

Future Smiles Program Evaluation Teacher Interview Summary September, 2015

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This evaluation was funded by a grant from the DentaQuest Foundation to Future Smiles, Inc. The evaluation activities reported here were conducted by ICF International under contract with Future Smiles, Inc. ICF International's IRB provided approval of the study led by Catherine Lesesne, PhD, MPH.

Executive Summary

Future Smiles, Inc., is a public health program designed to provide preventive oral health care to children in the Clark County School District (CCSD). Future Smiles and their partners developed a program to provide oral health care to students who are most at risk for oral diseases. ICF International, under contract with Future Smiles, carried out a sub-study of the evaluation to address the following questions: What health and educational benefits do teachers attribute to student participation in Future Smiles? What are the perceptions and experiences of the program as reported by teachers affiliated with the Future Smiles? Interviews of teachers were used to gather feedback on the perceived value of the school-based dental hygiene program provided by Future Smiles at participating schools.

The interviews covered the following domains:

- *Familiarity with Future Smiles*
- *Perceived Benefits to Students' Oral Health*
- *Perceived Benefits to Students' Education (about oral health)*
- *Perceived Benefits to Families of Participants*
- *Factors Supporting Future Smiles in the School*
- *Factors Challenging Future Smiles in the School*
- *Recommendations for Improving Future Smiles Services or Delivery in Schools*

Teachers were drawn at random from the list of registrants for Future Smiles “Brush at Lunch” program introduction sessions. Each teacher received an email from the evaluator describing the purpose, duration, and content of the interviews. Staff who indicated interest in participating were asked for potential interview times that worked with their schedules. ICF interviewed 14 teachers from across the three schools.

Findings:

Familiarity and Engagement with Future Smiles

All of the interviewees were familiar with the Future Smiles program to some degree. Teachers from all 3 schools described 2 aspects of the Future Smiles program with which they were familiar: services administered by the dental hygienist and the Brush at Lunch program. Teachers' direct engagement with the program primarily consisted of offering the Brush at Lunch program in their classrooms. Reported participation levels in the Brush at Lunch program varied. A few teachers had 100% participation, while others struggled to get parents to return the signed consent form and had participation closer to 50%.

Perceived Benefits to Students' Oral Health

Many teachers were able to identify at least one instance of a student in their school having had an oral health need (such as a possible cavity) identified by Future Smiles. Teachers recalled instances such as a student having rotten teeth identified and subsequently pulled, after which they were better able to

attend and function in class. A small number of other teachers mentioned that they do not have conferences with the dental hygienist so they are unaware of what has been done for the students. A related benefit that was cited was that students are able to have early, trauma-free encounters with a dental professional.

I used to think “why is there a dental room in this school?” And then I saw students coming in at 3 years old with no teeth. We look at the whole child, and the entire school has benefited. We are grateful.

Perceived Benefits to Students’ Education (about oral health)

All of the teachers confirmed that students had learned a great deal about oral health care as a result of participating in the Brush at Lunch program, which was described as an applied learning experience. Students were described as having learned about:

- Proper brushing technique, including how long to brush for, how much toothpaste to use. A few teachers reported that students were overheard correcting one another’s brushing technique.
- The importance of brushing, particularly after meals.
- Healthy and unhealthy foods (the *Sugar Bug Doug* book was identified by several teachers as particularly helpful in teaching this lesson).
- Oral health-related vocabulary: enamel, cavity, tartar, parts of the mouth.

“Students always come back from the hygienist happy and smiling, carrying their stickers.”

“Students get really excited about the Brush at Lunch program; they ask to brush even before lunch!”

Many teachers also cited overall academic benefits to improved oral health, including the ability to concentrate in the absence of pain, and be present in school rather than missing school due to pain or requiring dental or medical intervention for oral health issues. Although most of the teachers acknowledged this link, few teachers cited specific examples of improvement in attendance among students who had oral health issues identified and addressed through Future Smiles. One teacher mentioned students missing school in order to have oral health issues addressed (2 days off after tooth extraction), but that there were no further absences related to oral health after that.

Perceived Benefits to Families of Participants

In discussing the program’s benefits to participants’ families, many teachers drew attention to the low socioeconomic context of their schools’ population, emphasizing that competing needs and resource-limitations restrict families’ ability to ensure preventive and restorative oral health care. Teachers cited the preventive services offered through Future Smiles as particularly beneficial for families without access to dental care or who lack the means (or time) to identify appropriate dental care; children receive services or referrals if needed that they would not have received otherwise.

