First 5 Sonoma County
Program Evaluation Report
2/11/2010 - 6/30/2013

Women, Infants, and Children (WIC) Dental Days Program
January 2014

Prepared For
First 5 Sonoma County

Prepared By
Learning for Action
**About First 5 Sonoma County**

The mission of First 5 Sonoma County is to maximize the healthy development of all Sonoma County children from the prenatal stage through age five through support, education, and advocacy. To achieve this mission, the First 5 Sonoma County Commission funds an array of programs, services, and initiatives designed to achieve its Strategic Plan goals in the areas of health and healthy development, early childhood education, parent support and education, and school readiness. The Evaluation Committee of the Commission provides guidance to evaluation efforts for First 5 Sonoma County.

First 5 Sonoma County  
490 Mendocino Avenue, Suite 202  
Santa Rosa, CA 95401  
(707) 565-6680  
[www.first5sonomacounty.org](http://www.first5sonomacounty.org)

**About Learning for Action**

Established in 2000, and with offices in San Francisco and Seattle, Learning for Action (LFA) provides highly customized research, strategy, and evaluation services that enhance the impact and sustainability of social sector organizations across the U.S. and beyond. LFA’s technical expertise and community-based experience ensure that the insights and information we deliver to nonprofits, foundations, and public agencies can be put directly into action. In the consulting process, we build organizational capacity, not dependence. We engage deeply with organizations as partners, facilitating processes to draw on strengths, while also providing expert guidance. Our high quality services are accessible to the full spectrum of social sector organizations, from grassroots community-based efforts to large-scale national and international foundations and initiatives.

Learning for Action  
170 Capp Street Suite C  
San Francisco, CA 94110  
(415) 392-2850  
[www.learningforaction.com](http://www.learningforaction.com)

**About this Evaluation Report**

This report is one of several in-depth program-level evaluations to be completed for grantees under First 5 Sonoma County’s 2011-20 Strategic Plan. For each of these reports, LFA works in collaboration with First 5 and grantee staff to develop a plan for evaluation, collect quantitative data to measure program effectiveness, and to facilitate conversations with program staff to understand the key accomplishments, challenges, and lessons learned.

These reports are intended to be a resource to guide program implementation and improvement, as well as to inform the First 5 Sonoma County Commission of the impact of its investments and lessons learned for future funding decisions.
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### I. Executive Summary

#### Program Details

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<th>Program Name</th>
<th>Women, Infants, and Children (WIC) Dental Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor</td>
<td>Community Action Partnership (with Sonoma County Women, Infants and Children (WIC), and other WIC sites, and Center for Oral Health)</td>
</tr>
<tr>
<td>Terms of Grant</td>
<td>October 15, 2009 to June 30, 2015</td>
</tr>
<tr>
<td>2011-15 Strategic Plan Goal Area</td>
<td>Goal 4: Increase Integration of Systems and Effect Policy Change to Fill Gaps and Better Serve Children and Families</td>
</tr>
<tr>
<td>Priority Outcome</td>
<td>Priority Outcome 4B: Increase the community’s capacity to address children’s oral health needs</td>
</tr>
</tbody>
</table>
| Strategic Plan Core Program Outcomes (Overarching Pathways to Results) | - Increase in children receiving dental care and case management  
- Decrease in children with early dental caries  
- Increase in parents’ knowledge of preventive dental care |
| First 5 Sonoma County Funding Amount | $178,629 for FY2009-10 to FY2012-13  
$120,000 for FY2013-14 to FY2014-15 |
| Leveraged Funding Received During First 5 Grant Period | $50,000 from California Wellness Foundation |
| Level of Evidence at Start of Grant | Emerging Program —intention to apply within next six month as Tier 2 to the Portfolio of Model Upstream Programs |

#### Key Accomplishments

WIC Dental Days has achieved six of eight core evaluation targets, as well as four additional targets, since starting implementation of the program in October 2009. Key accomplishments include:

- **Increased availability of dental care services for children:** 66% of parents report that, if not for the program, their child would not have access to dental services.

