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Preventing Dental Cavities Before Kindergarten

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Collaborative Health & Human Services

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Abstract

The Monterey County Health Departments Oral Health Program focuses on providing health education to improve the oral health outcomes within the county. School-age children in Monterey County have high rates of dental cavities. The Preventing Dental Cavities Before Kindergarten project is a health education presentation for preschool parents. Its purpose is to reduce children's cavity rates before kindergarten by increasing parents' oral health knowledge and providing them with tools to support their children's cavity prevention. To measure effectiveness, parents were given a post-survey in which 100% reported increasing their oral health knowledge. Additionally, preschool staff were interviewed and reported an interest in collaborating with the program again in the future. The results proved health education presentations to be an effective way of increasing parents' oral health knowledge. Presentations should continue to target a younger population to further increase the success of cavity prevention before kindergarten.

Keywords: Cavities, Oral Health, Preschool, Tooth Decay, Oral Hygiene.

Agency & Communities Served

The Monterey County Health Department is a local public government agency. Its mission is "to enhance, protect, and improve the health of the people in Monterey County" (County of Monterey, 2019). To accomplish their mission, the Monterey County Health Department is organized into seven different bureaus. Each bureau has various programs that focus on offering services that help meet the community's different health-related needs. I interned with the Oral Health Program under the Public Health Bureau. The Oral Health Program has its own mission, which is "To improve the oral health outcomes in Monterey County" (County of Monterey, 2020). Although the goal of the Oral Health Program is to serve the whole Monterey County, it is a relatively new program that has only been around for about two years (J. Hernandez, Personal Communication, April 10, 2020).

The Oral Health Program currently focuses on providing services to school-aged children in the city of Salinas. They educate elementary school-aged children, their parents, and school staff on the importance of oral health while also providing preventative services. The program's primary focus is on school-aged children between 4-17 years of age who are of low socioeconomic status and are mainly Hispanic. The U.S Census Bureau (2019) estimates that the City of Salinas has a population of 155,465 and 78.7% of the population in Salinas are of Hispanic ethnicity compared to 59.4% in Monterey County, 39.4% in California, and only 18.5% in the United States. Additionally, 31% of the population in Salinas is below 18 years old, and 75% of the population aged 5-17 speak Spanish at home (Census Reporter, 2018).

Collaborative Partners

The Monterey County Health Department's Oral Health Program collaborates with the Salinas City Elementary School District and Clinica de Salud del Valle de Salinas (CSVS). It

collaborates with the different schools within that school district. Their collaboration with the Salinas City Elementary School District helps them address the community disparities and focus on improving the oral health of school-aged children by allowing them to provide oral health education to the staff, students, and parents. Through its partnership with Clinica de Salud del Valle de Salinas (CSVS), they conduct oral health screenings at schools. The dental staff perform the screenings and provide referrals to preventative services if students have signs of tooth decay.

Analysis of Community Needs and Assets

Poor oral health is a commonly seen problem in the community served. The most significant oral health issue is dental cavities. According to Healthy People (2020), the health of teeth and mouth are essential to a person's overall health and well-being. For various reasons, the population in Monterey County, especially in Salinas, faces challenges with receiving dental care services, leading to untreated dental cavities, gingivitis, and an elevated risk for developing other oral diseases (House, 2019). The Oral Health Program is well aware of the disparities that exist among its served population and strives to address these disparities. "Low-income children are twice as likely to have cavities as higher-income children" (Centers for Disease Control, 2020). Lower-income levels are linked to lower educational levels. This lower educational attainment contributes to a lack of oral health knowledge, which increases poor oral health outcomes within the served population.

Problem Description

Dental cavity rates are high among children in Monterey County. Many of these children's cavities go untreated for an extended amount of time. In 2017, 20% of students in Monterey County had untreated tooth decay (House, 2019). According to the Centers for Disease

Control and Prevention (2016), tooth decay is the most common chronic disease in children. "About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth" (Centers for Disease Control and Prevention, 2020). Aside from affecting the aesthetic look of teeth, dental cavities can have detrimental effects on children's overall quality of life. Cavities can cause pain, damage to permanent teeth, increased vulnerability to infections, impaired speech development, affect school performance, and reduce self-esteem. According to Healthy Children (2019), more than 40% of children have tooth decay by the time they reach Kindergarten.

