

The Role of Evaluation in Designing CHOMPERS! and Bringing Dental Care to Kids

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A silent epidemic, dental disease is the single most common chronic childhood disease in the United States. Children in low-income families are especially at risk of developing dental disease, and it is much more likely to be left untreated. This can result in not only pain, but also difficulty in eating, speaking, and learning, all of which can affect children, their chances for success in school, and the rest of their lives.

But while the problem is widespread, almost 100 percent of dental disease is completely preventable.

In response to the clear and urgent need to improve the dental health of young children living in poverty in western and central New York, the Health Foundation for Western and Central New York (Health Foundation) launched **CHOMPERS!** in 2010. A \$1.3 million, multiyear initiative, CHOMPERS! is designed to improve the oral health of young children by bringing dental education, prevention, and treatment to places they already go.

In designing CHOMPERS! as a comprehensive approach to improving dental health, the Health Foundation chose two proven strategies:

1. Educate children and families about good dental health and the importance of preventive care by implementing **Cavity Free Kids** (CFK), a best practice oral health curriculum, in early childhood programs, including Head Start.
2. Provide restorative and preventive treatment to young children by bringing portable dental care to children where they already gather, including preschools and community centers. This model helps safety net dental clinics develop a new, sustainable line of business; improves access to high-quality dental services; and creates a permanent dental home for young children and their families.

CAVITY FREE KIDS

Initially designed by the Washington Dental Service Foundation (WDSF) for Washington State's Head Start programs, CFK has evolved over the past decade to include

curricula and materials appropriate for almost any type of early child care setting.

Whereas WDSF had always directly trained preschool teachers in the CFK curriculum, the Health Foundation wanted to take a different approach. To spread the CFK curriculum in western and central New York in a sustainable way, the Health Foundation used a unique "hub-and-spoke" design. Through this train-the-trainer model, the Health Foundation asked WDSF to train "hub" organizations, which would then be responsible for recruiting and training preschool teachers throughout the regions.

EVALUATION IS KEY

The Health Foundation believes that conducting independent evaluations is important to not only inform its own work, but also to help other funders and shape overall improvements in the field.

Because the Health Foundation was taking a brand new approach in implementing CFK, a strong evaluation was critical. The two foundations wanted to understand whether the "hub" model would work, and whether or not the two components of CHOMPERS! would work together. Harder + Company is conducting the evaluation, led by Clare Nolan.

The evaluation report for CHOMPERS!' first two years of the CFK program was completed in January 2013. Data to inform this evaluation included interviews with the hubs, teacher surveys, and parent surveys before and after the CFK intervention.

EVALUATION RESULTS: THE IMPACT OF CAVITY FREE KIDS

The evaluation found that CFK—structured as a train-the-trainer program—was well implemented. Collectively, the six hubs:

- trained 622 teachers, 68 percent of whom were Head Start/Early Head Start teachers, and
- reached 397 classrooms and an estimated 7,465 children.

In addition to Head Start teachers, CFK hubs trained family advocates, home visitors, and day care providers.

Hubs reported a high level of satisfaction with the CFK curriculum and with their role as regional trainers. Teachers reported a high degree of satisfaction with the CFK curriculum, training, and materials. Following training, teachers reported that they felt confident and excited about bringing CFK into their classrooms. Results showed that 82 percent of trained teachers incorporated CFK activities into their classrooms at least once a week, and 81 percent used CFK with parents at least once a month.

There are also attitude and behavior changes occurring as a result of CFK in three key areas:

- **Parent Knowledge:** At follow-up, parents reported a high degree of oral health knowledge following CFK, and 97 percent of parents agreed that oral health and proper dental care are priorities.
- **Child Practices:** Day-to-day oral health practices and habits improved, including statistically significant improvements in eating fruits and vegetables, using fluoride toothpaste, and drinking water with fluoride. Rates of brushing and flossing teeth at home also improved. There were, however, some persistent bad habits that showed little improvement, such as eating or drinking right before bed, drinking juice or soda, and eating crackers and sweets.
- **Access to Care and Support:** At follow-up, young children were visiting the dentist more often, and parental confidence in supporting their child's oral health improved. The majority of children reached through CFK now receive regular dental care.

WHAT HAVE WE LEARNED?

The evaluation identified promising practices and lessons learned to support future CFK implementation. For example, hubs learned that CFK training can be tailored to different audiences, and CFK kits and materials can be tailored to appeal to different age groups and child care settings. Hubs recommended that WDSF design shorter CFK training modules to use with very large or very small groups. Hubs also learned that hands-on activities, demonstrations, and interactive elements increase engagement among teachers and young children and are easily incorporated into CFK trainings.

Hubs and teachers also identified some challenges. For hubs, these challenges included time management; ensuring teacher follow-through with CFK implementation; and incorporating the CFK curriculum in day care centers, school districts, and Early Head Start home visits. One challenge teachers faced was using the standard CFK curriculum in settings other than Head Start classrooms. And while evaluation findings underscored how important parental reinforcement of CFK messages in improving oral health habits in young children is, teachers also felt less prepared for working with parents.

Through the CHOMPERS! evaluation and ongoing communication with hubs, the Health Foundation found that hubs:

- are still using the CFK curriculum, implementing CFK, and training and re-training teachers as needed;
- are interested in expanding CFK into other communities and into other types of child care settings;
- want to learn strategies and tools to more effectively engage parents and conduct outreach to public schools, physicians, and other health care providers; and
- expand access to portable dental services for young children.

Hubs also wanted continued access to CFK training resources and materials, training in new tools and curriculum provided by WDSF, and greater opportunity for peer learning among hubs.

NEXT STEPS: EXPANDING CAVITY FREE KIDS

Moving forward, both the Health Foundation and WDSF have incorporated the evaluation findings and hub recommendations into future plans.

For example, WDSF has made specific changes to its curriculum and created new materials based on feedback from program participants, including developing and testing shorter training modules and modified materials for use with different audiences and in different settings.

The Health Foundation has also identified a number of important next steps for improving CFK implementation, including conducting parent focus groups to gather feedback on specific outreach materials and strategies in order to develop better ways to engage parents.

The Health Foundation plans to award grants to expand the CFK hub train-the-trainer model in western and central New York counties that currently do not currently have a CFK hub, as well as grants that would target the original CFK hubs to support sustainability and the expansion of CFK. In addition, the Health Foundation will have existing hubs mentor new hubs and will create a learning community for hubs to identify and share best practices.

To spread the reach of CFK even further, the Health Foundation is now working with additional partners, such as Sesame Workshop and local dental societies, to develop powerful and exciting new ways to make a greater impact on children's oral health in the future.

The Health Foundation will be continuing and expanding CFK for at least the next two years.

For more information, visit www.hfwcnny.org.

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