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Educating Hispanic Parents through an Informative Video in Monterey County

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Collaborative Health & Human Services

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Abstract

The Local Oral Health Program is a program of the County of Monterey Health Department within the Chronic Disease and Injury Prevention Division. The program implements workshops to educate parents and elementary school students in Kindergarten and first grade on the importance of oral health. They provided these services to schools whose students enrolled in the Free or Reduced Price meals, with a rate of 80% or higher. Additionally, in Monterey County, there are 59.4% of Hispanics. They are a vulnerable population when it comes to oral health problems, which studies have shown. The problem relates to children ages three to six who experience cavities and tooth decay. The contributing factors are access to dental care, insufficient oral health education to parents, and dietary habits. The consequences are financial burden, school absenteeism, and impact on speech development. The project's purpose is to educate Hispanic parents regarding dental sealants and the benefits they provide to their children. Between the pre and post surveys results, the pre and post-surveys were given at the presentation to determine the project's effectiveness. In the pre-survey, 65.22% of people didn't know much about dental sealants, which had the highest percentage. However, in the post-survey, people learned “Some Things” increased by 30.43% having the highest percentage and “A Lot" regarding dental sealants increased by 26% for a total increase in knowledge for 56.43% of participants. The Local Oral Health Program should provide videos with other oral health topics.

Keywords: Oral health, Educational Videos, Hispanic Parents, Cavities, *Dental Sealants*

Agency & Communities Served

The County of Monterey Health Department has thirteen bureaus focusing on administration, animal service, clinic services, emergency medical services, environmental health, and public health. The CMHD provides health-related services in the Public Health Bureau, including the Local Oral Health Program (LOHP). The program was established in 2018 and addresses the community's oral health needs through prevention, education, and capacity building. The County of Monterey Health Department website establishes that "The Oral Health Program's mission is to improve oral health outcomes in Monterey County" (2019, para. 1). The program works with collaborative partners, sharing the common goal of improving oral health needs in the community. Some community partners include the Community Action Partnership of San Luis Obispo County (CAPSLO), Smile California, the Early Learning Program, and the County clinic services. As for schools, the program works with the Salinas City Elementary School District, where five schools (Natividad, Los Padres, El Gavilan, University Park, and Loma Vista) currently host the presentations, and with the newly incorporated Monterey Peninsula Unified School District (Ord Terrace, Del Rey Woods, Martin Luther King, Marina Vista).

The program provides the services, such as oral health workshops for parents to be informed about oral health topics and dental screening at schools all funded through Proposition 56: California Healthcare Research and Prevention Tobacco Tax Act (California Department of Health Care Services, 2023). Additionally, they provided these services to schools whose students enrolled in the Free or Reduced Price meals, with a rate of 80% or higher. Before the pandemic, the program worked with Clinica de Salud del Valle de Salinas to deliver dental screening to the schools in the Salinas City Elementary School District. But, due to unforeseen

circumstances, the operation was paused. However, the school dental screening will resume its operations in Spring 2024. The Oral Health program will now work with Cali-Dental to provide the service at the schools. The program within Monterey County served the Hispanic population. As of 2020, the population of Monterey County is 437,318 (Oral Health Access: Santa Cruz Access, 2022). In the ethnicity aspect of Monterey County, there are 59.4% Hispanics compared to 29.4% of Whites alone, non-Hispanic (Oral Health Access: Santa Cruz Access, 2022).

Problem Model Background and Literature Review

Problem Statement

Cavities are common among children and can have consequences in the future. There are socioeconomic factors that influence and increase the chances of obtaining cavities. Children who are in low-income families are twice as likely to have untreated cavities compared to those children with higher incomes (Centers for Disease Control and Prevention, 2021). Ethnicity is also a determinant that can result in poor oral health. Oral health relates to the health of gums, teeth, and other parts of the mouth. In this case, the overall focus will be on the teeth. According to Guarnizo-Herreño and Wehby, "Among children aged two to eleven years, Black children and Hispanic children are more likely to have decayed teeth and untreated dental problems than are White children" (2012, para. 1). Additionally, the Centers for Disease Control and Prevention (CDC) indicated that among children between the ages of six and eight, 52% had cavities in their baby teeth (2021).

