

Focus Groups About Oral Health Care with Health Plan of San Mateo Dental (Medi-Cal Dental) Eligible Parents/Guardians of Children Aged 0-5 Living in San Mateo County

Final Report

Prepared by:

Dr. Chan Thai and Sofia Molina Perez, BA
Department of Communication
Santa Clara University
Contact: cthai@scu.edu

June 2023



Executive Summary

This study sought to assess the beliefs, behaviors, as well as preferences for information dissemination related to oral health among parents of children who are the ages of 0-5 in San Mateo County and who have Medi-Cal health and dental insurance (also known as Health Plan of San Mateo in San Mateo County). By hosting focus groups with these individuals, we sought to get a better understanding of the challenges that families face with regard to maintaining a healthy mouth. We also sought to identify some of the barriers and challenges that prevent families from accessing services to improve their oral health as well as assess their knowledge of recommended practices in keeping a healthy mouth and teeth for themselves and their children. This project is a partnership between Santa Clara University Associate Professor, Chan Thai, PhD, MPH, and San Mateo County Health's Oral Public Health Program (OPHP). The OPHP agreed to conduct the recruitment, coordinate the logistics for the focus group process, and provide the incentives for participation (\$30/participant). SCU researchers agreed to conduct the focus groups, create transcripts, and code the data. SCU researchers also agreed to write this report.

Two virtual focus groups, one in English and one in Spanish, consisting of 10 and 8 parents and legal guardians of children between the ages of 0 and 5 years old, respectively, were held in January 2023. The focus groups lasted about 65 minutes each, and were conducted virtually via the teleconferencing software Zoom. Each focus group followed a focus group guide, which consisted of 11 questions and 11 sub-prompts. The focus group guide also included two examples of oral health promotion materials that were shown to participants (one was a fotonovela about a baby's first visit to the dentist, and the other was a flier showing how oral health was connected to other aspects of physical health, see Appendix B2 and B3). The focus groups were recorded and transcribed, and the Spanish transcript was translated into English.

SCU researchers utilized a qualitative thematic analysis to analyze the transcripts. First, each of the two coders reviewed the data independently and generated a list of overarching themes. The coders then met to discuss the themes using the constant comparison methods to develop the themes and their properties. Recurrent themes related to complexity of the information, how information should be presented and for whom, and the need to emphasize how to do things emerged. In the second step, the data were reexamined in the context of these themes, and the data were grouped into these themes. Finally, in the last step, the coders engaged in a series of discussions until a nuanced analysis of participants' perceptions of oral health messaging and their recommendations was achieved. These themes are presented below, in Table A.

The findings reveal that current oral health messaging may be oversimplifying the topics that are of interest to parents and caregivers. While the information should be presented in simple, everyday language, that does not mean that the topics should be simple. The focus group participants wanted to learn more about topics like fluoride and gum health, and how these things connect to their overall health. The participants had a range of suggestions on how to receive this information – digitally and in person, through short interactions as well as longer ones (e.g., workshops).

Participants also mentioned wanting to learn how to talk to their children about topics, and how to work with their children to maintain healthier preventive oral health habits. Participants emphasized wanting to learn skills on how to work with their children, not just knowledge about the topics. This suggests that perhaps there should be different materials developed for the parents and caregivers on how to talk to and work with their children versus materials that target the children themselves. Different stages in terms of oral development should also be taken into consideration as oral health care for a teething infant will look very different than oral health care for a toddler.

Related to information, participants suggested that it was often difficult to find trustworthy information about oral health, especially on the internet. They suggested that having more information that had been reviewed would be useful. Another suggestion they had was for the OPHP to streamline the process of finding a dental provider that accepts HPSM Dental. Our findings also revealed that preventive dentist visits are a new concept for some of the participants – they only went to the dentist when there was an emergency situation when they were children themselves.

There are limitations to this study that should be noted, such as the small sample size. Additionally, generalizability from focus groups may be limited. While our sample included low-income, Medi-Cal eligible women from San Mateo County; the information gathered for this study may not reflect other women from the County. Despite these limitations, our study has generated a rich set of findings that can inform how to best promote oral health practices among low-income, Medi-Cal eligible caretakers of children ages 0-5.

Overall, we believe that these findings provide some tangible recommendations to help the OPHP determine new strategies to message parents or guardians of children between 0 and 5 years who are low income.

