FOREVER SMILES EDUCATIONAL SEMINAR



Google Image

DHYG 240 - Dental Public Health

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TARGET POPULATION

The target population for this program is the caregivers of the preschool children. Caregiver, for the purpose of this program, is defined as a parent, guardian or adult that primarily is responsible for multiple aspects of the child's well-being, including oral home care.

CLINICAL ASSESSMENT DATA

Reference Page 13 for clinical assessment data.

SUMMARY

Chart 1-1 Race/Ethnicity Based on the given data, the majority of the preschool children that participated in the oral health screening were predominantly Caucasian at 51.9%. The next largest group was of Hispanic/Latino ethnicity at 18.5%. The remaining 29.6% represented a combination of multiple races/ethnicities including but not limited to Black/African American and American Indian/Alaskan.

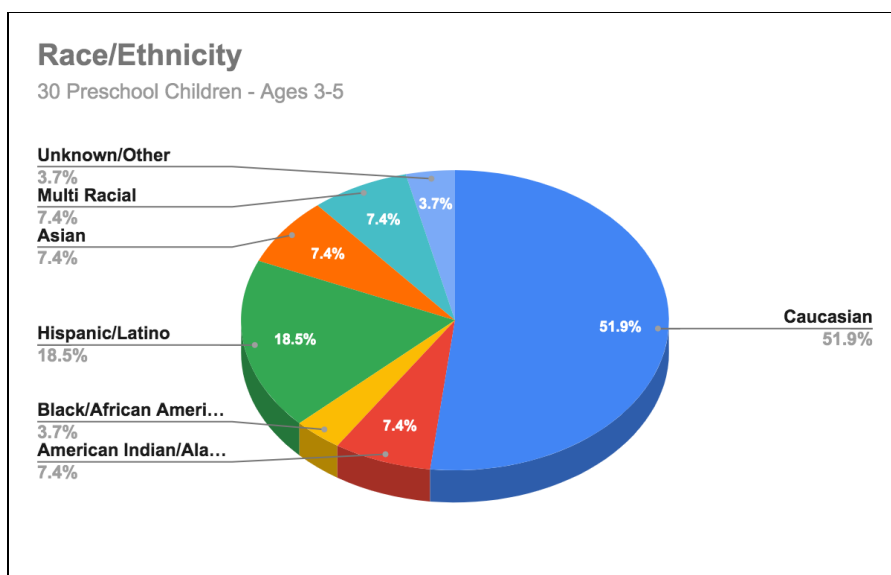


Chart 1-1 Race/Ethnicity
Chart 1-1 represents the diversity of race/ethnicity in a group of 30 preschool children, ages 3-5, in which an oral health screening was conducted.

Chart 1-2 Caries Experience When 30 preschool children were assessed to see whether or not they had experienced tooth decay, the vast majority at 85.7% were reported to have had caries.

Chart 1-3 Untreated Cavities The same 30 preschool children were assessed to see if those same caries had or had not been treated. Approximately, 71.4% had untreated cavities.

Chart 1-2 Caries Experience
This chart represents whether the preschoolers have or have not experienced caries.