At an early age, children are experiencing cavities. The problem model, as shown in Table 1, illustrates the problem of children ages three to six experiencing cavities. It focuses on the lack of access to dental care, insufficient oral health education for parents, and dietary habits can result in the problem.

Table 1: Problem Model

Contributing Factors	Problem	Consequences
Access to Dental Care	Too many children ages three to six are experiencing cavities and tooth decay	Financial burden
Insufficient Oral Health Education/knowledge for Parents		School Absenteeism
Dietary Habits		Impact on Speech Development

Contributing Factors

Access to Dental Care

The lack of access to dental care contributes to the problem of children having cavities. Hispanic families face obstacles in accessing affordable dental care and preventative services due to culture and acculturation (Ramos‐Gomez & Kinsler, 2022). So, there is the risk of insufficient early intervention due to lack of regular dental checkups. The complexity of the US oral healthcare delivery system explains the barriers to access to dental care. The Annual Review of Public Health highlights the systems of oral health and medical care:

> The network of primary practices consists primarily of solo and small group practices and serves about two-thirds of the US population, most of whom have at least limited commercial dental benefits… As a result, out-of-pocket spending accounts for a much higher share of oral healthcare spending than general healthcare spending. The oral health care safety net is expected to cover the remaining one-third of the US population, notably those who are low-income, uninsured, and/or members of racial/ethnic minority, immigrant, rural, and other underserved groups. (Northridge, 2020, para. 9)

The social determinant of health (SDOH) influences the oral health inequities. They hinder the population affected from receiving proper access to dental care and navigating the necessary procedures. Regarding the SDOH aspect, Hispanics parents' acculturation and English

language proficiency influence the oral health disparities. It is difficult to find a dentist who speaks the patients' language and can provide adequate support. Ramos‐Gomez & Kinsler highlighted that "...children of Hispanic parents who do not speak English at home and faced linguistic challenges while attending dental visits have poorer oral health outcomes, including higher dental caries, fewer preventative visits, and fewer dental sealants than the general U.S population" (2022, para. 10). The SDOH is a crucial component to determine a person's condition.

Insufficient Oral Health Education/knowledge for Parents

There is insufficient oral health education for parents to make adequate decisions regarding their children's oral health in their language. Proposition 56 funds 61 Local Health Jurisdiction (LHJ) which expands and creates the capacity for prevention, education, and connection to treatment programs at a local level (California Department of Oral Health, n.d.). Sometimes, parents have difficulty finding resources in their language to create an oral health routine. Parents do not have a basic understanding of oral health, which could result in cavities. In households with a primary language of Spanish, there is a 70% likelihood of oral health problems compared to those in English-speaking households 47% (Ramos‐Gomez & Kinsler, 2022). Additionally, a parent's education can influence the oral health habits of their children. Parents with higher education are more likely to have the resources, knowledge, and access to health care for advocating their children's health (Minervini et al., 2023). Oral Health Literacy (OHL) is a crucial concept between the patient and the organization. According to Tseng et al., the OHL definition is "...the degree to which individuals have the capacity to obtain, process, and understand basic oral health information and services needed to make appropriate health decisions" (2021, para.1). There are two different types of health literacy: personal and

organizational. Although both have similar definitions, they are different. Personal health literacy refers to individuals who can search, understand, and use information and services to make decisions about health for themselves and others (Tseng et al., 2021). Organizational health literacy focuses on organizations ability to enable individuals, similar to personal health literacy.

Contra Caries Oral Health Education Program (CCOHEP) is a program that has a syllabus that has two-hour interactive sessions for Spanish-speaking parents who have children up to five years old (Hoeft et al., 2016). The data collection came from an agricultural city north of California with a population of 150,498, with 75% being Hispanic. "At baseline, only 13% of parents self-reported providing optimal toothbrushing behaviors for their children…. Immediately after attending CCOHEP, … optimal caregiver-reported behavior performance improved to 44%, and 3 months after attendance, rose to 66%" (Hoefi et al., 2016, para. 26). Thus, parents' insufficient oral health education and knowledge influence the decisions regarding their children's oral health. The CCOHEP program provides an example of where educating parents benefits their children's well-being. Without proper oral health literacy, there's the risk of increased cavities. Parents won't know good oral health habits to practice for their children.