Contributing Factors

Poor oral hygiene leads to dental cavities. According to MedlinePlus (2020), bacteria found in the mouth turn food into acids. The combination of the bacteria, acid, food pieces and saliva in the mouth form a sticky substance called plaque; this plaque sticks to teeth. If the plaque is not removed correctly, it begins to break down the tooth's enamel and causes a cavity. To remove the cavity-causing plaque from teeth, good oral hygiene, including proper brushing and flossing, should be practiced as it is essential in preventing cavities.

Another contributing factor to the development of dental cavities is poor nutrition. Consuming too many sugary foods, drinks, or non-nutritious snacks increases tooth decay risk (Mouth Healthy, 2020). The American Dental Association (2019) mentions that the relationship between carbohydrates and dental cavities depends on the types of carbohydrates, with sugars being considered the most critical drivers of cavity development. Healthy nutritious foods such as vegetables, fruits, and calcium-rich foods may help prevent cavities, but a lack of these foods will increase their development.

A lack of overall oral health knowledge and awareness is also among the contributing factors. According to Kapoor, Gill, Singh, Kaur, and Kapoor (2014), oral hygiene behaviors depend on various factors. A lack of oral health awareness is among the reasons for non-adherence to good oral health practices. Those who lack oral health awareness lack the knowledge of the vital oral health information meant to keep their teeth healthy. Some individuals may not know that having healthy gums and teeth goes beyond the aesthetic aspect and actually relates to overall general health. Others lack awareness of the importance of visiting a dentist routinely and may think that there is no need for them to see a dentist if they regularly brush and floss their teeth at home.

Consequences

Cavities can cause pain, infections, and problems with eating, speaking, playing, and learning; this can ultimately affect children's ability to learn and lower school performance (Splete, 2019). It can cause children to have difficulty focusing on their schoolwork, anxiety, depression, withdrawal from activities, decreased completion of work, and increased school absenteeism. Nationally, dental problems cause children to miss about 51 million school hours per year (First Things First, 2016). "Children who have poor oral health often miss more school and receive lower grades than children who don't" (Centers for Disease Control and Prevention, 2020).

Periodontal disease, which is also known as gum disease, is another consequence of cavities. According to WebMD (2020), plaque buildup on teeth can lead to cavities and gingivitis. Gingivitis makes gums tender and swollen. If gingivitis progresses, it develops into periodontal disease. Periodontal disease causes the gum tissue to pull away from the teeth and

allows bacteria to further destroy the underlying bone that supports teeth. If left untreated, it can cause tooth loss.

Problem Model

Contributing Factors	Problem	Consequences
Poor Oral Hygiene	High Rates of dental cavities among children.	Lower school performance
Poor Nutrition		Periodontal Disease
Lack of oral health awareness		

Capstone Project Description and Justification

This project was a health education program that consisted of an hour-long PowerPoint presentation on the importance of oral health in children. The target population was preschool children, but the presentation was aimed towards their parents because, at that age, parents are the ones who make decisions about their children's health. The project addressed the lack of oral health knowledge through an informational presentation on various topics to increase parents' oral health knowledge. It focused on the preventative methods needed to prevent cavities.