Table A. Key Themes and Recommendations		
Theme	Quote	Recommendation
Theme #1 We want complex information delivered in simple terms.	“I also think just maybe if we numbered the pictures like... you know, in order, because I was kind of looking through the whole thing. I was left to right. But then I realized, oh, it... [goes another order].”	Recommendation #1: The County OPHP should produce oral health education materials that address a broader range of topics, with materials addressing each topic separately, while keeping the language simple and the design clean and user-friendly.
Theme #2: First-Time parents/caregivers have different information needs, and information should be customized to address the needs of children of different ages.	“...I think it gives a good example [for] perhaps a first time mother... that has never or for example that it’s her first baby... it is like something really simple that I can read and it quickly informs you that okay, at one year [you should take your baby to the dentist], so...I think that overall it is good information for a new mom.”	Recommendation #2: The County OPHP should consider developing oral health education materials that are different and customized for first time parents vs. those with multiple children, and for children of different ages (e.g., teething infant vs. a toddler who needs to floss). These materials should also be delivered in a wide range of modalities, including virtually via Zoom meetings, materials emailed digitally, in person workshops, and hard copies of materials distributed at schools and other locations.
Theme #3: Parents already know the information but they want to know HOW to do it and they want this information delivered in a variety of ways.	“It’s kinda like trying to find new ways to make it fun for them. You know, brushing their teeth Doesn't have to be in the bathroom. trying to, you know, sing songs and trying to, I guess, distract the idea of it's not that bad, you know So just trying to find new ways, even if it's in the car. I have an extra toothbrush singing songs, you	Recommendation #3: The County OPHP should create and distribute skilled-based educational materials. These should show people how to implement the information and the strategies that will promote overall better oral health. This information should be delivered through a variety of channels in

	<p>know. Just reminders of just trying to make it fun for him. So it's something fun. It's not a chore. It's just something that you know. It's a healthy thing we have to do every day, like you know. Wash our face, wash our hands, brush our teeth to do something else.”</p>	<p>order to accommodate for different needs and audiences.</p>
<p>Theme 4: It is hard to find accurate information and available providers.</p>	<p>“I do have a doubt because in a program they told me that my baby, well my little girl, actually of two years...already had to have her first visit to the dentist. And when I took her to the dentist, the dentist almost laughed. And said oh no, she is too young, she doesn't need it yet, and that confused me. Because I thought, really? So then, what is the age to start taking your children.”</p>	<p>Recommendation #4: The County OPHP should produce a website that is a source of accurate, reliable oral health information.</p>
<p>Theme #5: Oral health care practices are different here in the United States compared to where they grew up.</p>	<p>“You know, we weren't really going to the dentist unless there was a reason for us to go there...cavities and things like that...because [the visits] were nightmares. My brother and I developed trauma going to the dentist. He's a grown man now, 40 years old, and he has to be put to sleep, to have his teeth worked on.”</p>	<p>Recommendation #5: The County OPHP should frame going to the dentist as prevention for oral health. Emphasize brushing and flossing regularly as important for preventative oral health and overall health.</p>

Focus Groups About Oral Health Care with Health Plan of San Mateo Dental (Medi-Cal Dental) Eligible Parents/Guardians of Children Aged 0-5 Living in San Mateo County

Background

Oral health is an important factor that contributes to one's overall health. Therefore, taking constant measures in order to maintain oral health is very important. Doing so is not always easy, especially when taking into account the fact that in the United States, there is a strong separation between the oral health delivery system from the medical care delivery system (Northridge, Kumar, & Kaur, 2020). This is an additional impediment for families who are low income. Due to their limited resources, many of these families find it difficult to be able to afford access to care when it comes to oral health (Northridge, Kumar, & Kaur, 2020). Some of the structural barriers that prevent families from receiving oral health care include: difficulty locating Medicaid Providers, difficulty in scheduling appointments, transportation issues, and discrimination (Kelly, Binkley, Neace, & Gale, 2005). As a consequence of these obstacles, many individuals, especially children, are at greater risk of suffering from oral health problems. This is especially concerning as children, moreso younger children, are still developing, and thus must have greater care for their overall health including oral health.

This is a problem all over the world, including San Mateo County, where people have high socioeconomic needs correlated with poor health outcomes, physical and oral (SMC OPHP Final Evaluation Report 2017-2022). In San Mateo County alone, about a third of the population lacks dental health insurance coverage for routine care. Among this group, over half of those individuals are those at a lower income level. More specifically, about 9% of people say that they are not able to fix dental issues. This statistic is likely higher for younger adults and Latinos (SMC OPHP Final Evaluation Report 2017-2022). Children in San Mateo County are also affected, with approximately 40% of 3 year olds having untreated dental decay. Additionally, California Child Health and Disability Prevention (CHDP) program physicians identified dental problems to be the second most frequent reason for referral during a routine physical examination (SMC OPHP Final Evaluation Report 2017-2022).