Families of students with special needs were cited as particularly benefitting from their children being able to be seen at school, under the supervision of trained school staff, because parents might not have

thought of taking them to a dentist, or are overwhelmed at the prospect of managing their behavior in the context of a dentist's office.

Helping to avoid the need for expensive dental treatments was also cited as a potential benefit for participants' families. In addition, a few teachers also cited the supplies provided to each student as a benefit to their families; each child received a new toothbrush, along with toothpaste and dental floss, which the family might not have been able to or had a chance to provide.

Acceptability to Staff

Overall satisfaction with the Future Smiles program was universal across the 3 schools. The majority of interviewees indicated they are very satisfied (78%) with the program, and the remainder indicated they are somewhat satisfied with the program (22%). Notably, participants who expressed a lower degree of satisfaction with the program offered recommendations for program improvement in conjunction with their response, and many noted that if the recommended strategies were implemented their satisfaction would increase.

Factors Challenging Future Smiles Program in the School

Enrollment and parental participation

Many teachers described difficulties associated with the Future Smiles enrollment process, particularly noting that parents receive a large volume of paperwork at the beginning of the school year and the consent form may get lost among the other papers. Some teachers who were familiar with the preventive services offered by the dental hygienist expressed concern about low levels of parental participation and low levels of parental literacy.

Physical space

The number and location of sinks for students to use to brush their teeth for the Brush at Lunch program was cited as an issue, particularly for teachers of young children who cannot brush their teeth unsupervised. A few teachers said they do not have sinks in their rooms.

Storing and distributing Brush at Lunch supplies

Several teachers described difficulties storing the Brush at Lunch tools in a hygienic manner. Teachers were keen to keep students' toothbrushes separate to avoid spreading germs; however, teachers that used the baggies the supplies came in to store the toothbrushes found that the toothbrushes never dried completely even if the bags were left open.

Highlighted Recommendations

- Create Stronger Relationships with Teachers, Staff, and Parents
- Raise Awareness of the Program with Stakeholders
- Identify Mechanisms for Following Preventive Service Outcomes
- Brush at Lunch Timing, Integration into Teaching Day, Supplies, and Relationships
- Identify New Strategies to Increase Enrollment and Facilitate Parental Consent Receipt

Introduction

Future Smiles, Inc., is a public health program designed to provide preventive oral health care to children in the Clark County School District (CCSD). Future Smiles and their partners developed a program to provide oral health care to students who are most at risk for oral diseases. The Future Smiles Pilot Program Implementation and Evaluation of Impact on Student Performance evaluated the impact of oral health services provided by Future Smiles at three CCSD high-risk elementary schools (ES): Cunningham ES, Hollingsworth ES and Martinez ES. These schools were targeted for on-site health services due to the high Free and Reduced Lunch population (Cunningham=77.1%, Hollingsworth=92.48%, and Martinez=100%), the high percentage of families that lack health insurance (Cunningham=64.3%, Hollingsworth=48.2%, and Martinez ES=37.2%) and documented untreated tooth decay in the student population (Cunningham=41.9%, Hollingsworth=38.6%).

ICF International carried out a sub-study of the evaluation to address the following questions: What health and educational benefits do teachers attribute to student participation in Future Smiles? What are the perceptions and experiences of the program as reported by teachers affiliated with the Future Smiles program? Interviews were used to gather feedback on the perceived value of the school-based dental hygiene program provided by Future Smiles at participating schools, and covered the following domains:

- Familiarity with Future Smiles
- Perceived Benefits to Students' Oral Health
- Perceived Benefits to Students' Education (about oral health)
- Perceived Benefits to Families of Participants
- Factors Supporting Future Smiles in the School
- Factors Challenging Future Smiles in the School
- Recommendations for Improving Future Smiles Services or Delivery in Schools

Below we provide a description of the study methods, results (organized by interview domain accompanied by illustrative, paraphrased quotes), and finally a set of recommendations made directly by the interviewees and derived from their input by the evaluator.