- **Decreased prevalence of oral decay among children:** Eight in ten children (82%, nearly triple the 30% target) showed no signs of new dental disease on their return visit.
Key Challenges and Lessons Learned

- **Decline in participation reflective of population:** In the last year, the program did not provide as many dental visits per quarter as expected due to a decline in WIC enrollment, which is reflective of a decreasing birth rate in Sonoma County. Over time, however, the program has exceeded its participation and most outcome targets, indicating that Dental Days is meeting an important need in the community.

- **Critical factors for success:** In three years of implementing the program, staff have identified key factors of a successful system of oral health prevention and early intervention: creating effective collaborations, incorporating a parent education component, offering return visits, and providing case management.

- **Data system improvements to better assess program impact:** Community Action Partnership seeks to improve their current database as well as improve systems for collecting outcomes data from partners in order to better understand the impact of Dental Days.

II. Program Overview

Program Description

The Sonoma County Oral Health Access Coalition (SCOHAC)—a county-wide alliance of oral health advocates and stakeholders from the medical, dental, and business communities—developed the WIC Dental Days program in response to a concern about the lack of dental care access among low-income families and the corresponding high prevalence of serious dental disease within this population. SCOHAC partnered with the Center for Oral Health, a California-based non-profit organization dedicated to promoting public oral health among children and vulnerable populations, to implement oral health programs in Women, Infants, and Children (WIC) clinics in nine California counties funded by a Human Resources and Services Administration (HRSA) grant.

In 2009, Community Action Partnership of Sonoma County received funding from First 5 Sonoma County Commission to implement similar programming in the county’s WIC clinics, as well as technical assistance from the Center for Oral Health to achieve sustainability through reimbursement strategies. The WIC Dental Days program includes three components of oral health services:

1. **Caregiver nutrition classes:** WIC staff members have integrated the dental program into the nutrition education sessions which all WIC participants are required to attend every three months. Parents receive messaging about preventive oral health practices, such as the importance of baby teeth, the timing of a child’s first dental visit, best practices in a child’s oral hygiene, and the causes of cavities. Ten to twelve families attend each class.

2. **Preventive dental services for children:** Children up to age five have access to the weekly WIC dental clinic, where a registered dental hygienist in Alternative Practice (RDHAP) provides preventive oral health services. Services include toothbrush cleaning and fluoride varnish for the child and guidance to parents for at-home care. The RDHAP communicates her findings to a community health worker (CHW) who enters the data into the system and completes an oral health card for each client to take home. The oral health card serves as an educational resource for parents, providing post-tooth care tips and a schedule of average ages for tooth gain and loss, as well as a space to document their child’s oral health progress, including the dates of the child’s tooth gains and losses and a record of the child’s preventive oral health care. Parents can also use the card to document any behavioral changes or strategies they plan to implement over the next six months to improve their child’s oral health.
3. **Referrals and case management**: Based on their assessment of the child’s teeth, the RDHAP categorizes the children as Class I (healthy), Class II (white spots present), Class III (decay present), or Class IV (pain or abscess present). The program invites children who receive a healthy assessment to return to the WIC clinic for their next visit in six months. Children in need of treatment (i.e. receiving a Class III or IV) are referred to a dental provider based on their insurance coverage. Most clients receive coverage through Medi-Cal. The program refers these children to three possible providers: 1) children with dental caries go to the mobile van parked outside the WIC site, where a general dentist and three operating staff provide treatment. The dentist then arranges a follow-up appointment with a pediatric dentist at the child’s new dental home, St. Joseph Health; 2) children with severe or uncooperative cases needing sedation are referred to the Pediatric Dental Initiative (PDI) Surgery Center, a non-profit community-based organization and dental surgery center that serves low-income children in Northern California; and 3) a community dentist who accepts the child’s insurance. The CHW documents assessment, insurance, and referral information, and is responsible for following up with providers to ensure referred clients received care.