Purpose of Study

Given high rates of oral health issues in San Mateo County, this study sought to assess the beliefs, behaviors, as well as preferences for information dissemination related to oral health among parents of children who are the ages of 0-5 in San Mateo County and who have Medi-Cal health and dental insurance, both of which are covered by a managed care plan, Health Plan of San Mateo, in San Mateo County. This demographic is a specific target audience for our partner in this project, San Mateo County Health's Oral Public Health Program. From this study, we hope to understand what San Mateo County citizens think oral health practices include and how they perceive they should be taking care of their children's oral health. By hosting focus groups

with these individuals, we sought to get a better understanding of challenges that families face with regard to maintaining a healthy mouth. We also sought to identify some of the barriers and challenges that prevent families from accessing services to improve their oral health, as well as assess their knowledge of recommended practices in keeping a healthy mouth and teeth for themselves and their children. Staff from San Mateo County Health's Oral Public Health Program intend to utilize this information to develop their oral health promotion strategies and design oral health information educational materials.

Partnership Between SCU and SMC

This project is a partnership between Santa Clara University Associate Professor, Chan Thai, PhD, MPH, and San Mateo County Health's Oral Public Health Program (OPHP), a program within the Family Health Services Division. The OPHP agreed to conduct the recruitment, coordinate the logistics for the focus group process, and provide the incentives for participation (\$30/participant). SCU researchers agreed to conduct the focus groups, create transcripts, and code the data. SCU researchers also agreed to write this report, which will be shared with the OPHP. SCU researchers have also acquired the authority to publish a scholarly manuscript using these data per the MOU.

Method

Participants

The initial intent of the study was to recruit two sets of participants, English or Spanish speakers, as outlined below:

1. Parents or guardians of children between 0 and 5 years old who are low-income, as determined by having health and dental insurance coverage through Health Plan of San Mateo (covers Medi-Cal eligible beneficiaries in SMC)
2. People who are currently pregnant with their first child who are low-income, as determined by having health and dental insurance coverage through Health Plan of San Mateo (covers Medi-Cal eligible beneficiaries in SMC).

However, the OPHP found it difficult during the recruitment process to recruit participants for Group 2, people who are currently pregnant with their first child. Thus, the study presented here primarily focuses on participants who fall into Group 1: parents or guardians of children between 0 and 5 years who are low income, as determined by having Health Plan of San Mateo health and dental insurance.

In exchange for their participation, focus group participants were offered an incentive in the form of a gift card for \$30.

Focus Group Guide Development

The focus group guide was developed over the course of three months, from July-September 2022. We started by compiling existing focus group guides from the research literature, as well as from local organizations involved in oral health.

Once the materials were gathered, the team at SCU compiled a list of possible topics to be covered by the Focus Groups. Through multiple conversations with representatives from the OPHP, it was determined that the focus of these focus groups would be on oral health promotion message delivery and design.

Much care was taken to develop the focus group guide so that questions used accessible language for the target audience. We purposefully wrote the focus group guide to avoid medical and dental jargon, and for the questions to be asked in a manner that was more conversational than interview-like.

In addition to general questions about oral health knowledge and practices, we were also interested in gauging participants' feedback about current messaging strategies. Two pieces of oral health promotion material were included as a part of the focus groups. After gathering a range of materials currently in use by different organizations across the state, the final materials were chosen collaboratively by the SCU researchers and representatives at the OPHP, following recommendations from the San Mateo County Oral Health Coalition.

The resulting focus group guide (Appendix B1) included (11) main questions and (11) sub questions/follow up prompts, and two oral health promotion examples (see Appendix B2 and B3).

Human Subjects Approval

Approval to conduct research with human subjects was approved by the Santa Clara University Institutional Review Board (IRB). The research study was also reviewed and approved by Representatives from the County.

Recruitment

Representatives from San Mateo County Health's Oral Public Health Program (OPHP) were responsible for all participant recruitment, screening, and focus group scheduling. Recruitment flyers, which included descriptions of what the focus group entailed as well as the contact information that potential participants can use to officially register to participate, were utilized. See Appendix D for recruitment flyer. OPHP representatives also attended various community outreach events and community-based organization parent meetings to recruit participants.

Once participants contacted the County with interest to participate, they were screened for eligibility by our OPHP partner. They were asked to give verbal consent for the collection of personal data regarding insurance status, income, and name and contact information prior to the screening process.