Methods

ICF conducted individual interviews with teachers in the three elementary schools. Teachers were drawn at random from the list of registrants for Future Smiles "Brush at Lunch" program introduction sessions. Each teacher received an email from the evaluator describing the purpose, duration, and content of the interviews. Staff who indicated interest in participating were asked for potential interview times that worked with their schedules. Teachers who did not respond received up to 2 follow-up emails.

Interviews were conducted by ICF staff; Future Smiles dental hygienists did not conduct interviews to ensure objectivity and honesty from respondents. Interviews were conducted by phone and lasted between 30 and 45 minutes. Prior to conducting the interviews, we obtained informed verbal consent. Respondents were advised of the voluntary nature of the interview, and steps taken to protect the confidentiality of their responses (i.e., not linking responses with, or reporting, participants' names). Each participant was offered a \$25 gift card in appreciation of their time.

Each interview included a brief set of closed-ended survey questions to help contextualize the findings quantitatively. We aimed for 5 teacher interviews for each school, and achieved a total of 14 teacher interviews. The table below includes a breakdown of the number of teachers interviewed at each school, along with a summary of their characteristics.

Table 1. Interviewee Characteristics

School	Cunningham Elementary	Hollingsworth Elementary	Martinez Elementary	Total
Number of teachers	4	5	5	14
Grades represented	<ul style="list-style-type: none"> • Pre-kindergarten • 2nd grade • 3rd grade 	<ul style="list-style-type: none"> • Pre-kindergarten • Kindergarten • 1st grade • 2nd grade 	<ul style="list-style-type: none"> • Kindergarten • 5th grade 	
Years in current role	1 year or less: 25% 2-5 years: 50% 6-10 years: 0% 11 or more years: 25%	1 year or less: 0% 2-5 years: 20% 6-10 years: 60% 11 or more years: 20%	1 year or less: 40% 2-5 years: 0% 6-10 years: 60% 11 or more years: 0%	

Results

Familiarity with Future Smiles

All of the interviewees were familiar with the Future Smiles program to some degree. Teachers from all 3 schools described 2 aspects of the Future Smiles program with which they were familiar: services administered by the dental hygienist and the Brush at Lunch program. A few teachers were familiar only with the Brush at Lunch program, including a couple who reported having heard of the Future Smiles program for the first time at the Brush at Lunch program introductory session. Knowledge of the Brush at Lunch program is described in the section related to direct engagement.

Knowledge of Program Activities

Teachers described the process by which students receive preventive oral health care through Future Smiles: a hygienist comes to the classroom during class time (in some cases during “specials” during which students are being taught by another teacher) and pulls enrolled students who need cleanings and services. Students return from the hygienist with a packet containing a toothbrush, toothpaste, dental floss, and a sticker. A few teachers cited fluoride treatments as a specific service offered by the dental hygienist, and two teachers mentioned sealants. Several teachers mentioned that the dental hygienist referred students out for further treatment, and a few teachers added that the dental hygienist actively

worked to help parents to identify low- or no-cost options for treatment, and sometimes arranged appointments. One teacher expressed uncertainty about whether the dental hygienist was able to fill cavities or not.

Teachers at Hollingsworth ES, in particular, reported being well acquainted with the program's point of contact (the dental hygienist), who was held in very high regard by the teachers. One Hollingsworth teacher described one way the hygienist engages teachers:

The hygienist is very hands-on, she wants to provide services students need. She asks me how I am, and if anyone needs to be checked, or any new issues have arisen.

Purpose of Future Smiles

Teachers provided a range of descriptions purpose of Future Smiles:

- *Early intervention in dental care for all students*
- *Educating children about brushing and so they care for their teeth long term*
- *Increasing children's education by taking care of dental problems*
- *To ensure children receive preventive dental measures*
- *To enable children living in poverty to get treatment for their teeth they might not otherwise get*
- *Educating children on the importance of dental care, and provide dental care*
- *Preventing more health problems down the road, such as heart disease*

Enrollment Eligibility and Process

Most teachers described the Future Smiles program as available to all students, and cited their school's status as a Title I school as the reason for universal eligibility. A small number of teachers expressed uncertainty about whether children who are covered by dental insurance are eligible for services through Future Smiles, while only one participant asserted that students who are covered by insurance can access the services.