**Program Theory**

**Need for the Program**

There is an epidemic of tooth decay among young children in Sonoma County and a strong need for accessible dental services. Dental decay is the most common chronic childhood condition in the United States. It is five times more common than asthma and seven times more common than hay fever.¹ The 2009 Sonoma County Smile Survey found that 52% of kindergartners and third graders had a history of tooth decay, and 16% of kindergartners and third graders had a history of untreated tooth decay.² Four percent of Sonoma County kindergartners and third graders in 2008-2009 were in urgent need of dental care, which suggests that about 2,800 school-aged children in Sonoma County could be suffering from advanced dental disease.³ In 2010, over 838 low-income Sonoma County children received services at the PDI Surgery Center for dental decay that was so severe that treatment required general anesthesia.⁴ Untreated tooth decay can have many serious negative consequences including difficulty speaking (which can delay intellectual and social development), difficulty chewing (which can slow physical development and limit children’s nutrition), and missed school days.⁵

All children in Sonoma County may be at an increased risk for dental disease due to lack of access to fluoridated public water, which has been shown to be the most effective public health measure for preventing dental disease.⁶ Only 3% of Sonoma County residents receive fluoride in their public

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³ Ibid.


⁶ (2008). *Community Health Needs Assessment: Sonoma County 2008-2011*. A collaborative effort by Kaiser Permanente Medical Center, Sutter Medical Center of Santa Rosa, St. Joseph Health System – Sonoma County, and Sonoma County
water, compared to 30% of Californians and 67% of Americans. Furthermore, research indicates that children in certain sub-populations are at an even greater risk of experiencing tooth decay and untreated decay than the general population of children 0-5 in Sonoma County. At-risk sub-populations include children who are Latino, from low-income families, or without private dental insurance.

**How the Intervention Links to Outcomes**

The WIC Dental Days model includes activities that have been shown to support an increase in access to and participation in preventive dental care.

- **Increased access to preventive dental care:** The California HealthCare Foundation recommends using dental assistants and hygienists strategically to improve access to care and productivity. California’s unique regulations allow RDHAPs (Registered Dental Hygienists in Alternative Practice) to operate independently, which means that they can do their own billing, operate without the supervision of an onsite dentist, and receive Medi-Cal reimbursements. The WIC Dental Days model, due to its cost-efficient utilization of RDHAPs, is uniquely positioned to increase access to preventive dental care for underrepresented populations.

- **Decrease in untreated tooth decay among children:** The RDHAPs in WIC Dental Days administer fluoride varnish, which prevents dental caries in children and adolescents. Additionally, the RDHAPs can provide dental sealants, which have also been shown to reduce children’s risk of untreated decay, and in some cases, to stop tooth decay that has already started.

- **Increase in parents’ capacity to support preventive dental care:** The caregiver nutrition class offered to WIC participants conveys five distinct oral health messages to parents and caregivers: 1) Baby teeth are important, 2) First birthday, first visit, 3) Germs cause cavities, 4) Fluoride prevents cavities, and 5) Brush more, snack less. The American Academy of Pediatric Dentistry (AAPD) strongly recommends anticipatory guidance and education for caregivers, who control the oral hygiene and dietary habits associated with tooth decay in young children. The five messages provided in the caregiver nutrition class are consistent with the AAPD’s instructions on home oral hygiene.

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15. Ibid.
Long-Term Cost Savings

WIC Dental Days is strongly positioned to generate significant long-term cost savings in the following ways:

- **Reduce costs of dental care:** Californians spend $700 million per year on publicly-funded dental programs, and research strongly demonstrates that early preventive care, as promoted by the caregiver nutrition class message of “first birthday, first visit,” can reduce the costs of dental treatment. The Center for Oral Health reports that, among children enrolled in Medicaid for five continuous years, dental costs are nearly 40% lower for children who receive their first preventive dental visit by age one, compared to children who receive their first visit after age one. Treating one child suffering from “baby bottle tooth decay” costs between $1,200 and $4,700, and prolonged hospital stays for severe dental decay can cost over $20,000. Due to the high costs of treating severe dental decay, it is estimated that $8-50 in treatment are saved for every dollar spent on prevention services.