Dietary Habits

Dietary habits are a factor that can determine a person's well-being. In this case, there is a correlation between bad eating habits and cavities (Tenelanda-López et al., 2020). In Hispanic households, it is common to have sugary drinks and food at the table, which acculturation plays a role to it (Overcash and Reicks, 2021). Additionally, Overcash and Reicks indicated that “Intake of meals prepared outside the home and convenience foods or ‘ready-meals’ is prevalent among Hispanic/Latino adults and has been associated with poorer diet quality and health outcomes” (2021, para. 17).

So, it's part of the children's diet. The significant thing to consider is why sugar and bacteria go together. What's the process, and why should people limit their sugar intake? The common bacteria in our month linked to cavities is *Streptococcus mutans* (Segura et al., 2014). However, it's not the only bacteria that is in our mouths and produces cavities. There's a process by which sugary foods and bacteria produce cavities. According to Segura et al. , "Because these pathogenic bacteria have the ability to ferment sugars, produce acid, and decrease the pH of the dental plaque, they make possible the selection of other aciduric, acidogenic bacteria that will contribute to disease" (2014, para. 4). The more sugary intake a person does, the higher the chance of lowering the tooth surface pH. It will result in cavitation.

As mentioned, dietary habits are crucial in the development of children. The food that people eat is composed of different compounds. It includes the organic substance, protein, and carbohydrates. Two things to consider are the type of sugar and the type of food that influence the development of cavities (Gondivkar et al., 2019). The different types of sugar affect the enamel at distinct levels. Additionally, Gondivkar et al. indicate "...[the] evidence that starch-rich staple foods have low cariogenic ability and individuals consuming high starch and low sugar diets have fewer caries compared to those with low starch and high sugar diet" (2019, para. 5).

Consequences

Financial Burden

Cavities can cause families and the health care system a financial burden in the future if parents don't provide oral health preventative measures for their children. There are dentist supply constraints, dentists who don't accept Medi-cal, and low oral health literacy that adds to the financial burden (Fellows et al., 2022). It's often the low-income and minority groups that have hardships. They do have insurance, but few dentists accept Medi-cal. So, they sometimes

have to pay out of pocket to have the necessary dental care.Also, a thing to consider is that health insurance sometimes doesn't cover other dental procedures due to being a specialist.

Additionally, the Centers for Disease Control and Prevention (CDC) provides information on dental care spending and other financial information. Generally, the annual cost of dental care is around 136 billion dollars (Centers for Disease Control and Prevention, 2022). Medicaid is a federal program. It provides health insurance for low-income adults and children and has limited resources. It is an option to consider when improving people's dental care. The CDC indicates that “In 2017, there were 2.1 million emergency room visits for dental emergencies. Medicaid pays for about 69% of these visits for children and about 40% for adults” (2022, para. 7). It is a heavy burden for health insurance which could be prevented. Without proper oral health hygiene and leaving an existing cavity spread, it can lead to complications, even medical intervention.

School Absenteeism

School absenteeism aligns with the problem of students having cavities. Untreated cavities are a problem among children that causes them pain or other discomfort if it persists without intervention. In an experiment conducted by Ruff et al., the overall focus was on schools composed of a minimum of 50% Hispanic or Black student population and 80% eligible to receive free and reduced-cost lunches (2023). The overall attendance data comes from the year 2016 to 2021. Ruff et al. indicate that "Inclusive of all years, there was an average reduction of 940 missed school days in years that treatment was provided" (2023, para. 17).

Moreover, the authors Naavaal & Kelekar use the National Health Interview Survey (NHIS) to examine low school hours and dental care. The current and available data they used was from 2008. The survey had a total of 3866 children five to 17 years old who reported having

a dental visit within six months. The overall focus was Hispanics between ages three and seven. In the elementary school category, 1091 hours were missed when stratified by age for every 1000 students who visited the dentist in the past six months. Additionally, Naavaal & Kelekar "...found that 3.6% of Hispanic children lost at least one but less than 3 hours and 3 or more hours, compared to 2.4% and 1.6% of non-Hispanic children respectively" (2018, p. 69). Cavities have the consequence of causing Hispanic children to miss school days.