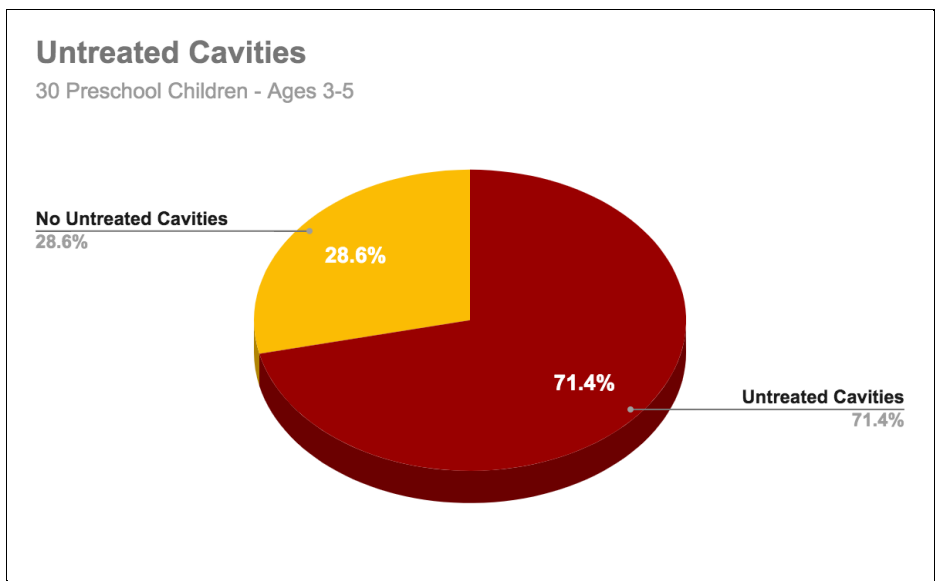
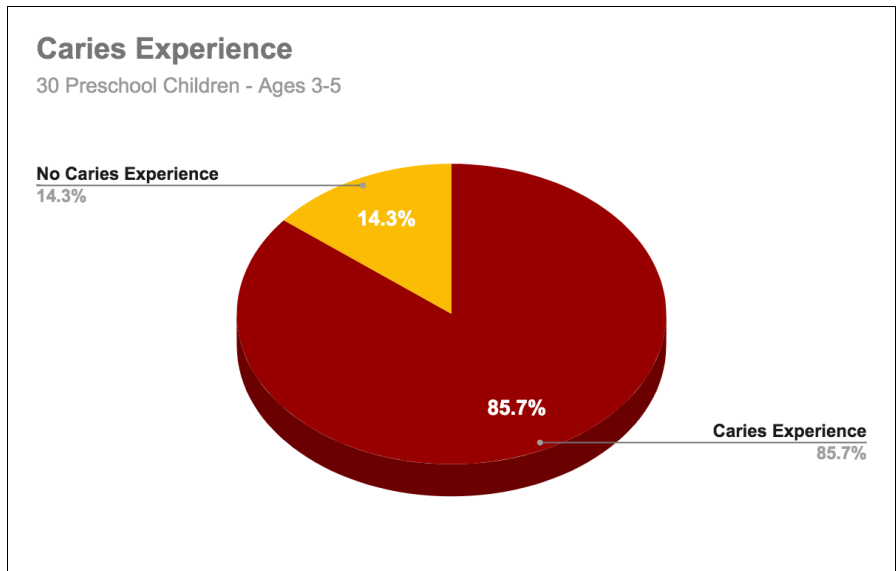
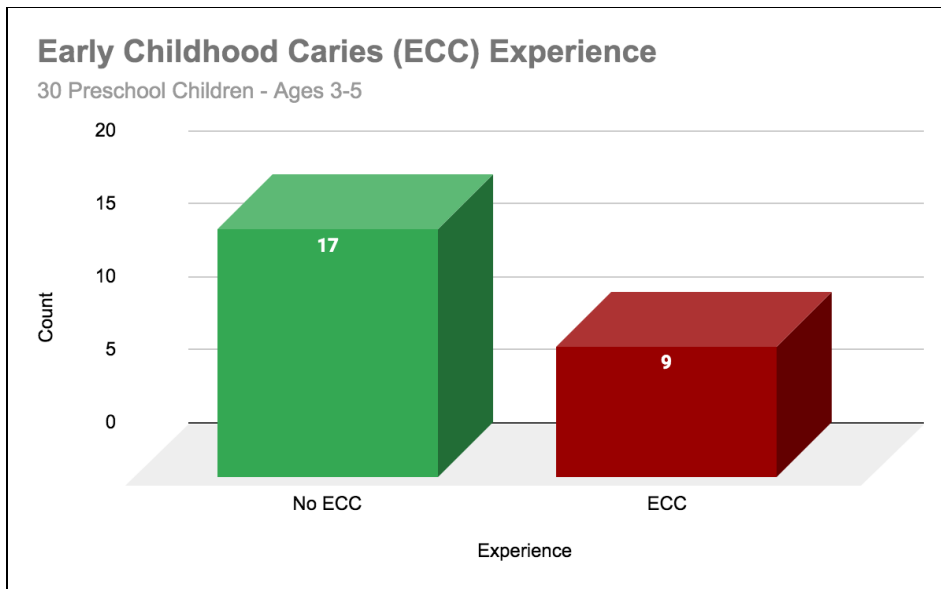