- **Decrease number of high-cost emergency room visits.** In 2007, there were 81,508 emergency department visits for preventable dental conditions in California, representing a 12% increase in 2005. The California HealthCare Foundation reports that periodic and comprehensive oral exams cost $41 and $60, respectively, while the average emergency department visit costs $172 without hospitalization and $5,044 with hospitalization. Emergency department visits for preventable dental conditions are not only costly, but do not offer long term treatment. Typically, emergency department visits without hospitalization only provide temporary relief through pain medication.

- **Reduce school absenteeism due to dental problems.** In the United States, children miss more than 51 million school hours due to dental-related illness. Missed school days can cost local school districts state reimbursement funds, which reduces the financial support available for educational programs. Preventing dental-related illness may not only reduce school absenteeism due to dental problems, but reduce the pain and suffering that can lead to problems learning, eating, and speaking.

- **Promote children’s long-term health.** WIC Dental Days promotes children’s long-term health by offering services that prevent dental disease, which are progressive and cumulative and

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become more complex over time. Dental disease is strongly linked to general health problems, such as cardiovascular disease and diabetes, and it can reduce people’s quality of life. Studies show that people with quality dental healthcare require less in healthcare expenditures than people without quality dental healthcare.

**Evaluation Methods**

This evaluation report includes data from multiple sources on the WIC Dental Days program spanning from October 2009 through June 2013. Data sources include the following:

- **Quarterly progress reporting**: Progress reports submitted by Community Action Partnership to First 5 Sonoma County during the span of the grant period, as well as quarterly summaries developed by First 5 staff.
- **Annual demographic data**: Data on populations served submitted by Community Action Partnership to First 5 Sonoma County for the Annual Report to First 5 California.
- **Interview with program staff**: Interview conducted by LFA to better understand the grantee’s experience in implementing the program.
- **Participation and dental outcome records**: Records on participation and oral health assessment data, as tracked by Community Action Partnership in the Center for Oral Health data system and exported to LFA.
- **GA99 Evaluation Tool**: Community Action Partnership administers this tool to measure the extent to which WIC educators have effectively delivered the Dental Days curriculum.
- **Return Visit Parent Survey**: Community Action Partnership staff collected 383 surveys from parents during their child’s return visit (duplicated counts) and entered data into an Excel database created by LFA. LFA conducted analyses of survey data included in this report.

To analyze the WIC Dental Days program data, LFA used the following approaches:

- Descriptive statistics to show rates and frequency distributions;
- Content analysis of qualitative data to supplement and provide context for quantitative data.

The WIC Dental Days Pathway to Results provides a complete overview of the program research questions, measurable outcomes, and accompanying targets. The Pathway, as well as all evaluation instruments can be found in the Appendices following this report.

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III. Reaching the Target Population

Numbers Served

All children under five years of age participating in the Sonoma County WIC program are eligible for WIC Dental Days services, as are their caregivers. Since launching the program in October 2009, the program has served between 1,000 and 2,000 families annually (Exhibit 1). These numbers have somewhat decreased over time due to a decrease in overall WIC enrollment which is a direct reflection of a steady decline in Sonoma County birth rate since 2007 – between 2000 and 2010, the rate of live births per 100,000 population has decreased by 6% (12.1 to 11.4).29 In FY 2012-2013, the 1,728 children served through Dental Days represents approximately 26% of all children served on site through Sonoma County WIC that year.30

Exhibit 1: Populations Served Over Time
(July 1, 2010 - June 30, 2013)

Race, Ethnicity, and Language of Participants

The WIC program targets its services to low-income and migrant families. As such, a large proportion of the families served through both WIC and the WIC Dental Days program specifically are Latino and Spanish-speaking. Three-quarters of children and parents participating in Dental Days identify as Hispanic/Latino (Exhibit 2), and two-thirds primarily speak Spanish (Exhibit 3). These demographics have not changed over the course of the grant.