The criteria for participants to be eligible for the focus groups were:

1. Caring for children 0-5 or pregnant with first child
2. Low income, as determined by having health and dental insurance coverage through Health Plan of San Mateo Dental (covers Medi-Cal eligible beneficiaries in San Mateo County).

When participants were screened for eligibility, they were asked if their preference was to attend the groups in-person or virtually. Participants said they preferred to do the groups virtually, and all confirmed they had access to the internet, a computer, and Zoom.

In total, 27 women expressed interest in the study, and ultimately, 18 participants attended one of two focus groups. Our partner at the OPHP coordinated the logistics of contacting eligible participants and sharing focus group information with them.

Focus Groups Procedures

Two virtual focus groups, one in English and one in Spanish, consisting of 10 and 8 parents and legal guardians of children between the ages of 0 and 5 years old, respectively, were held in January 2023. The Focus Groups lasted about 65 minutes each, and were conducted virtually via the teleconferencing software Zoom.

The virtual focus groups were moderated by the SCU researchers. A representative from the OPHP was also present for the discussion. Upon entering the Zoom room, SCU researchers reviewed the purpose of the study and consent information, and participants were asked to give verbal consent to participate in the study and be recorded during the focus group. At the start of the focus groups, researchers reminded focus group participants to keep the information shared in the discussion confidential. Then, the participants introduced themselves by first name only to the group in order to create a space where discussion can flow more freely.

The focus group discussion followed the outline of questions from the focus group guide. The English guide was translated into Spanish. The English focus group was conducted in English and the Spanish focus group was conducted entirely in Spanish.

Upon the completion of the focus group, participants were informed of how they would receive their incentive of a \$30 gift card from a representative of the OPHP. A representative from the OPHP then distributed the gift cards to the participants.

Data Analysis

Each focus group was recorded (video and audio) and transcribed. The transcripts from the Spanish language focus group were then translated into English. Once transcripts from both focus groups were available in English, they were transferred to spreadsheets, organized by questions included in the focus group guide. The data were analyzed without direct comparisons between the Spanish- and English- groups due to the small sample size.

Two coders met to discuss the process by which the data would be analyzed. A qualitative thematic analysis was used to analyze the data (Braun & Clarke, 2006), entailing three steps. First, each of the two coders reviewed the data independently and generated a list of overarching themes. The coders then met to discuss the themes using the constant comparison methods to develop the themes and their properties. Recurrent themes related to complexity of the information, how information should be presented and for whom, and the need to emphasize how to do things emerged. In the second step, the data were reexamined in the context of these themes, and the data were grouped into these themes. Finally, in the last step, the coders engaged in a series of discussions until a nuanced analysis of participants' perceptions of oral health messaging and their recommendations was achieved. These themes are presented below.

Results

Participant Demographics

All 18 participants of the focus groups were women. The majority of the participants identified as either Hispanic, Latina or Middle Eastern. One participant was Filipina, another African American, another Portuguese, and another Asian-Pakistani. The average age of the participants was 34 years old (See Table 1).

Table 1: Participants' Demographics	
<i>Average age</i>	34 years
<i>Gender</i>	
Woman	18
Man	0
<i>Race/Ethnicity</i>	
Middle Eastern	3
Hispanic	5

Filipina	1
Latina	5
African American	1
Portuguese	1
Asian-Pakistani	1
Mexican/American	1

Eight of the women participated in the Spanish focus group session while 10 participated in the English focus group session. Most participants (n=15) said they had two children. The participants' children's ages ranged from 10 months old to 12 years old. (See Table 2).

Table 2. Participants' Primary Language and Ages of Children				
<i>Participants</i>	<i>Language</i>	<i>Ages of Children (in years unless otherwise noted)</i>		
Participant #1	S	2	6	
Participant #2	S	5	2	
Participant #3	S	2	6	
Participant #4	S	4	3	
Participant #5	S	2	4	
Participant #6	S	2	5	
Participant #7	S	2	3	
Participant #8	S	4	9	
Participant #9	E	8	4	1 ½
Participant #10	E	3		
Participant #11	E	5	3	
Participant #12	E	3	10 months	
Participant #13	E	6 ½	5	10 months
Participant #14	E	3		

Participant #15	E	5	4	2
Participant #16	E	9	3	
Participant #17	E	4	22 months	
Participant #18	E	12	6	13 months

Focus Groups Themes: Results and Recommendations

Results from our analysis of the focus groups revealed a range of insights about the behaviors, beliefs, and preferences for messaging around oral health. Participants also provided suggestions for how to improve oral health messaging strategies. Five overarching themes and key recommendations emerged. Results are presented by theme followed by participants' recommendations for addressing that particular theme.