When asked about the enrollment process, almost all teachers indicated that enrollment paperwork for participation in the dental services component of the Future Smiles program was sent home to all parents at the beginning of the school year. A small number of teachers had been hired after the start of the school year, and were unfamiliar with the enrollment process. A couple of teachers noted that enrollment forms are also available from the dental hygienist upon request, in the event that a teacher notices a student has an oral health issue that should be addressed or discusses oral health concerns with a parent (e.g., loss of insurance coverage, a student reporting toothache). One teacher thought that the school nurse could recommend that a student see the hygienist, but was not certain.

For the Brush at Lunch program, Teachers described having sent a consent form home before beginning the program, and students whose parents returned a signed consent form were eligible to participate. Many teachers indicated they also accepted completed consent forms after the program had begun. The latter scenario was often cited as taking place when a non-participating student saw the other students participating in the program and became jealous, and was told by the teacher returning the signed consent form would enable them to participate.

Direct Project Engagement

Teachers' direct engagement with the program primarily consisted of offering the Brush at Lunch program in their classrooms. Teachers who offered the program in their classrooms reported having learned about the program at a session during which free lunch was provided. That lunch was provided, and that this helped promote attendance, was mentioned by many teachers. To carry out the Brush at Lunch program, teachers received a bag for each student containing a toothbrush, toothpaste, a toothbrush cap, and cups. Teachers received stickers and a chart for students to apply the stickers to after each brushing.

Reported participation levels in the Brush at Lunch program varied. A few teachers had 100% participation, while others struggled to get parents to return the signed consent form and had participation closer to 50%. These teachers often reported that the students who could not participate were jealous, and teachers sometimes reiterated that they could participate if they brought back the signed consent form.

Aside from the Brush at Lunch program, a small number of teachers, reported receiving presentations and oral-health related educational materials from the dental hygienist on topics such as brushing correctly and eating the right foods, outside of the Brush at Lunch program. One teacher said the hygienist visited her classroom on career day to explain the services that are offered in the school. These teachers described the presentations as effective, engaging, and age appropriate.

Perceived Benefits to Students' Oral Health

Preventive Services

Many teachers were able to identify at least one instance of a student in their school having had an oral health need (such as a possible cavity) identified by Future Smiles. Teachers recalled instances such as a student having rotten teeth identified and subsequently pulled, after which they were better able to attend and function in class. A couple of teachers described dentists coming on site to provide services, including a portable classroom having been used to fill cavities on site¹ (respondents presumed this was organized by Future Smiles). One teacher described how siblings with rotten teeth whose parents were afraid to take them to the dentist because they had special needs were helped to have the teeth extracted free of charge. One teacher described the importance of Future Smiles in the context of preschool.

I used to think "why is there a dental room in this school?" And then I saw students coming in at 3 years old with no teeth. We look at the whole child, and the entire school has benefited. We are grateful.

Notably, because students were sometimes pulled for preventive services during "specials," some teachers were unaware of which students were receiving services, or whether an issue had been identified. A small number of other teachers mentioned that they do not have conferences with the dental hygienist so they are unaware of what has been done for the students.

¹ Note: Future Smiles does not provide restorative dental services such as fill of cavities and does not provide a dentist—Future Smiles uses dental hygienists exclusively. These respondents likely misunderstood what was provided by the program.

A related benefit that was cited was that students are able to have early, trauma-free encounters with a dental professional.

Brush at Lunch

Teachers overwhelmingly indicated that participating students enjoyed brushing their teeth, and were establishing good oral health practices as a result of their participation in the Brush at Lunch program. Several teachers noted that for some students the program helped ensure students had the tools they needed, and were brushing their teeth at least once per day, or twice if they were only brushing at night previously. A few teachers reported that students' breath smelled better, their gums bled less, or their teeth appeared less yellow after Brush at Lunch began. One teacher cited a decrease in the number of students requesting to go to the nurse because of toothache, which had occurred before Brush at Lunch began. One teacher in particular, who teaches students with special needs, noted that the students' parents are often not brushing their teeth at home because it is too difficult.

Perceived Benefits to Students' Education (about oral health)

All of the teachers confirmed that students had learned a great deal about oral health care as a result of participating in the Brush at Lunch program, which was described as an applied learning experience. Students were described as having learned about:

- Proper brushing technique, including how long to brush for, how much toothpaste to use. A few teachers reported that students were overheard correcting one another's brushing technique.
- The importance of brushing, particularly after meals.
- Healthy and unhealthy foods (the *Sugar Bug Doug* book was identified by several teachers as particularly helpful in teaching this lesson).
- Oral health-related vocabulary: enamel, cavity, tartar, parts of the mouth.