Impact on Speech Development

Children who have cavities face the risk of oral health affecting their speech development. There are three levels of production: conceptualization, formulation, and articulation (Bommangoudar et al., 2020). Conceptualization is the process by which people determine what they want to say. The linguistic form that is needed to create the message. The articulation involves the vocal apparatus and parts of the mouth to deliberate the message. The International Journal of Clinical Pediatric Dentistry indicates that "The stomatognathic system is affected by [Early Childhood Cavities] ECC, which performs the functions such as breathing, sucking, chewing, and phono articulation" (Bommangoudar et al., 2020, p. 89). The connection between speech and cavities can be improved by speech therapy. If there is a suspected speech problem, professionals assess the child's neuromotor capabilities and assess the child's capacity for the correct pronunciation based on false patterns (Bommangoudar et al., 2020). It’s crucial for the child’s development.

Moreover, the authors Melinda B. Clark and David A. Clark provide additional information on the relationship between speech development and cavities. Once cavities start to form on the teeth, the bacteria will slowly make its way through the teeth exterior and into the pulp (Clark & Clark, 2018). If the cavities are not treated properly and on time, it can lead to

long term consequences. It is significant for parents to consider the importance of treating their childrens' cavities. As Melinda B. Clark and David A. Clark highlight, "If the infection is not contained and the tooth definitively treated, the dental abscess can progress to osteomyelitis of the jaw or spread to any contiguous soft tissue (face, neck, deep pharyngeal space, or brain) or the blood" (2018, para. 17).

Project Description and Implementation Process

Project Description, Justification & Benefits

The capstone project is titled Educating Parents through informative videos in Monterey. The idea for the project is to have flyers with a QR code that contains an informative video regarding oral health topics or helpful resources for parents to view. In this case, the subject for the video was dental sealants. The software I used to create the videos was Canvas. I did the voice-over and the usage of appropriate images so that it helps get the message across. The implementation of QR codes is an emerging technological trend that is seen throughout America. If parents didn't know what QR is and what it does, I explained to them during the presentations and showed them with a flyer containing a QR code with the video in it. The best delivery method for parents to receive the information is through flyers.

The project's primary purpose was to bring awareness and educate parents regarding oral health issues that may affect their children. When parents have the tools and knowledge, they can establish a healthy routine for their children. The County of Monterey Health Department: Oral Health Program expected the project to connect with parents and provide them with information. Some parents couldn't attend the presentations due to work or other related activities. So, the project was a way to deliver oral health information to busy parents. They can view the

information whenever they are available. The project was expected to result in a positive outcome to help parents stay informed with the latest information regarding oral health. Parents would increase their knowledge and have the tools to help their children establish healthy routines. The first step of prevention starts at home.

Expected Outcomes & Assessment Plan

The project's effectiveness was to be evaluated through survey responses from parents to know their knowledge regarding dental sealants. The outcome was expected to measure 60% of participants showing increased knowledge regarding dental sealants. Additionally, there was an amount of participants that attended the meeting. The assessment methods focused on doing a pre-post survey to determine the project effectiveness. The survey contained six questions to test parents what they knew about dental sealants before and after watching the video. The first question related to what they knew about dental sealant. Moreover, the rest of the questions related to the video's content. The purpose of the questions was to determine whether the video was effective in delivering and making it easy for parents to understand the content.

Implementation Process

The project was inspired by the Brush, Book, and Bed campaign, created in late March 2023. It was three individual videos with the topics mentioned. The goal was to make them as informative and entertaining as possible with less writing and more visuals. So, the capstone project's goal was to provide efficient video for parents to learn about dental sealants. Before selecting dental sealants, there were two other options for the capstone project. It was modifying the program's website or training staff members on using the Canva video application for future projects. However, it was decided for the project to be on the dental sealant videos due to participating in the Brush, Book, and Bed campaign. In the script development, it was necessary

to do research regarding dental sealants. It includes who provides them, how long it lasts, and when it is recommended for use. The proofreading and making corrections to the script drafts, making the edits, and the results took the longest.