30 Sonoma County WIC census data, retrieved on November 6, 2013.
Exhibit 2: Race/Ethnicity of Populations Served
(July 1, 2012 - June 30, 2013)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Children 0-5</th>
<th>Parents/Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>77%</td>
<td>74%</td>
</tr>
<tr>
<td>White</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Alaska Native/American Indian</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>17%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Exhibit 3: Primary Language of Populations Served
(July 1, 2012 - June 30, 2013)

<table>
<thead>
<tr>
<th>Language</th>
<th>Children 0-5</th>
<th>Parents/Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>62%</td>
<td>69%</td>
</tr>
<tr>
<td>English</td>
<td>24%</td>
<td>28%</td>
</tr>
<tr>
<td>Unknown</td>
<td>14%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Special Needs Population

WIC Dental Days staff identified 53 of the 1,728 (3%) children 0-5 served in FY 2012-13 as having special needs.
IV. Progress Achieved Toward Program Targets

In implementing the WIC Dental Days program, Community Action Partnership has worked toward meeting the three First 5 Sonoma County Strategic Plan core outcomes that the program was intended to achieve:

- Increase in children receiving dental care and case management;
- Decrease in children with early dental caries; and
- Increase in parents’ knowledge of preventive dental care.

This section provides a summary of results that demonstrates progress toward targets on these three core program outcomes. To understand the program’s progress on these outcomes, as shown in Exhibit 5, it is first important to understand the child population and sub-populations that WIC Dental Days seeks to reach through its model. Exhibit 4 outlines these groups below. This graphic is not proportional, but rather illustrates the relationship between sub-groups.

### Exhibit 4: Overview of WIC Dental Days’ Child Population and Sub-Populations

- **Return Visit Group**
  - Children who receive a WDD dental visit
  - Children who return for a second dental visit or more
  - Children who show no sign of new disease
- **At-Risk Group**
  - Children who receive a WDD dental visit
  - Children who would otherwise not receive dental care
- **Case Management Group**
  - Children who receive case management
  - Children who are referred for treatment
  - Children who receive treatment

### Exhibit 5: Progress Achieved Toward Core Outcome Targets

<table>
<thead>
<tr>
<th>Core Program Outcome</th>
<th>Specific Target</th>
<th>Actual Results since start of program: 2010-13</th>
<th>Actual Results in last fiscal year: 2012-13</th>
<th>Progress Toward Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in children receiving dental care (Return Visit Group)</td>
<td>600 preventive dental visits with children 0-5 conducted per quarter across County WIC sites</td>
<td>524 visits per quarter on average (6,814 visits total)</td>
<td>426 visits per quarter on average (1,705 visits total)</td>
<td>Not Achieved</td>
</tr>
<tr>
<td>Increase in children receiving dental care (Return Visit Group)</td>
<td>25% of overall visits will be return visits</td>
<td>32% (2,188 of 6,814)</td>
<td>40% (682 of 1,705)</td>
<td>Exceeded</td>
</tr>
</tbody>
</table>