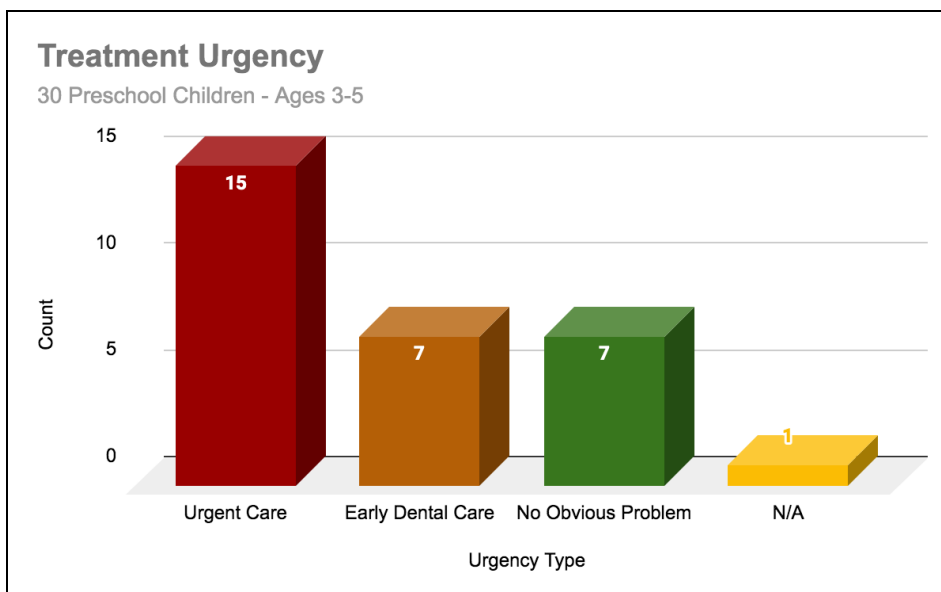
Chart 1-3 Untreated Cavities
This chart represents the percentage of cavities that have or have not been treated.

Graph 1-4 Early Childhood Caries (ECC) Experience Graph 1-4 shows that 9 out of 30 preschool children had already experienced early childhood caries.



Graph 1-4 Early Childhood Caries (ECC) Experience
Graph 1-4 shows the difference in whether or not each preschooler had early childhood caries.

Graph 1-5 Treatment Urgency Graph 1-5 breaks down the urgency type needed for the preschoolers with untreated cavities. 15 of the 30 preschoolers needed urgent care, while the remainder of the preschoolers either needed early dental care or had no obvious problems. One preschooler was uncooperative and did not participate in the screening, therefore “N/A” is included in Graph 1-5.



Graph 1-5 Treatment Urgency
Graph 1-5 shows the type of treatment urgency that was required from screening 30 preschoolers. Treatment urgency type ranging from Urgent Care to No Obvious Problem.

DISCUSSION FOR SECONDARY ASSESSMENT

After careful evaluation of our primary data, we saw there was a trend of having a high caries experience paired with untreated cavities. These preschool children vary from ages 3-5, which is still extremely young. They are still developing learning mechanisms and their dexterity is not fully developed. 50% of the preschoolers needed urgent care from untreated cavities.

From these findings, our group found it best to conduct an additional survey to the caregivers of the preschool children who would likely have a major influence on and responsibility over the oral home care of these children. This would allow us to further evaluate aspects such as if the household had access to dental care, if oral health was being prioritized in their household and how involved the caregivers were in regards to brushing their preschooler's teeth. A survey tool was used to conduct this assessment and was sent home with every child for their primary caregiver to fill out. *Reference Page 14 for the secondary assessment raw data.*

SECONDARY ASSESSMENT DATA

SUMMARY OF SECONDARY ASSESSMENT

Our secondary assessment data had the goal of evaluating the following areas: the priority placed on dental care in the children's homes, the caregivers' level of access to professional dental care, the caregivers' level of personal responsibility regarding their children's dental homecare, and certain aspects of the dental health literacy of the caregivers.