One teacher cited improved science and health scores before and after implementation of the Brush at Lunch program. Another teacher emphasized that learning about oral health and the career of a dental hygienist has practical applications in the lives of the students, unlike other topics they may cover as part of the health and science or community helpers curriculum (a curriculum used at the school where students learn about helping professions such as police officers, firemen, etc.).

Many teachers also cited overall academic benefits to improved oral health, including the ability to concentrate in the absence of pain, and be present in school rather than missing school due to pain or requiring dental or medical intervention for oral health issues. Although most of the teachers acknowledged this link, few teachers cited specific examples of improvement in attendance among students who had oral health issues identified and addressed through Future Smiles. One teacher mentioned students missing school in order to have oral health issues addressed (2 days off after tooth extraction), but that there were no further absences related to oral health after that.

Perceived Benefits to Families of Participants

In discussing the program's benefits to participants' families, many teachers drew attention to the low socioeconomic context of their schools' population, emphasizing that competing needs and resource-limitations restrict families' ability to ensure preventive and restorative oral health care.

Preventive Services

Teachers cited the preventive services offered through Future Smiles as particularly beneficial for families without access to dental care or who lack the means (or time) to identify appropriate dental care; children receive services or referrals if needed that they would not have received otherwise. One teacher even mentioned that the hygienist helped identify a low- or no-cost dentist for the parents, who lacked insurance. Another teacher noted that the hygienist was able to help a parent understand a dentist's treatment plan and reassure the parent that the child needed the recommended treatment. Direct engagement with parents included taking and sharing photos of the issues to help bridge a language barrier.

A couple of teachers stressed the shame family members feel related to their children's poor oral health, and the importance of the Future Smiles staff being welcoming and non-judgmental. Schools were identified as a safe and neutral space, particularly for people who may have immigration concerns, to seek services and advice. In these ways, the program helps to save families (many of whom lack reliable transportation) money and time, and alleviate the stress that families are under. One teacher described how Future Smiles plays a part in helping to stabilize a family.

For the parents, anything the children are getting benefits them. This population is at-risk, low socioeconomic status, money is limited. This helps put food on the table. Other basic needs will be met if dental needs are taken care of.

Families of students with special needs were cited as particularly benefitting from their children being able to be seen at school, under the supervision of trained school staff, because parents might not have thought of taking them to a dentist, or are overwhelmed at the prospect of managing their behavior in the context of a dentist's office.

Brush at Lunch

Several teachers felt that Brush at Lunch participants grew more responsible about brushing their teeth and helped to educate and encourage their siblings. One teacher mentioned specifically encouraging students to share what they have learned with their families, and having overheard their conversations with older siblings about what they learned. Two teachers summarized the benefit to families as follows:

Any time we can give the parent a break from having to hound their kids to brush their teeth, it makes it easier on them. The students are reminding themselves to brush, they are torturing their older siblings about brushing their teeth and doing it properly.

The students are activists at home, a helpful influence.

Now they want to brush their dog's teeth too!

Helping to avoid the need for expensive dental treatments was also cited as a potential benefit for participants' families. In addition, a few teachers also cited the supplies provided to each student as a benefit to their families; each child received a new toothbrush, along with toothpaste and dental floss, which the family might not have been able to or had a chance to provide.

One teacher mentioned that their school has a high proportion of English language learners, and the education their students are receiving through the Brush at Lunch program will enable them to explain the importance good oral health practices, and potential health consequences of poor oral health, to their parents. As noted previously, the teacher of students with special needs felt the Brush at Lunch program may have been the students' introduction to brushing their teeth and believed it might continue at home after the toothbrush was sent home at the conclusion of the program.

Factors Supporting Future Smiles Program in the School

Acceptability to Students

A key factor supporting the implementation of the Future Smiles program in the 3 schools was the program's acceptability to students and teachers. Teachers spoke with a great degree of enthusiasm about students' receptivity to the Future Smiles program elements. All of the teachers reported that students get really excited about brushing their teeth. Many teachers reported that students ask to brush their teeth even before lunch, or will remind them that it's time to brush their teeth after lunch if the teacher forgets. Some illustrative statements included:

Students always come back from the hygienist happy and smiling, carrying their stickers.