I believed the preschool parent presentation would be effective in increasing parents' oral health knowledge. The presentations would help bring awareness to the issues associated with poor oral health and teach parents how to prevent dental cavities in their children. The project's ultimate long-term goal was to lower the rates of cavities among children; therefore, I knew the presentation would help meet this goal. According to Rural Health Information Hub (2020), health education is a strategy for implementing disease prevention programs that provide learning experiences on health topics. Among the characteristics of health education strategies,

presenting information with audiovisual and computer-based supports such as slides, and pictures is one effective strategy (Rural Health Information Hub, 2020). With the PowerPoint presentations, I provided visuals with images on the slides. The audio piece consisted of verbally explaining the information. I knew having a PowerPoint presentation for my project would be effective because it provided lots of visuals to facilitate the learning experience. The Centers for Disease Control and Prevention (2019) mention that visuals such as pictures, drawings, and charts are effective tools for communicating health information. The visuals made the presentation easier to comprehend, more appealing and helped reinforce the written and verbal health information.

Stakeholders

Various stakeholders had an interest in the project. These consisted of the Monterey County Health Department agency and the Oral Health Program. My mentor and the programs supervisor, the preschool agency and its staff members, and the preschool children's parents. The Monterey County Health Department was interested in the project because they work to enhance the health of Monterey County. At the same time, the Oral Health Program wanted to improve the oral health outcomes for community members (County of Monterey, 2020). The Early Learning Program agency strives to prepare children for school. They were interested in my project because they understood that oral health connects to school readiness and achievement. The preschool parents were interested in participating in the project because they wanted the best for their children, wanted them to be healthy, and wanted to see them succeed in school.

Benefits

The project brought many benefits to the Oral Health Program and the clients that they serve. First of all, the project helped the Oral Health Program achieve its mission statement

because it helped address the oral health needs in Monterey County. With the Oral Health Programs' target population being elementary school children, this project helped further expand this population. It helped increase parents' knowledge and awareness of the importance of good oral health and make better oral health choices for their children. As a result of the project, parents will most likely take their children to the dentist for routine cleanings and have any dental health issues addressed on time. Another benefit was that the information they learned would be passed down to the community through word of mouth and ultimately benefit others.

Project Implementation

The implementation method used for this project was the health education method. The first step was to create the presentation content. I modified the existing Oral Health Program's curriculum because it had to be tailored towards this new audience for it to be effective. I conducted a lot of research to find relevant information that was easy to understand and appropriate to parents' different literacy levels. The presentation was a PowerPoint presentation that contained visual and audio content. I created the presentation in both, English and Spanish. They both had the same content, but in the end, I could only implement the Spanish presentation due to my schedule.

The presentation included some statistical information about preschool-aged children and the connection between their oral health and school success. I covered various oral health topics in the presentation. The first was on general dental information, such as what dental cavities are, how they develop, the symptoms, and the other health problems they create. The second topic focused on prevention, such as the importance of establishing a dental home and visiting the dentist routinely, dental brushing, dental flossing, fluoride varnish, and dental sealants. The third topic focused on the nutrition part of dental health. It included information on limiting certain

foods and beverages that higher the risk of developing cavities and the foods that help maintain healthy teeth. Besides creating the presentation, I contacted the Monterey County Office of Education (MCOE) Early Learning Center to inform them of my project and desired partnership. I decided to collaborate with them for this project because they oversee various preschool centers in the county. It would be easier to access this intended population through them. I worked with them to coordinate a date and time to implement the project. We decided on a date and time, and I implemented the project on March 24, 2021, at 5 pm. After its implementation, I conducted the assessments using post-surveys for parents and an interview for the preschool staff members; this helped evaluate the project's effectiveness.

Participants

Those who participated in this project from my internship agency were my mentor and the health program supervisor. My mentor helped provide support and guidance with the preparatory and implementation activities. The agency's health program supervisor had more of a background role; She was kept up to date on the project's status along the way. She also offered additional guidance and support. The parent coordinator at the Early Learning Program helped advertise the presentation to all of the preschool sites in the county within their agency. The parents were the primary audience, but a few of the preschool staff members participated as well.

Resources

To make this project happen, I slightly increased the number of hours I interned each week to have more time to work on this project. My mentor also dedicated a bit more time to discuss issues relating to my capstone project during our weekly check-ins. The preschool staff helped advertise the presentation and encouraged parents to participate. I decided to deliver the presentation virtually via Zoom. My capstone project didn't require many materials other than

printing out the evaluation forms and assembling oral health kits to give to participants as gifts. Each oral health kit contained a toothbrush, floss, toothpaste, and stickers. Aside from the materials needed to implement the project, my agency also provided Target gift cards to thank participants for their time and participation.

