

Foundation Collaboration: Partnering to Improve Young Children's Oral Health

AMBER SLICHTA

Director of Programs, Community Health Foundation of Western and Central New York

ALLISON CUSICK, M.P.A., C.H.E.S.

Program Manager, Washington Dental Service Foundation

Dental disease is the single most common chronic childhood disease and is so widespread and the health effects so significant that the U.S. Surgeon General has classified dental disease as a silent epidemic (HHS 2000). The most recent national survey shows that the rate of dental disease among children is increasing: among children age two to five years, dental disease increased from 24 to 28 percent between 1988-1994 and 1999-2004 (HHS 2000).

The Community Health Foundation of Western and Central New York (CHF) focuses its funding and initiatives on improving health outcomes for frail elders and children in communities of poverty and has also developed a strong commitment to, and experience in, quality improvement. Through several venues, CHF is working with its community partners to sustain a quality-focused, person-centered health system.

To address widespread dental disease in its regions, CHF recently designed and launched the new initiative CHOMPERS: Bringing Dental Care to Kids, a multifaceted approach to bring dental education, prevention, and treatment to places young children already go. CHOMPERS uses three proven strategies that build on the strengths and address challenges in CHF's regions to improve young children's dental health: implementing the Cavity Free Kids curriculum, engaging pediatric medical providers to apply fluoride varnish to baby teeth during well-child check-ups, and bringing treatment services into childcare settings through utilization of portable dental equipment.

In designing this initiative, CHF President Ann Monroe reached out to the Washington Dental Service Foundation (WDSF), nationally respected for its expertise in oral health education and training in early childcare environments. Located in Washington State, WDSF has focused on executing effective oral health initiatives with measurable success since 2000. With the support and leadership of WDSF, Washington has been a leader in engaging dentists (the Access to Baby and Child Dentistry program)

and primary care medical providers in early interventions with the goal of a "first visit by first birthday." In 2001 WDSF launched Cavity Free Kids, a curriculum initially designed for Head Start, to help young children develop the lifelong oral care and eating habits that will prevent cavities. Since then, Cavity Free Kids evolved for use in other early childcare settings, with training and implementation occurring in over 16 states across the country.

Aligned missions and strategies created a natural fit for the two foundations to work together. As one of its key strategies to affect change through CHOMPERS, CHF selected WDSF's Cavity Free Kids curriculum and training program as the most appropriate strategy to bring oral health education to children and their families.

CAVITY FREE KIDS STRATEGY

Cavity Free Kids is an evidence-based oral health education curriculum that is specifically designed to be an integrated and ongoing component in early childcare environments, including programs that serve women who are pregnant and infants and toddlers. When first developed, the curriculum was evaluated and demonstrated effectiveness in helping children develop the healthy dental habits needed for a lifetime of good oral health.

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The curriculum and the train-the-trainer approach to execution were designed by an experienced early childhood and parent educator, and a dental hygienist with community experience and a degree in adult education, in collaboration with a large Head Start program in Washington. The curriculum is organized into five distinct learning concepts and offers a menu of activity options, providing great flexibility for teachers to meet the developmental needs of children and

uniqueness of a classroom environment. One teacher expressed that “the children are eager to share what they know about taking care of their teeth. Because of this continued emphasis in a natural way, children are eager to show how well they can brush!”

Cavity Free Kids includes materials and methods for incorporating oral health education in home visiting programs, parent communication, and staff meetings. The Head Start version is organized around ways to meet Head Start curriculum requirements (such as art, pre-reading, math, and science) with oral health content. Utilizing a train-the-trainer approach, WDSF facilitates an interactive training that covers dental science, curriculum activities, and curriculum implementation planning. WDSF provides assistance in tailoring trainings to meet the particular needs of the early childcare programs in a state.

WE BOTH GET SOMETHING TOGETHER THAT WE WOULDN'T GET SEPARATELY

As the partnership has evolved, both foundations recognize that this was a unique opportunity to leverage each other's expertise, share resources, and provide both organizations with outcomes that would be hard to achieve separately.

CHF saw the opportunity to partner with WDSF as an instant win. The Cavity Free Kids curriculum is evidence based, and WDSF provides the support to help make sure implementation is successful. By assuring that a nationally respected best practice would be employed as one of the three component strategies of CHOMPERS, CHF staff and resources could focus on successfully building the other two components.

Laura Smith, CEO of WDSF, saw many benefits to working with CHF to tailor Cavity Free Kids for their early childcare programs. WDSF is drawing on CHF's expertise in the field of quality improvement to build a quality improvement component into Cavity Free Kids. CHF is helping WDSF identify quality improvement measurement tools that will enhance the Cavity Free Kids curriculum and training. Curriculum enhancements currently in the design phase will ensure that the early education component will meet the individual needs of the programs and communities served by CHOMPERS.

DRIVING SUCCESS

The synergy created by working together has solidified commitment and set the foundations on a path to success. The following factors have created a successful relationship that will continue to benefit both foundations as their work together grows:

- **Common Focus on Children and Oral Health.** Each foundation's common interest in children's oral health reinforced the relationship and commitment to this effort,

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resulting in heightened trust in the partnership. It was clear from the beginning that both foundations were motivated by achieving tangible results that make a difference in the lives of young children.

- **Complimentary Expertise.** The initiative's success depends on the unique set of expertise and experiences that each foundation brings to the partnership. CHF and WDSF have taken advantage of the opportunity to learn and grow from the expertise of each other.
- **Early Involvement Together.** CHF invited WDSF to be a part of the process early in the Cavity Free Kids strategy design and development phase. This allowed for discussions in the formative phase of this work when everyone felt they had a voice and trust was built from the beginning.
- **An Adaptive and Flexible Approach.** As the project and partner roles have been defined, it has been important to truly let “form follow function.” The high level of mutual trust and respect has supported the necessary ebb and flow of ideas and options as the project developed.

MOVING FORWARD

Over the next 18 months, WDSF and CHF will bring the Cavity Free Kids strategy to a variety of organizations serving young children across western and central New York. The plan of utilizing regional “hub” organizations as trainers of local sites seems promising at its outset. However it evolves, cooperative efforts coupled with a strong evaluation should create a significant difference in the knowledge and skills needed by young children and their families for good oral health.

SOURCES

U.S. Department of Health and Human Services (HHS), *Oral Health in America: A Report of the Surgeon General* (Washington, DC: 2000).

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