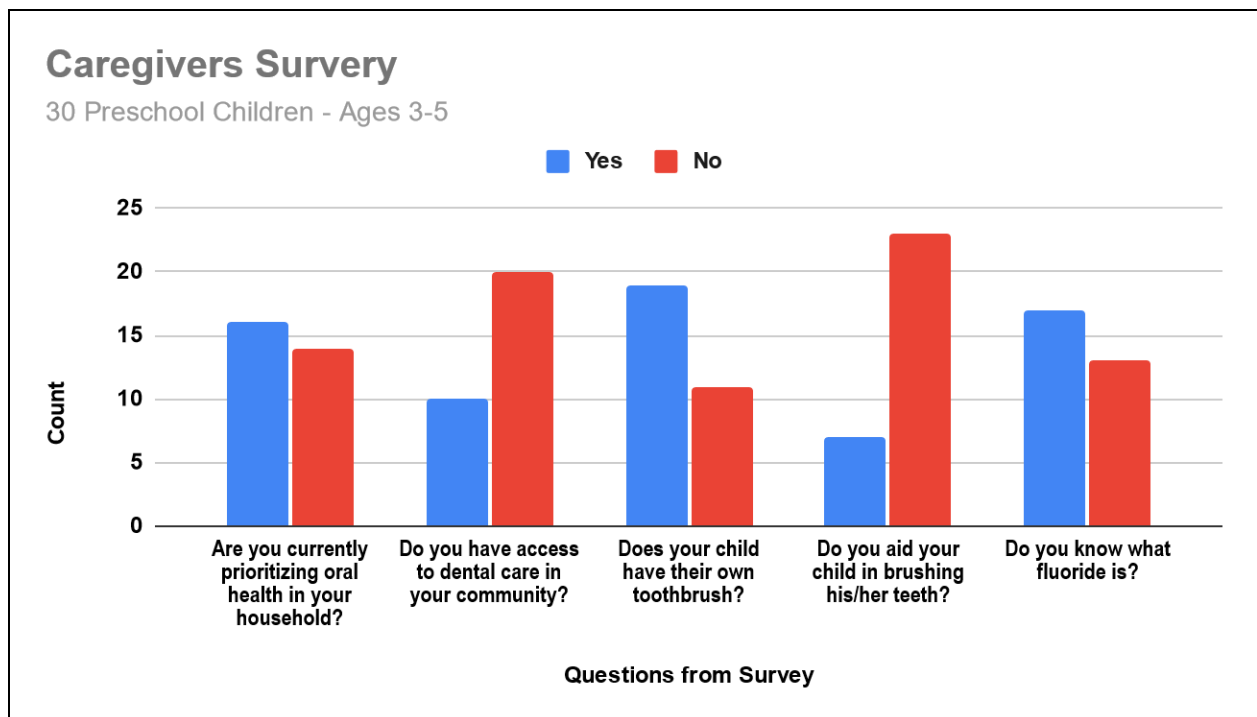
All 30 Caregiver Surveys were collected and assessed. Refer to Graph 1-6 Caregivers Survey below. The first question asked if the family was currently prioritizing oral health care: 16 caregivers (53.3%) marked yes and 14 caregivers (46.6%) marked no. The second question asked if the family had access to dental care within their

community: 10 caregivers (33.3%) marked yes and 20 caregivers (66.6%) marked no. The third question asked if the preschooler has their own toothbrush: 19 caregivers (63.3%) marked yes and 11 caregivers (36.6%) marked no. The fourth question asked if the caregiver aids their child in brushing their teeth: 7 caregivers (23.3%) marked yes and 23 caregivers (76.6%) marked no. The fifth and final question asked if the caregivers knew what fluoride was: 17 caregivers (56.6%) marked yes and 13 caregivers (43.3%) marked no.