Originally, the video was around seven minutes long. It included the things mentioned, plus the dental sealant process and a small comparison between dental sealants and fluoride varnish. So, the process and the comparison became separate videos. In the end, the video was around three minutes and fifty seconds. During or after the video and flyer got approval from my mentor, I contacted Los Padres and Natividad elementary school representatives to establish a time to present the video to parents. Once the day came to present, I introduced myself and the agenda to the parents. I gave them the pre-survey to evaluate their understanding of dental sealants. Then, I presented the video. After that, I gave them the post-survey. The way of collecting results was through giving them the surveys. I inputted the information in Google Sheets to evaluate their response and analyzed if there was an increase of knowledge. The Capstone project implementation plan table is located in Appendix A. It provides a detailed process for making the project.

Project Results

The Project outcomes were expected to show 60% of participants increased knowledge regarding dental sealants. At University Park, there were fewer people compared to Los Padres. There were six people compared to the seventeen at Los Padres. It was an expected number of participants due to previous presentations done at those schools. Those numbers were roughly the same, so it was an expected number of participants.

The method used to gather the results and determine the success was through the pre and post-surveys. The total number of respondents were 23 parents. All the questions were in

Spanish and were later translated in English to analyze the results and for the public. Appendix B illustrates the surveys used for the project. Appendix C provides the results of the six questions asked on both surveys. When asked what they know about dental sealants in the pre-survey, 65.22 percent answered “Not much”, 26.09 percent answered “Some Things", and 8.70 percent answered “A lot.” As for the post-survey, there were 8.70 percent, 56.52 percent, and 34.78 percent, respectively. It is an indication that there was a shift in the responses. In the pre-survey, 65.22% of people didn't know much about dental sealants, which had the highest percentage. However, in the post-survey, people learned “Some Things” increased by 30.43 having the highest percentage and “A Lot" regarding dental sealants increased by 26% for a total increase in knowledge for 56.43% of participants.

Moreover, in the post-survey, three additional open-ended questions focused on the video. These questions included: What did you like the most about the video? What did you like the least about the video? What other comments or suggestions do you have regarding the video? Appendix D provides the parents' responses to the open-ended questions. Each row indicates an individual response. The most common responses were that the video was precise and informative. They atleast learn something new from the video or expand on what they currently know. There weren’t negative comments only that the volume needed to be a bit higher from the speaker that the school had. Overall, the project did great.

Conclusion & Recommendations

Although the expected outcome was not fulfilled, parents still learned from watching the video. The expected outcome indicated that 60% of participants would show increased knowledge regarding dental sealants. However, the survey's results indicated that 56.43% of participants gained knowledge after watching the video. Creating videos serves the purpose of

educating the community on crucial issues. In this case, the topic is dental sealants, along with the benefits it provides for children.

Currently, the program's two main and only activities are the curriculum implementation to educate elementary school students and parents and assisting dental providers in school screening. So, creating educational and informative videos on other oral health topics may be another deliverable for the program to consider and add to its activities. The program can still provide flyers with detailed written information on oral health topics. However, It will depend on what the needs are for the program and the urgency of the videos. A recommendation for improvement involves the increase of respondents. The total number of respondents was twenty-three parents. It includes six parents from University Park Elementary School and seventeen parents from Los Padres Elementary School. Although it is an acceptable number of respondents, there should be an increase in the participant number to solidify the results. The program works with five schools in the Salinas City Elementary School District. So, there is a need to present the video to the rest of the schools (El Gavilan, Loma Vista, and Natividad) to increase the number of respondents to have more data.