Challenges

I only had minor challenges throughout the whole process of this project. The first was coordinating the dates and times for its implementation. My initial plan was to implement my presentation in both English and Spanish. However, only one of the agency's available dates worked for me due to my school schedule. I couldn't have both presentations on the same day, so I had to choose whether to present the English or the Spanish presentation. The parent coordinator said that most of their preschool parents were Spanish speakers; therefore, I decided it would be best to present the Spanish one. The other challenge I faced was when working on the development of the project's assessment. I wanted to develop a pre and post-assessment to measure the oral health knowledge of the participants before the presentation and then again after the presentation to see if it increased as a result. However, the Oral Health Program already had an existing post-survey, and I had to use theirs for this project to benefit them.

COVID-19 Accommodations

To stay safe and follow the social distancing COVID-19 regulations, I had to make a few accommodations for my project. I had to deliver the presentation virtually through Zoom instead of in-person. Additionally, I had to contact participants and schedule a time and date after the presentation to meet with them. I had to meet with them in person to deliver their gift card, their oral health toolkit gift and to have them fill out the post-survey since it was in paper format. I also had to schedule a time to meet with the preschool staff to conduct the evaluation interview.

A detailed implementation plan and timeline can be seen in the Scope of Work in the Appendix.

Assessment Plan

To assess the parents' increase in oral health knowledge I asked parents to fill out the Oral Health Program's existing post-survey. The questionnaire contained a total of 11 questions. One of the questions didn't apply to the parents and was crossed out per my mentor's request. Most questions on the post-survey were open-ended questions with the exception of one multiple-choice. The multiple-choice question asked how much they believed they learned from the presentation; they had the option of choosing from the following three answers, "not much," "I learned some things," or "I learned a lot." This question is what helped me assess whether parents increased their knowledge as a result of the presentation. The open-ended questions helped assess the project by asking about their thoughts on the presentation but did not help measure whether they increased their oral health knowledge. Additionally, I created interview questions for the preschool staff that were present during the presentation. There was a total of three questions asked: "Did you learn something new? If so, what did you learn?", "Would you be interested in continuing to collaborate with the Oral Health Program? Why or why not?" and "What is something you would change about the presentation?". The three interview questions were meant to provide their feedback on the presentation and help me further evaluate the project. The evaluations used to assess the project can be seen in Appendix B.

Expected Outcomes

The short-term outcome was for preschool parents to increase their oral health knowledge. The expectation was to increase their understanding of the different oral health topics such as what cavities are, their causes, consequences, and prevention methods. Parents were also expected to increase their knowledge of the overall importance of dental visits and

understand how nutrition is tied to their children's oral health. The expected intermediate outcome was for parents to apply what they learned and begin to change behaviors that will improve their children's oral health. They are expected to take their children to the dentist twice a year, brush and floss their children's teeth twice a day, and limit their children's sugar intake. The project's long-term expected outcome was to reduce the rates of cavities among children in Monterey County.

Short term outcome(s)	Intermediate outcome(s)	Long-term outcome(s)/Impacts
Increase oral health knowledge of preschool parents	Change parents' behaviors towards their children's oral health to improve oral health outcomes	Decrease cavity rates among children

Project Results

The project was a success. It met its expected outcome of increasing the oral health knowledge of preschool parents. There was a total of 12 preschool parents and four preschool staff members who participated in the project. After the project's implementation, the participating parents filled out the post-survey. I also interviewed the staff members. Once I gathered all the surveys and answers to the interview questions, I analyzed the data. For the post-survey, 58.3% of parents reported that they learned a lot, while 41.7% reported that they learned some things; none reported not learning much; therefore, 100% of participating parents increased their oral health knowledge. These results were from the multiple-choice question on the post-survey, which is the question used to see if they increased their knowledge. The rest of the questions on the post-survey were open-ended and varied in their answers. However, a common response among the participants was that the best thing they liked about the presentation was learning new oral health information.