With this data, we can see that 76.6% of caregivers do not aid their preschooler in brushing their teeth. This is alarming as we know children ages 3-5 are still learning dexterity, therefore, they are unable to efficiently brush their own teeth without some guidance and aid. We can also see that 66.6% of caregivers do not have access to dental care within their local community. This could be due to lack of transportation, insurance, or money. Those were the two questions with the largest gap.

Graph 1-6 Caregivers Survey

Graph 1-6 shows the results of a secondary survey given to the caregivers of the 30 preschool children after the initial oral health screening.



CONCLUSIONS LEADING TO IDENTIFY GOALS & OBJECTIVES

Our findings revealed a lack of urgency regarding participatory guidance and an additional lack of health literacy regarding dental homecare. When analyzed together, the primary and secondary assessments showed an urgent need for caregiver instruction in order to help prevent future incidence of tooth decay. Taking into account the high prevalence of caries among the preschool class, the lack of participatory guidance and health literacy among the caregivers, and our current level of available manpower, we found it prudent to design a program that addressed the need for further education regarding oral health care, maintenance and demonstration.

GOALS & OBJECTIVES

GOALS

1. Educate caregivers on the importance of maintaining oral health and seeking regular prophylactic treatment.
2. Provide information to caregivers regarding affordable dental care in the area.
3. Educate caregivers on how to provide adequate homecare to their children to reduce the incidence of future dental caries.

OBJECTIVES

Following the Forever Smiles educational seminar and demonstration:

1. The caregivers will be able to verbally explain the importance of brushing twice a day with fluoride toothpaste.
2. The caregivers will be able to verbally explain the importance of taking their children to dental appointments regularly.
3. The caregivers will be able to identify affordable dental care facilities within close proximity.

4. The caregivers will be able to verbally explain the importance of helping their children brush their teeth.
5. The caregivers of the preschool children will be able to demonstrate how to clean their children's teeth effectively.

PROGRAM PLANNING CONSIDERATIONS

PROGRAM FUNDING, BUDGET & OTHER CONSIDERATIONS

Forever Smiles is an educational seminar with limited budget resources and manpower. Our program's budget is \$600. With the assistance of a local Philanthropist, Freddy Frenum, funding will graciously be provided by both Oral B and Freddy Frenum, himself. Both funders have decided to equally split the cost of our program. In addition, Oral B will be donating the Take Home Activity in the Home Care Bag provided to further engage and enhance the preschoolers' learning experience.

Listed below are individual considerations including the manpower to run the program, the budget and the program itinerary.

MANPOWER

- One caregiver per child attending educational seminar = 30 caregivers
- RDH Staff Volunteers = 5
- A/V Staff Volunteer (provided by Smiles Preschool) = 1
- Spanish Translator Volunteer = 1
- Preschool Teachers Volunteers = 2
- **TOTAL PERSONS = 40**

BUDGET

The total budget for Forever Smiles is \$600. *Reference Page 16 for an Itemized Budget.*

- Printing Resources
 - 40 Clinic Lists
 - 40 Pamphlets
- Projector, screen and A/V resources
- 30 Take Home Activities
- 60 Red Cote Tablets - (2 tablets per preschooler)
- 50 Toothbrushes (Home care bag distribution and demonstration)
- 7 Typodonts (Demonstration)
- 30 Toothpastes
- 31 Timers
- 30 Home care bags
- 40 chairs
- 8 tables

EDUCATIONAL SEMINAR PROGRAM ITINERARY

Forever Smiles will be held in the gym of Smiles Preschool. There will be one presenter (An RDH Staff) with a PowerPoint presentation to review the following topics:

1. Cavity & Fluoride Education
2. Where To Find Dental Care
3. Participatory Guidance & How to Brush Your Teeth
4. Home Care Bag

Cavity & Fluoride Education Discussion

- What is a cavity?
- Importance of treatment of cavities in primary teeth
- How to prevent cavities

- Explain benefits and risks of fluoride
- Where to buy/incorporate fluoride into daily routine