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31 Progress toward targets is measured using the following definition: *Not Achieved* (more than 5 numeric or percentage points below target); *On Track* (1-5 numeric or percentage points below target); *Achieved* (0-5 numeric or percentage points above target); and *Exceeded* (more than 5 numeric or percentage points above target).
<table>
<thead>
<tr>
<th>Core Program Outcome</th>
<th>Specific Target</th>
<th>Actual Results since start of program: 2010-13</th>
<th>Actual Results in last fiscal year: 2012-13</th>
<th>Progress Toward Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in children receiving dental care (At-Risk Group)</td>
<td>50% of children receiving dental care services that would not otherwise have received care</td>
<td>Not tracked until FY 2012-13</td>
<td>66% (204 of 308)</td>
<td>Exceeded</td>
</tr>
<tr>
<td>Decrease in children with early dental caries (Return Visit Group)</td>
<td>30% of returning children show no signs of new disease</td>
<td>82% on average</td>
<td>83% on average</td>
<td>Exceeded</td>
</tr>
<tr>
<td>Increase in children receiving dental case management (Case Management Group)</td>
<td>30 children receive case management services per month</td>
<td>Not tracked until FY 2012-13</td>
<td>31 cases per month on average (376 total)</td>
<td>Achieved</td>
</tr>
<tr>
<td>Increase in children receiving dental case management (Case Management Group)</td>
<td>70% of children that are referred for treatment through case management will receive treatment</td>
<td>Not tracked until FY 2012-13</td>
<td>26% begun or completed (74 of 281); 73% including cases scheduled (205 of 281)</td>
<td>On Track</td>
</tr>
<tr>
<td>Increase in parents’ knowledge of preventive dental care</td>
<td>4,000 parents/caregivers counseled by June 2013</td>
<td>4,626</td>
<td>Not applicable – target set for program period</td>
<td>Exceeded</td>
</tr>
<tr>
<td>Increase in parents’ knowledge of preventive dental care</td>
<td>60% of return visit parents report they have engaged in at least one preventive dental care strategy at home with their child</td>
<td>Not tracked until FY 2012-13</td>
<td>97% (370 of 383)</td>
<td>Exceeded</td>
</tr>
</tbody>
</table>
**WIC Dental Days is meeting a critical need in the community in preventing the prevalence of oral decay among children.** Two-thirds of parents report that, if not for the program, their child would not have access to dental services. Program staff believe this number may even be higher than reported, based on other information they have gathered from families about their dental insurance status. While the program did not meet its target for the number of visits per quarter, it has exceeded the number of visits served over the entire course of the program, providing nearly 7,000 dental visits compared to the 5,400 target (at 600 per quarter).

Additionally, the program exceeded its return visit rate, indicating the program’s value as a dental home for almost a third of the children it serves. Most importantly, the program has seen a high rate of children returning with no new dental disease. Eight in ten (82%, nearly triple its 30% target) of the children who were categorized as a Class I or II at their first visit did not move to Class III or IV at their second visit, meaning they showed no new signs of dental decay. These findings strongly suggest that the program is providing beneficial services to a population that needs the support and is committed to utilizing such services on a regular basis.

**Case management has strengthened the system for referring children to treatment and a dental home, but it is challenging to assess the outcome of such referrals.** The Dental Days program provides case management services to more than 30 cases a month, connecting children who need restorative treatment to dental providers and referring children for comprehensive health coverage. These data demonstrate that the program has helped to fill a gap in providing case management services to children in need of dental treatment. However, it has been difficult to assess the outcome of these services. Staff must rely on data from referral partners to calculate the percentage of children referred that receive treatment. One referral partner, Western Dental, has not responded to data requests, while data reports from other partners, such as PDI and St. Joseph, have been delayed. Without these data, it has not been possible for Community Action Partnership to accurately track the outcomes of all referrals. Additionally, long wait times at referred clinics have meant there is often overflow from one quarter to the next, presenting further challenges in calculating the percentage receiving treatment on a quarterly basis. Based on the data currently available, one-quarter of children that have been referred for additional treatment in the past year are known to have begun or completed treatment. This is likely a conservative estimate, with actual results being even higher, given that an additional 130 cases are currently open with scheduled follow-up appointments for treatment.

This program has helped me a lot to keep my daughter’s teeth healthy because I have no dental insurance.

I’m happy that my daughter has learned the importance of brushing her teeth, eating less candy and she now enjoys going to the dentist.

*WIC Dental Days Parent Participants*
The program is building parents’ capacity to support preventive dental care at home. The Dental Days program engages parents in the process to ensure that children continue to practice healthy behaviors at home, including brushing daily, eating healthy snacks, and avoiding soda, juice, and candy. Since the start of the program, nearly 5,000 parents or caregivers have participated in the dental component of the caregiver nutrition class, and each has received an Oral Health card, allowing parents to track their child’s oral health practices. Based on survey results from parents, nearly all parents report that they have engaged in at least one preventive dental care strategy at home with their child.