I conducted the staff interview virtually via Zoom with all four staff members present at the same time. I asked all of them the same questions to which they each answered individually. I first asked them if they learned something new, to which they all said yes; all four said they learned about dental sealants. For the second question, I asked them if they were interested in collaborating with the Oral Health Program again. They also all said they would be interested because they believe educating parents is an essential component of preventing cavities in children. For the last question, I asked them what they would change about the presentation. Three of them said they would like to see more engaging questions to the audience instead of just presenting the information. One said she would not change anything about it.

I delivered the presentation virtually, and the post-survey was in paper format. To have the post-surveys filled out, I had to schedule appointments to meet with the participating parents in person. I met with each parent individually at different times to comply with the COVID-19 social distancing regulations. I implemented the presentation on March 24, and the preschool centers went on spring break right after that. I couldn't meet with the parents or do the staff interviews until after they were back. The presentation was no longer fresh in their minds by the time I got their feedback. Also, as previously mentioned, I only implemented the Spanish presentation due to a conflict in schedules. If I would've executed the English one as well, the project would have furthered its success. See Appendix C for a pie chart of post-survey results.

Conclusion & Recommendations

As a result of this project, I learned that health education programs effectively educate parents and increase their knowledge and awareness of health issues. The assessment results showed that the material and topics included in the presentation were beneficial at increasing parents' oral health awareness. The project expanded the population generally served with the

Oral Health Program from elementary school children towards a younger population. Educating parents is an important component of the Oral Health Program and its efforts to improve oral health outcomes within Monterey County.

I recommend for the Oral Health Program to continue providing these oral health education presentations to preschool parents. Providing oral health education has proved to be an effective way for them to increase their knowledge and begin changing behaviors that positively impact their children's oral health. The MCOE Early Learning Center said they would be interested in collaborating with the Oral Health Program; therefore, the program should continue collaborating with them. However, they should also collaborate with other preschool agencies in the county, such as MAOF and CAPSLO, to reach more preschool parents. To further increase their success at preventing dental cavities and improving overall oral health outcomes, the program should collaborate with other programs. I suggest that they collaborate with the Women, Infants, and Children (WIC) program. The WIC program would allow them to target children even younger than preschool, such as infants and young toddlers. The sooner parents learn about the importance of oral health and cavity prevention methods, the sooner they can apply this knowledge and begin working towards preventing cavities in their children.

Personal Reflection

The development and implementation of my project was an overall good experience for me. It allowed me to grow both on a professional and personal level. Professionally, I gained a better understanding of the health and human services field. I learned about how much collaboration is needed and how forming partnerships with other professionals in the community is crucial to form goals that serve and benefit the community. It is such a rewarding feeling knowing that I created this project from start to finish. Of course, with help, this project would

not have been possible without collaborating with my mentor, program supervisor, and preschool parent coordinator. This project required me to step out of my comfort zone. I had to communicate with other professionals when I was planning this project which was a bit intimidating initially. I have always dreaded public speaking, and this project required me to present this presentation to a group of parents. Even though it was through Zoom, I was still a bit nervous. However, looking back at the whole process and my project's success, I feel that it was a great accomplishment. I am grateful that my mentor believed in me and pushed me past my comfort zone because he saw my potential. I feel highly honored that the Monterey County Health Department gave me this opportunity and trusted me to help serve the community. I learned so many valuable skills that will stay with me, and I can apply them in my professional and personal life in the future.