Students get really excited about the Brush at Lunch program; they ask to brush even before lunch!

The students, even though they're in 5th grade, love to put the sticker up on the chart when they have brushed their teeth!

Students enjoy brushing, and like the clean feeling in their mouth afterward.

The students tend to be happier, smile, and be more confident.

Acceptability to Staff

Overall satisfaction with the Future Smiles program was universal across the 3 schools. The majority of interviewees indicated they are very satisfied (78%) with the program, and the remainder indicated they are somewhat satisfied with the program (22%). Notably, participants who expressed a lower degree of satisfaction with the program offered recommendations for program improvement in conjunction with their response, and many noted that if the recommended strategies were implemented their satisfaction would increase. Several teachers mentioned that dental hygiene is part of the required health and science and careers (or community helpers) curricula, which helped them to make the case for prioritizing oral health, for example through participation in the Brush at Lunch program. Several participants also referenced their personal dedication to helping ensure their students have good oral health, a couple stressed that they wish a program like this had been in place when they were young because they suffered from oral health issues in their own childhoods.

As a kid, I had problems. I care about this; I'm excited and connected to the program because of the benefits.

Teachers expressed interest in continuing the Brush at Lunch program next year, and also recommended expanding it into all grades in the schools.

Other Supports

The availability of Future Smiles staff was cited as a support for the inaugural Brush at Lunch program, during which some questions arose and were quickly dealt with by email.

Factors Challenging Future Smiles Program in the School

Time

For the Brush at Lunch program specifically, taking time out of the teaching day (which was described by one teacher as being scheduled down to the half-minute) to ensure students brushed their teeth was cited as the main challenge of implementing the program. However, several teachers remarked that implementing the program was less time-consuming than they feared initially. One teacher of special needs students noted that having committed, or having been asked to commit, to offering the Brush at Lunch program for a month helped her stay the course, and she discovered it got easier over time as the students became accustomed to the process.

For teachers of younger students, time required to clean the mess left behind in the sink after the students had finished brushing was also cited as a challenge. One teacher mentioned that pre-kindergarten teachers were reluctant to implement the program because they think it would be too much to try to accomplish during a shortened day.

One teacher reported having had to use a substitute teacher multiple on many days during the Brush at Lunch program, which compromised consistency of implementation because the substitute was not familiar with the program.

Enrollment and parental participation

Many teachers described difficulties associated with the Future Smiles enrollment process, particularly noting that parents receive a large volume of paperwork at the beginning of the school year and the consent form may get lost among the other papers.

Some teachers who were familiar with the preventive services offered by the dental hygienist expressed concern about low levels of parental participation.

There is not a lot of parental participation, which is bad. I teach pre-kindergarten, ages 3-5, and the kids are coming in with silver teeth, even caps.

Few teachers reported having more than a few students pulled from their classes for preventive services. To a lesser extent, getting signed forms returned was also cited as a barrier to participation in the Brush at Lunch program, for which reported participation rates were between ~50% and 100%. A few teachers hinted that language may be a barrier to reading and understanding the forms; specifically one teacher

mentioned that the readability level of translated forms may be too high and need to be revised to an 8th grade reading level; it was also noted that some of the parents are illiterate.

Physical space

The number and location of sinks for students to use to brush their teeth for the Brush at Lunch program was cited as an issue, particularly for teachers of young children who cannot brush their teeth unsupervised. A few teachers said they do not have sinks in their rooms. These teachers described being torn between remaining in the classroom with the students who are not participating in the program, or supervising students brushing their teeth. In many cases, students have to take turns to brush their teeth, which increases the amount of teaching time that is missed. This issue was particularly acute for teachers with large classes, and those in portable classrooms, which are far from the nearest available sink. One teacher in a portable classroom described having used play time, rather than teaching time, to implement the program.

Storing and distributing Brush at Lunch tools

Several teachers described difficulties storing the Brush at Lunch tools in a hygienic manner. Teachers were keen to keep students' toothbrushes separate to avoid spreading germs; however, teachers that used the baggies the supplies came in to store the toothbrushes found that the toothbrushes never dried completely even if the bags were left open. Ideas teachers came up with to address this issue included: using an egg carton with holes punched in it to store the toothbrushes, paper plates cut in half, shoe boxes with holes cut in the lid, or using thin pencil holders. Several teachers also reported having written students' names on their cups, to ensure they were not sharing cups.