In addition to the key accomplishments described above specifically related to Strategic Plan outcomes, Community Action Partnership also accomplished the following through the WIC Dental Days program:

<table>
<thead>
<tr>
<th>Exhibit 6: Progress Achieved Toward Additional Outcome Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Program Outcome</strong></td>
</tr>
<tr>
<td>New treatment partners engaged to deliver WIC Dental Days program</td>
</tr>
<tr>
<td>New treatment partners engaged to deliver WIC Dental Days program</td>
</tr>
<tr>
<td>Staff effectively deliver WIC Dental Days curriculum</td>
</tr>
<tr>
<td>Staff effectively deliver WIC Dental Days curriculum</td>
</tr>
</tbody>
</table>

Collaboration has been a major accomplishment of WIC Dental Days, including efforts to scale the program and broaden its reach. Community Action Partnership staff reflect on how strong partnerships with Directors at WIC Indian Health and Alliance Medical Center, as well as with PDI Surgery Center and St. Joseph’s, has allowed for a seamless integration of the Dental Days program into existing health service systems. As a goal under their First 5 grant, Community Action Partnership seeks to engage new partners in delivering the Dental Days curriculum throughout targeted areas of the County. Since opening the original operation at the Santa Rosa WIC in 2010, staff have expanded the program to include three additional WIC sites in the County: Petaluma, Sonoma, and Guerneville. Additionally, staff have identified new referral providers: the Petaluma Health Center and Dr. Elisabeth Van Tassel in the Petaluma area, as well as the Russian River Health

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I enjoy the care that is provided and more than anything I have learned a lot about how to take care of my kids teeth. The way they explain it is easy to understand. Thank you for helping me.

*WIC Dental Days Parent Participant*
Center Dental Clinic in Guerneville. These dental providers now accept WIC patients following the Dental Days procedure and curriculum. **Community Action Partnership is monitoring the quality of implementation.** During FY 2012-13, 15 WIC Nutritional Assistants (WNAs) received training to implement the Dental Days curriculum as an integrated part of their regular nutrition classes with parents. WNAs also received training on the procedure for enrolling families with children 0-5 in WIC’s dental program. All 15 educators have demonstrated effective delivery of the program curriculum, as defined by five dimensions assessed by Community Action Partnership staff: covers all materials, engages the audience, shows understanding of material, speaks clearly and loudly, and uses process reminders.
V. Learning for Action: Building on Success and Lessons Learned

In the first years of WIC Dental Days implementation, and over the course of the evaluation, program staff and the evaluation team have learned several key lessons, including factors that contribute to successful implementation of the Dental Days model, and considerations for the future.

- **Collaborative partnerships have been a defining success factor for developing and maintaining a system of oral health prevention and early intervention.** Community Action’s partnership with WIC has been highly successful, with WIC staff embracing the Dental Days model and fully integrating it into their existing curriculum. There is a logical alignment between WIC’s nutritional services and the Dental Day’s focus on prevention of dental disease, with both topics covering similar risk factors and dietary practices. This has helped to facilitate a seamless collaboration between interventions. The successful collaboration with PDI Surgery Center and St. Joseph’s, as well as the financial and technical support from the Center for Oral Health has created a space for a well-coordinated system of referral and treatment.

- **The need to provide follow-up services, through return visits or case management, was unanticipated but critical to address.** During the initial implementation phase, Dental Days staff found that there were limited pediatric dental homes available in the County to which they could refer families. This meant the program needed to offer the option of follow-up dental visits at the WIC clinic, as well as engage other providers in the community to serve the WIC community. Furthermore, staff observed that children who were referred out to a provider were returning to WIC with the same dental issues. Program staff discovered that families were encountering barriers to keeping appointments or changing oral health behaviors at home. This resulted in the development of the case management component of the program, in which a community health worker is available to support families in connecting with referred service providers and following up with referral providers to ensure the child makes his/her appointment.

- **The program must address the important role of parenting on health behaviors.** Staff attribute much of the success of the Dental Days program on the parent education component, and the program’s ability to engage parents in supporting preventive oral health practices at home. Community Action Partnership staff believe that much of the change in children’s oral health depends on the parent. By providing parents with the education to fill their knowledge gaps and the tools to put that knowledge into practice, the program has helped to build parents’ capacity to support their children’s long term oral health. The integration of Dental Days into the services provided by existing community-based organizations—that have already established trusting relationships with the target population—has facilitated efforts to build buy-in with families and ensure they are willing to participate in the program.