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Appendix A

Scope of Work

Title: Preventing Dental Cavities Before Kindergarten					
Project description: A PowerPoint presentation to educate preschool parents on the importance of oral health in preschool children with a focus on prevention.					
Goal: Decrease cavity rates among children in Monterey County.					
Primary objective of the project: Increase parents' knowledge about the importance of good oral hygiene to decrease cavities in their children.					
Phases		Activities/Tasks		Deliverables	Timeline/ deadlines
1	Selected capstone project	1.1	Discussed capstone project ideas	Developed a list of capstone project ideas	September 2020
		1.2	Continued to discuss ideas	Submitted a list of potential ideas to mentor for review/approval	October 2020
		1.3	Decide on implementing project	Submitted my final capstone project idea to my mentor and program supervisor	November 2020
2	Planned project	2.1	Modified existing curriculum for the presentation	Submitted the modified presentation to my mentor for feedback	December 2021
		2.2	Worked on curriculum making suggested changes	Finalized the curriculum for the presentation	January 2021

		2.3	Reached out to the Monterey County Office of Education Early Learning Program Agency	Provided them with an overview of my capstone project to be implemented	January 2021
		2.4	Discussed dates and times to implement the project	Finalized a date and time for the implementation of my project	February 2021
		2.5	Developed assessment	Worked on assessment interview questions	February 2021
3	Implemented project	3.1	Presented the information to preschool parents	Implemented my project which was presenting the curriculum to the preschool parents	March 24, 2021
4	Assessed project	4.1	Delivered the evaluations (post-surveys) to the participants and conducted interviews on staff members	Gathered all the evaluation information	April 2021
		4.2	Reviewed evaluations	Submitted evaluation results to my mentor	April 2021
5	Reported on project findings	5.1	Completed reporting requirements	Worked on final agency and capstone reports	April 2021
		5.2	Prepared capstone presentation	Present at Dress Rehearsal for grading	April 30, 2021
		5.3	Final preparation for Capstone Festival	Final Capstone Festival presentation!	May 14, 2021

Appendix B

Post Survey (English & Spanish)



Programa de Salud Oral
Condado de Monterey

Oral Health Training

Date: 3/24/2021

Time: 5pm



Monterey County
Oral Health Program

Instructions: Please answer the questions below by circling the correct response and/or writing your comments.

1. What did you like **the best** about the training? _____

2. What did you like **the least** about the training? _____

3. What would you **change** about tis training activity? _____

4. In the box below, please write 3 words that describe your experience during this training.

9. **Overall how much did you learn about oral health?**

Not Much

I learned a few things

I learned a lot

~~10. After this training, how **ready** do you feel talking to other parents about oral health?~~

~~Not Ready~~

~~Somewhat Ready~~

~~Very Ready~~

11. Please write any other comments you may have about this training activity:



Programa de Salud Oral
Condado de Monterey

Entrenamiento de Salud Oral

Fecha: 3/24/2021

Hora: 5pm



Monterey County
Oral Health Program

Instrucciones: Porfavor responda a las siguientes preguntas circulando la respuesta correcta y escriba sus comentarios.

1. ¿Qué es lo que **más** le gusto del entrenamiento? _____

2. ¿Qué es lo que **menos** le gusto del entrenamiento? _____

3. ¿Usted qué **cambiaría** de este entrenamiento? _____

4. ¿En el cuadro de abajo, porfavor escriba 3 palabras que describa su experiencia durante este entrenamiento.

9. **¿En general, cuánto aprendió acerca de la salud dental?**

No mucho Aprendí algunas cosas Aprendí mucho

~~10. ¿Después de este entrenamiento, qué tan **listo(a)** se siente para compartir con otros padres información sobre la salud dental?~~

~~No me siento preparado(a) Me siento un poco preparado(a) Me siento muy preparado(a)~~

11. Por favor escriba cualquier otro comentario o sugerencia que tenga acerca de este entrenamiento:

Interview Questionnaire

**Preventing Dental Cavities Before Kindergarten
Preschool Staff Interview Questions**

Presentation Date: March 24, 2021

1. Did you learn something new? If so, what did you learn?

2. Would you be interested in continuing to collaborate with the oral health program? Why or why not?

3. What is something you would change about the presentation?

Appendix C

Post-Survey Assessment Results