Where To Find Dental Care Discussion & Distribution

- List of private dental offices that accept insurance
- List of private dental offices that accept Medicaid
- List of school clinics, safety net clinics or public health clinics that provide dental care at free or affordable costs

Participatory Guidance & How to Brush Your Teeth Discussion & Demonstration

- What is participatory guidance and why it is important?
- Using Red Cote as visual aid for effective brushing
- Amount of toothpaste
- Brushing technique
- Brushing timeframe
- Spit don't rinse
- Demonstration of how to brush teeth

Home Care Bag - Distribution

- What is in your homecare bag
 - Manual toothbrush
 - Fluoridated toothpaste
 - Red Cote tablets
 - Timer
 - Take Home Activity
 - Pamphlet - High level overview of the program topics available in both English & Spanish. (Other languages will be available and sent upon request.)

FORMATIVE EVALUATION

There are a total of 30 caregivers attending this program which will be split into groups of five, for a total of six groups. Each group will have either an RDH Staff or a Preschool teacher as their Demonstrator. The Demonstrator will allow time for Question/Answer breaks to evaluate the understanding of the information being presented. The Demonstrator will also evaluate each individual caregiver's brushing technique on a typodont. Throughout the presentation, the presenter will encourage questions at any time and engage the caregivers in active discussion as another form of evaluation.

PROGRAM EVALUATION MECHANISMS

SUMMATIVE EVALUATION

To conduct the summative evaluation, we would utilize a survey tool to measure the results of the program. We would provide a feedback survey in both English and Spanish (other languages available upon request) after the distribution of the Home Care Bags before the closure of the seminar. This would ensure 100% participation and a more accurate evaluation of our program with it being at top of mind. The following questions are on the feedback survey. *Reference Page 17 for the Feedback Survey tool.*

1. Were you happy with your experience at the program?
2. Was the educational seminar informative and/or helpful to you?
3. How likely are you to implement what you have learned today?
4. If available, would you be interested in having your preschooler participate in a Treatment Day to address your child's oral health needs?
5. Would you recommend this educational seminar to a family member or friend?

Upon successful evaluation of our current program, we would design and implement a future program that would directly address the restorative and preventative treatment needs of the preschoolers.

CLINICAL ASSESSMENT RAW DATA

CLINICAL ASSESSMENT DATA							
Age	Gender	Race/Ethnicity	Caries Experience	Untreated Cavities	Early Childhood Caries	Treatment Urgency	Comments
5	Female	Hispanic/Latino	Caries Experience	Untreated Cavities	No ECC	Urgent Care	
4	Male	Caucasian	Caries Experience	Untreated Cavities	No ECC	Early Dental Care	
3	Male	American Indian/Alaskan Native	Caries Experience	Untreated Cavities		Urgent Care	
3	Female	Caucasian	Caries Experience	No Untreated Cavities	ECC	No Obvious Problem	
3	Male	Caucasian	Caries Experience	Untreated Cavities	ECC	Early Dental Care	
4	Female	Black/African American	No Caries Experience	No Untreated Cavities	No ECC	No Obvious Problem	
4	Female		Caries Experience	Untreated Cavities	No ECC	Early Dental Care	
5	Male	Hispanic/Latino	Caries Experience	Untreated Cavities	ECC	Urgent Care	
4	Female	Caucasian	Caries Experience	Untreated Cavities	ECC	Urgent Care	
3	Male	Hispanic/Latino	No Caries Experience	No Untreated Cavities	No ECC	Early Dental Care	Fused mand. anteriors, missing max anterior teeth
4	Female	Caucasian	Caries Experience	Untreated Cavities	No ECC	Urgent Care	
4	Male	Caucasian	Caries Experience	Untreated Cavities	No ECC	Early Dental Care	
4	Female		Caries Experience	No Untreated Cavities	No ECC	No Obvious Problem	
5	Female	Asian	Caries Experience	Untreated Cavities	No ECC	Urgent Care	Abscess A & B
4	Male	Caucasian	No Caries Experience	No Untreated Cavities	No ECC	No Obvious Problem	
5	Female	Caucasian				N/A	Child would not open mouth - would not participate
4	Male	Asian	Caries Experience	Untreated Cavities	No ECC	Urgent Care	
3	Male	Caucasian	Caries Experience	No Untreated Cavities	No ECC	No Obvious Problem	
4	Female	Hispanic/Latino	Caries Experience	Untreated Cavities	No ECC	Urgent Care	
3	Female	Caucasian	Caries Experience	Untreated Cavities		Urgent Care	
4	Male	Caucasian	Caries Experience	Untreated Cavities	ECC	Urgent Care	
3	Male	Hispanic/Latino	Caries Experience	Untreated Cavities	ECC	Early Dental Care	
4	Female	Hispanic/Latino	Caries Experience	No Untreated Cavities	No ECC	No Obvious Problem	
3	Male	Multi Racial	Caries Experience	Untreated Cavities	No ECC	Urgent Care	
5	Female	American Indian/Alaskan Native	Caries Experience	Untreated Cavities	ECC	Urgent Care	
3	Male	Caucasian	No Caries Experience	No Untreated Cavities	No ECC	No Obvious Problem	
3	Female	Caucasian	Caries Experience	Untreated Cavities	ECC	Urgent Care	
4	Female	Caucasian	Caries Experience	Untreated Cavities	No ECC	Urgent Care	
4	Female	Unknown/Other	Caries Experience	Untreated Cavities	No ECC	Early Dental Care	
4	Female	Multi Racial	Caries Experience	Untreated Cavities	ECC	Urgent Care	