- **Database improvements will allow the program to better track outcomes.** Community Action Partnership staff have experienced challenges in collecting real-time data from partners and tracking data in a usable online system. The program moved to an iPad system in August 2012, but there continues to be issues in integrating with the previous system, allowing staff to track outcomes over time. This will be an important focus moving forward, as Community Action Partnership is committed to further assessing the breadth of the program’s impact, including the county-wide impact through the Sonoma County Smile Survey and the early childhood impact by looking at children’s dental health when they enter Kindergarten. Staff would also like to better understand the financial impact of Dental Days – has the prevention-based program reduced costs associated with dental procedures? An improved and integrated data system will allow Community Action Partnership to explore these ongoing questions.
There have also been lessons learned in terms of the evaluation of WIC Dental Days. Community Action Partnership has taken steps to address or will be addressing the following, in collaboration with First 5 and LFA:

- **Revise Parent Return Visit survey to accurately capture data on program need.** The program has exceeded its target proportion of children served that would not have otherwise received dental care. Given what staff have learned through the intake process with clients, and the prevalence of families without dental insurance or a dental home, staff question whether the proportion of children not otherwise receiving care might be even greater. Staff believe this discrepancy reflects parents’ confusion with the survey question, and Community Action Partnership will work with LFA to simplify the survey language moving forward.

- **Update outcome targets based on evaluation results.** Community Action Partnership has worked with First 5 and LFA to revise the program’s targets, using the results of this evaluation as benchmarks. These revisions will not mean changes to Community Action Partnership’s scope of work, but rather changes in the target outcomes against which staff will hold themselves accountable. The table below is an overview of the targets revised for the program’s ongoing evaluation. These changes reflect more accurate targets, based on what program staff have learned is possible to achieve while still addressing the needs of the community.

<table>
<thead>
<tr>
<th>Previous Outcome Target</th>
<th>Revised Outcome Target</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% of children receiving dental care services that would not otherwise have received care</td>
<td>65% of children receiving dental care services that would not otherwise have received care</td>
<td>Target increased based on baseline results which indicate that the program is reaching a greater proportion of uninsured clients than originally estimated</td>
</tr>
<tr>
<td>200 dental visits conducted per month across sites</td>
<td>150 dental visits conducted per month across sites</td>
<td>Targets decreased to reflect WIC enrollment rates, which have decreased over time due to a decline in county-wide birth rate</td>
</tr>
<tr>
<td>30 children receive case management per month</td>
<td>25 children receive case management per month</td>
<td>Targets decreased to reflect WIC enrollment rates, which have decreased over time due to a decline in county-wide birth rate</td>
</tr>
<tr>
<td>500 parents/caregivers counseled per quarter</td>
<td>150 unique caregivers educated quarterly</td>
<td>Target decreased to reflect unduplicated number, taking into account the high number of caregivers already reached</td>
</tr>
</tbody>
</table>
Consider how upcoming changes in Sonoma County dental services will impact WIC Dental Days program outcomes. There are several ways in which dental services will be changing for children 0-5 in 2014: the Santa Rosa Dental Clinic will be opening 14 operatories that will prioritize serving children; Petaluma WIC and the Petaluma Health Center services will be collocated; a new dental clinic in Sonoma Valley is planned; and a move toward changing the dental coverage plan for Medi-Cal eligible children that could expand private provider access. These changes could have implications for children currently served through WIC, with more opportunities to connect children with needed treatment and with a designated dental home. Additionally, these changes will likely alleviate long wait times that prevents children from receiving timely treatment. Community Action Partner, First 5, and LFA will consider discuss further how the evaluation may better capture these community-level changes and what impacts we may anticipate for the Dental Days program.
Appendices

A. Pathway to Results
B. Return Visit Parent Survey