Teachers also thought using one big tube of toothpaste would speed up the brushing process², and also allow the students to take home the small toothpaste tubes; however distributing the toothpaste was problematic. One teacher reported putting a dab of toothpaste on a paper towel for each of her students, and having them scoop it up on their toothbrush, to ensure the toothpaste tubes were not contaminated.

Availability of Brush at Lunch materials

Some teachers described the Brush at Lunch materials (lesson plan, pre-post-questionnaire, and supporting books and teaching aids) as having been stored centrally in a teachers' lounge and shared between teachers. In several instances, teachers indicated they became aware of the materials too late to use them in the program. One teacher mentioned having requested a set of materials, which were sent to her by Future Smiles staff by email.

Other challenges

The following other challenges were discussed:

- A couple of staff perceived that the Future Smiles staff did not appear to be on campus as frequently as they once had been, that they seemed to be stretched thin, or that the staff changed frequently.

² Using one tube for the class is not possible unless the teacher places a dab on a paper towel or small disposable paper plate so the child could apply to their own toothbrush directly and without exposure to secondary exposure to other children's brushing materials.

- A couple of teachers indicated that students had been pulled for preventive services during inconvenient times, such as during testing. However, one teacher noted that in these cases the services can be rescheduled.

Recommendations for Improving Future Smiles Services or Delivery in Schools

From Teachers: Preventive Services

Consistency in program staff and schedules

Teachers recommended having dedicated Future Smiles staff for a school, to enable school staff to become familiar and build a rapport with them. This was also cited as a potential benefit for students receiving services, particularly younger students, to become familiar and comfortable with a provider. If this were not possible, one teacher suggested having a dedicated staff member providing services for students from pre-kindergarten to 2nd grade (and possibly providing photos of the hygienist that the children can look at to prepare for their visit). The Future Smiles program could develop relationships more readily by seeking out opportunities to interact with teachers and staff during lunch and school events or meetings. Having the hygienist go to the classrooms to get the students, rather than sending an assistant, was also cited as a potential aid to engaging with staff. While this is not a practical solution since hygienist time must be focused on clinical care, efforts to have the hygienist and assistant both come to each classroom early in the school year to introduce themselves to teachers, staff, and students may serve a similar purpose and create stronger relationships between the program and the schools as a whole.

A few difficulties with the preventive services schedule were identified, including students being pulled during “specials” so teachers do not know who has received services, as well as students being pulled during testing. One teacher suggested providing a schedule, which would also help ensure that substitute teachers are aware that students may be pulled on a given day.

Raise awareness of the program

A few teachers mentioned that the program’s visibility is low. These teachers recommended doing more advertising of the program directed at parents and staff, particularly newer staff.

Bigger facilities for preventive services

One teacher lamented that the school had lost one of its chairs for preventive services, and indicated the current room is too small. This teacher indicated that having a second chair would help ensure that pre-kindergarten students can be seen during the half day they attend school. While only one chair is located at each school, there was an occasion that a second chair was brought in at the end of the school year. Its removal may have seemed a “reduction” in chairs but is in fact not so. However, the facilities size is determined by the school and in this case, the school did relocate Future Smiles to a smaller room due to need for classroom space.

Mechanisms for following preventive service outcomes

Teachers expressed a desire to be kept aware when students have an issue identified. A few teachers mentioned they were not aware of which students in the classroom were signed up for preventive services at all. One teacher recommended building in a mechanism for finding out who is signed up, whether they had been seen, and whether the hygienist's recommended treatment was completed by an outside dentist. Future Smiles may be able to use the grant-funded case manager available this year to pilot such a mechanism to facilitate follow-up on recommended treatments.

From Teachers: Brush at Lunch

Timeframe for offering the Brush at Lunch program

As described above, the late months of the school year were perceived as very chaotic for trying to implement a new program, which may have resulted in teachers not having been aware of or having incorporated some of the Brush at Lunch supporting materials. Teachers recommended starting the program earlier in the school year. In addition, teachers who mentioned that dental hygiene is part of the required health and science and careers curricula recommended that the Brush at Lunch program coincide with the time of year the curriculum elements are offered (usually described as being in February) or during dental health month.