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Appendix A

Project Implementation Plan

Tasks	Timeline/ Deadlines	Parties Involved	Materials/ Services Needed	Deliverables
Met with Mentor	September 25, 2023	Jairo Hernandez (Mentor) Jonathan Hernandez	Computer, paper used to brainstorm ideas	Capstone Options
Create and develop a script for the videos	December 13, 2023	Jairo Hernandez (Mentor) Intern	Copy of the script, computer to do research, Google doc	Script
practice recording the lines, and then record	December 26, 2023	Intern	Mic, computer, script	The blueprint to make edits to the video
Start the process of making the videos	January, 2023	Jairo Hernandez (Mentor) Intern	Canva video	Edited Video
Show the first draft of the video to Mentor	January 28, 2023	Jairo Hernandez (Mentor) Intern	Canva video	Mentor feedback
Make the necessary corrections and add additional materials if needed	January 2023-February 2023	Jairo Hernandez (Mentor) Andrea Estrada Intern	Projector	Revised Video
Complete the official video and show Mentor	February 28, 2024	Jairo Hernandez (Mentor) Intern	Canva video, Computer	Mentor approval
Create QR code for the video	February 28, 2024	Jairo Hernandez (Mentor) Intern	Canva video, Computer	QR codes for people to access the videos

Create a Flyer containing the QR code to present to staff/parents	February 2024	Intern	Canva (Flyer Portrait) Computer	Flyer
Create Pre-Post Surveys to determine people's knowledge	March 2, 2024	Jairo Hernandez (Mentor) Intern	Computer, google sheets, google forms	Survey (Google Forms)
Contacting schools (Los Padres and University elementary schools)	March 4, 2024 (University) March 11, 2024 (Los Padres)	Intern schools	Computer, email	Set-up a time to drop by and present the video
Showing the videos and presenting surveys at University Park	March 12, 2024	Intern	Computer, flyers,	Present the video and surveys
Showing the videos and presenting surveys at Los Padres	Mach 19, 2024	Intern	Computer, flyers	Present the video surveys
Collect data and present it to mentor	March 22, 2024	Jairo Hernandez (Mentor) Intern	Computer, Google sheets and Google Forms	Evaluation of the project
Put the data in a Google Sheets	March 27,2024	Intern	Computer and Google Sheets	Analyzing results

Appendix B

Pre Survey

Project Dental Sealants: Pre-Survey

Instrucciones: Please respond to the following questions

1. Fecha:

   _____
   Example: January 7, 2019

2. Escuela/Agencia:

   _____

3. What do you know about Dental Sealant?

   Mark only one oval.

   - ◯ Not Much
   - ◯ Some Things
   - ◯ A lot

4. Are dental sealants effective against cavities?

   Mark only one oval.

   - ◯ True
   - ◯ False

5. Are dental sealants easy to repair?

Mark only one oval.

- ◯ True
- ◯ False

6. How often should children visit the dentist?

Mark only one oval.

- ◯ Cada 3 meses
- ◯ Cada 6 meses
- ◯ Cada 9 meses
- ◯ Cada 1 año

7. Does Medi-Cal covers dental services?

Mark only one oval.

- ◯ True
- ◯ False

8. Do most dental insurances, including Medi-Cal, cover dental sealants?

Mark only one oval.

- ◯ True
- ◯ False

Project Dental Sealants: Post-Survey

Instrucciones: Please respond to the following questions

1. Fecha:

   _____
   Example: January 7, 2019

2. Escuela/Agencia:

   _____

3. What do you know about Dental Sealant?

   Mark only one oval.

   - ◯ Not Much
   - ◯ Some Things
   - ◯ A lot

4. Are dental sealants effective against cavities?

   Mark only one oval.

   - ◯ True
   - ◯ False

5. Are dental sealants easy to repair?

Mark only one oval.

- ◯ True
- ◯ False

6. How often should children visit the dentist?

Mark only one oval.

- ◯ Cada 3 meses
- ◯ Cada 6 meses
- ◯ Cada 9 meses
- ◯ Cada 1 año

7. Does Medi-Cal covers dental services?

Mark only one oval.