SECONDARY ASSESSMENT SURVEY TOOL - CAREGIVER SURVEY

Smiles Preschool will be holding an educational seminar for caregivers called Forever Smiles. Please read the questions below and circle Yes or No. The answers provided will allow us to better understand the individual needs of you and your preschooler. Once completed, place in your child's folder for them to give to their teacher.

1. Are you currently prioritizing oral health in your household?

YES NO

2. Do you have access to dental care in your community?

YES NO

3. Does your child have their own toothbrush?

YES NO

4. Do you aid your child in brushing their teeth?

YES NO

5. Do you know what fluoride is?

YES NO

SECONDARY ASSESSMENT RAW DATA - CAREGIVER SURVEY

Caregiver Survey			
	Yes	No	Total
Are you currently prioritizing oral health in your household?	16	14	30
Do you have access to dental care in your community?	10	20	30
Does your child have their own toothbrush?	19	11	30
Do you aid your child in brushing his/her teeth?	7	23	30
Do you know what fluoride is?	17	13	30

ITEMIZED BUDGET

Budget Items	Number of Resources	Cost
Printing Resources:		
Clinic Lists	40	\$60
Pamphlets	40	\$60
Projector, screen and A/V resources set	1	\$100
Red Cote Tablets (2 tablets/preschooler, Home Care Bag)	60	\$30
Toothbrushes (Home Care Bag and demonstration)	50	\$60
Typodonts (Demonstration)	7	\$175
Toothpastes (Home Care Bag)	30	\$60
Timer (2 minute; Home Care Bag and one for demonstration)	31	\$50
Home Care Bags (themselves)	30	\$5
Donated Items:		
Chairs (provided by Smiles Preschool)	40	\$0
Tables (provided by Smiles Preschool)	8	\$0
Take Home Activities (provided by Oral-B)	30	\$0
TOTAL:		\$600

SUMMATIVE EVALUATION FEEDBACK SURVEY TOOL - FOREVER SMILES EDUCATIONAL SEMINAR SURVEY

Please fill out this survey to the best of your ability. Your feedback is appreciated.

1. Were you happy with your experience at the program?
 Yes No

If not, please explain:

2. Was the educational seminar informative and/or helpful to you?
 Yes No

If not, please explain:

3. How likely are you to implement what you have learned today? Circle one.
- (1) Very likely
 - (2) Likely
 - (3) Neutral
 - (4) Unlikely
 - (5) Very unlikely

4. If available, would you be interested in having your preschooler participate in a Treatment Day to address your child's oral health needs?
 Yes No

5. Would you recommend this educational seminar to a family member or friend?
 Yes No