Availability of materials

To ensure teachers have access to as many Brush at Lunch materials as possible, provide either individual copies of the materials (lesson plans and pre-post-tests), or distribute them electronically to each teacher. Also advise teachers on what to do if they run out of toothpaste, including guidance for distributing toothpaste from a single large tube.

Brush at Lunch supplies

Provide teachers with supplies, or ideas, for how to store toothbrushes hygienically and avoid cross-contamination. Teacher recommendations included egg cartons, paper plates, shoe boxes with holes cut in the lid, and pencil holders. Teachers indicated that sharing supplies like the puppet and book is not a problem. Supporting teachers with younger students who cannot brush independently was also noted as a need and one that if Future Smiles were to assign dental assistants to help monitor the students brushing in the school bathrooms, may help the teachers manage the additional burden.

Other recommendations

- Teach younger children about why it is important for a dental hygienist and dentist to wear a mask, to minimize their fear of going with the hygienist or dentist.
- Encourage students to share what they learn with their siblings.
- Go over the Brush at Lunch program with students thoroughly before sending the consent form home.

Additional recommendations based on the study findings

Identify opportunities to raise awareness among staff and parents of the services offered by Future Smiles

Many teachers mentioned the free lunch that was offered during the Brush at Lunch introduction, thus offering food appears to be a compelling draw for teachers that could be leveraged to conduct broader awareness-raising activities. One teacher mentioned specifically that the session took place on a professional development day, which may be a good option for Future Smiles to get time with teachers. Options could include a tour of the location in the school where services are performed, and introductions to Future Smiles staff. Some teachers indicated that parents had low awareness of the program and its potential benefits for their children, so encouraging staff to remind parents of the services offered (for example during monthly parent meetings, open houses, math nights, science nights, etc.) may help to address this barrier to participation. If possible, having Future Smiles staff present information about the program to parents would also help raise awareness and encourage participation.

Identify new strategies to increase enrollment and facilitate parental consent receipt

Some teachers noted barriers to obtaining parental consent forms from parents related to both the reading level of the forms and to the timing of their distribution—especially at the first of the school year when many forms are being sent home to parents. To increase enrollment and active parental consent, Future Smiles should review the consent form and make efforts to simplify the language wherever possible. Future Smiles may also wish to consider follow-up via phone call to parents who do not sign/return a consent form in order to describe the program and seek a verbal approval for their children to participate. While the school and district may have to approve this enrollment strategy, it may help to reach families who are missing out of Future Smiles services for their child due to not having returned a consent form. Anecdotally, it seems also that some parents have difficulty with English and/or reading such that only sending a written consent form home may be a barrier to understanding what Future Smiles is offering students and to obtaining a returned consent form. This may be overcome by offering additional consent outreach and other modes of consent such as verbal consent.

Identify best practices for incorporating Brush at Lunch activities as seamlessly as possible into the teaching day

Several teachers reported having been concerned about finding time in the teaching day to implement the Brush at Lunch program. However, many of these teachers found that after the first few days, once a routine was developed, the brushing activity was minimally disruptive (this varied by age, with the youngest students requiring the most hands-on support for brushing, etc.). Incorporating this potential concern and ideas for addressing it could help boost teacher participation in Brush at Lunch.

Conclusion

Many examples of the health and educational benefits of Future Smiles were cited by the teachers interviewed at the three elementary schools. Clearly the program is meeting the urgent dental needs of its participants and often is serving as the sole preventive oral health care source for many students living in poverty in Clark County School District. It is also clear that the act of providing these services in schools, educating students about maintaining good oral health, and engaging teachers through programs such as Brush at Lunch, offer benefits to students beyond the identification of untreated oral decay and the application of sealants to help prevent future decay—it offers students and their families the motivation, skills, and supplies to establish good, lifelong oral health care practices.

While teachers overwhelmingly indicated support for the activities carried out by Future Smiles in their schools, they also had constructive and specific recommendations for program improvement. These recommendations, and additional ones derived from insights shared during the interviews, appear to have a low implementation burden and high yield in continuing to build relationships between the school staff, Future Smiles, and students. Implementing these recommendations will help ensure the program runs smoothly and barriers to its impact on students' oral health, education, and families are minimized.



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