- ◯ True
- ◯ False

8. Do most dental insurances, including Medi-Cal, cover dental sealants?

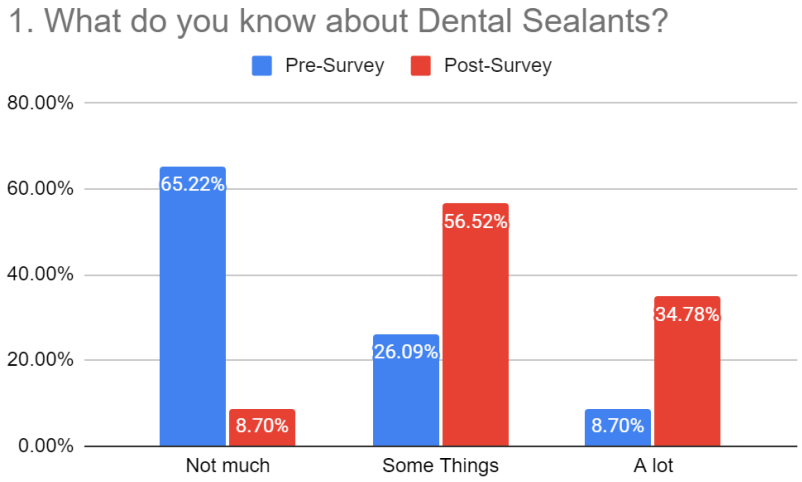
Mark only one oval.

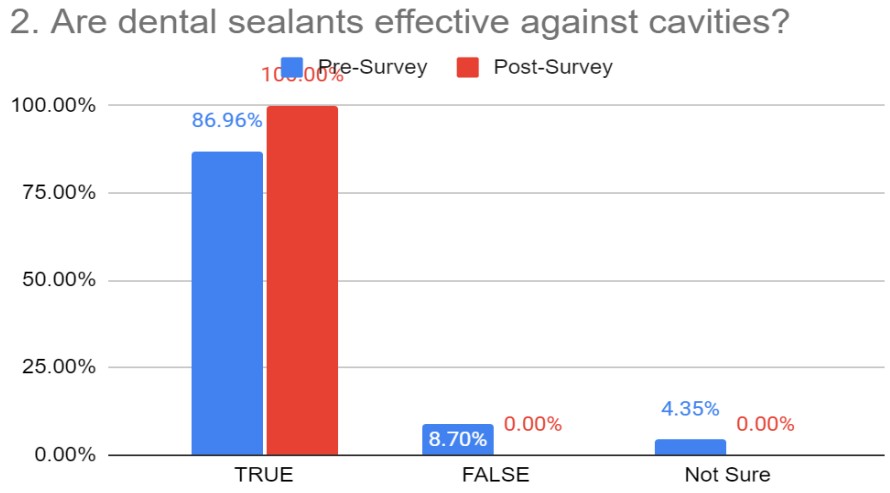
- ◯ True
- ◯ False

Appendix C

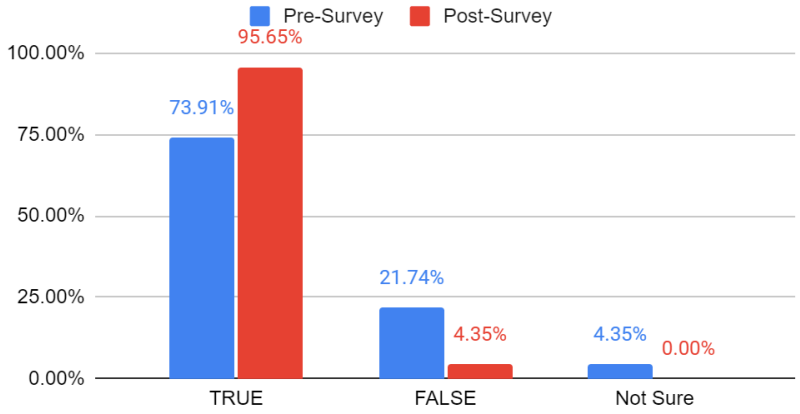
Results:

n = 23

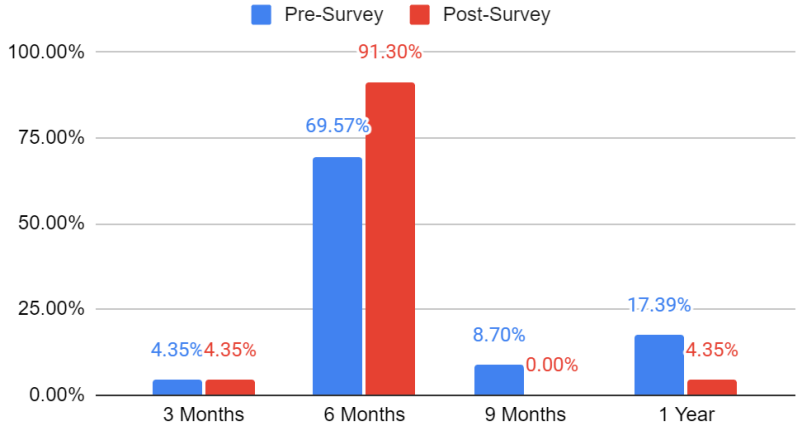




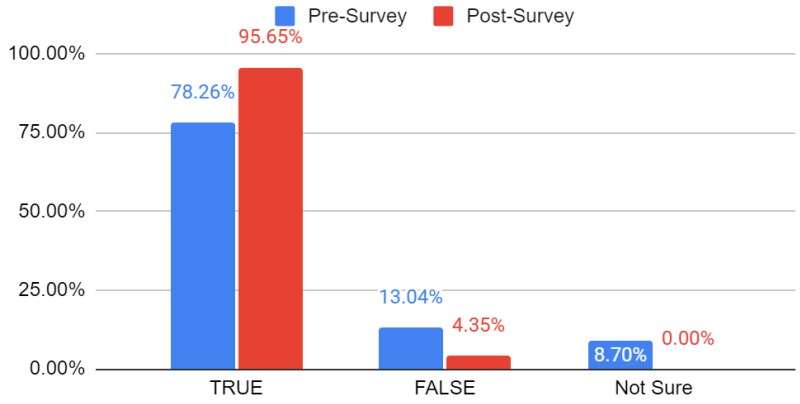
3. Are dental sealants easy to repair?



4. How often should children visit the dentist?



6. Do most dental insurances, including Medi-Cal, cover dental sealants?



Appendix D

What did you like the most about the video?	What did you like the least about the video?	Other comments or suggestions regarding the video?
It was short and precise. It was explained very well what they are for, now I know that sealants help prevent food from entering the molars and that they last 5 to 10 years, depending on oral care.	In reality, I liked it a lot	N/A
The dental sealant process	N/A	I like the presentation of dental work. Good Job
I liked that the video is very well explained. I didn't know much about dental sealant. Now I will ask my children's dentist for them.	I don't have bad comments. I like everything	All very well
Nice and simple to the point	No snacks	Great Job, thanks for the information. Good luck to you in your education
The detailed explanation of the procedure they do with the sealants	N/A	For me it was very well explained and in a short time.
The presentation is good	Everything is good	Everything is good
It was all very good information	The whole video is very good. It has a lot of information that helps us	Congratulation and thank you for coming
About dental sealants	N/A	N/A
Everything and know more about sealants	I couldn't hear the video well, it turned up the volume a little bit.	The video was good to learn about sealants.
Know more about sealants	N/A	N/A
Everything	N/A	N/A
I learned that having sealants prevents cavities and lasts 5 to 10 years and is safe and contributes to dental health.	All very well	I understood and learned everything about dental sealants.
The way in which the information was presented	All good	N/A
Some things, what they talked about sealants	N/A	Let's follow what I learned from the video
Everything and know more about sealants	More volume	Congratulations, we are going to practice what we learned in the video with my grandchildren and

		inform them of what I learned.
Well, we learned some things	I liked everyone who said dental	Well, it was mentioned about dental sealants.
It was interesting	N/A	N/A
How to protect teeth. Everything and know more	N/A	Let's practice what we learned
Yes I liked the presentation. Know that many medical insurances cover us	We need more information and time	I thank the young man for his presentation and ask that he return soon. Thank you
Let them guide us so that if the dentist does not mention something to us, remind them to clarify our doubts.	The audio	Is good to learn
Learned about dental sealants	The audio didn't sound very good	Very productive, only the highest volume, and know more about sealants
A lot because many things can be prevented.	I liked everything	I liked it a lot because not all schools have the privilege of teaching us
Everything and know more		what I understood