Theme #1: We want complex information delivered in simple terms

One key insight we learned from focus group participants was they wanted more complex information about how oral health connects to overall health, as well as more advanced topics about oral health, such as the importance of fluoride. The participants suggested that this information should be delivered in language and formats that are accessible. In other words, creating materials in simple language and using clean design principles doesn't mean the actual topics have to stay simple.

For example, participants were shown an example of existing oral health educational material (Appendix B3, "It's All Connected"), and asked to comment on it. The material contained an image of a figure of a human body with descriptions connected to various parts of the body detailing how oral health connects to that part of the body. After viewing this image, one participant commented:

“...this image -- it showed me a lot of, a lot of information that I didn't know. I didn't think that oral health... that it would be connected with other illnesses. And that it would be like, really important [to take care of one's mouth]...I didn't think until now that I am looking at this image that, there is a lot of important information [we need to know].”
(Spanish group participant)

This sentiment is echoed in another comment, when another participant described her desire to learn more about the gums, and the importance of keeping her gums healthy as it relates to other aspects of staying healthy:

“Because the health of the mouth is not just about teeth, it is also the gums, right? Suddenly if one doesn’t clean their mouth, well the gums can get infected or also.... all that that is accumulated inside the mouth gets bacterias, no? ...I’ve heard that a mouth infection can go further. Other illnesses can happen [as a result].” (Spanish group participant)

A number of participants agreed that oral health information would need to be presented using “simple words,” and should include as many visuals as possible to accommodate for different types of learners. In support of this, one participant shared,

“...having that visual, [since] there's two types of learners or people that you can just tell them, and they get it down. But there are people that are more visual [and] hands on.” (English group participant)

Making oral health education materials easy to understand is a priority, as existing materials can sometimes be too confusing or complicated to follow. When we shared an example of a Fotonovela (Appendix B2, “First tooth, first birthday. FIRST VISIT”) that is currently being used to promote oral health, one participant responded with some suggestions on how to improve the readability of it:

“I also think just maybe if we numbered the pictures like... you know, in order, because I was kind of looking through the whole thing. I was left to right. But then I realized, oh, it...[goes in another order].” (English group participant)

Overall, participants showed an interest in learning about a wide range of topics. While there are many topics that are important, participants commented that “sometimes too much information is overwhelming.” They want more topics addressed, but each topic to be addressed separately, and in easy to understand language and quality designed materials.

Recommendation #1: The County OPHP should produce oral health education materials that address a broader range of topics, with materials addressing each topic separately, while keeping the language simple and the designs clean and user-friendly.

Theme 2: First-Time parents/caregivers have different information needs

In addition to wanting information that encompassed a wide range of topics, focus group participants expressed the need to differentiate information based on whether the parent or caregiver is a first-time parent or caregiver. In reference to the fotonovela example (Appendix B2) we shared in the focus group, one participant commented:

“...I think that it gives a good example [for] perhaps a first time mother...that has never or for example that it’s her first baby... it is like something really simple that I can read and it quickly informs you that okay, at one year [you should take your baby to the dentist], so... I think that overall it is good information for a new mom.” (Spanish group participant)

“For a first time mother, yes, right that would have been [useful]...But...I think that most mothers that already have more [and older children]... the information [we need is more like]...How to clean [their teeth], how to make them floss, also like, what not to do because we know what to do but it would also be very good to hear what we should not do to harm our children.” (Spanish group participant)

The participants followed up with comments about different information needs based on the age(s) of their children. They described how providing oral health care for their infants who have not yet had their first tooth is very different from providing care for a toddler:

“So like I said, I have two kids... my oldest one is hard, very hard to [get him to] brush, but I try to do it at least two times a day, twice a day, and the baby [is] 2 years old. He likes to brush his teeth, but he doesn't like to floss.” (English group participant)

This comment was followed by a suggestion to hold any workshops or information dissemination sessions virtually for mothers who have more and/or older children because traveling for meetings may be more difficult.

“I think that it would be more accessible for us as mothers who have one or two children and we work and are busy... a Zoom meeting would be a good option...I also think that groups or information they give in person is important, but there are people that don’t have access or don’t have the mobility or that live far... the time also...Especially with the children. Because the children take up a lot of time... in a good way obviously but they need time and for us as parents it is difficult to be and go places and it is more comfortable for us to enter a Zoom meeting sometimes.” (Spanish group participant)

“Distribute [the information] through my kids at school, and you can do like this Zoom meeting... We have a Zoom [meeting] for like 15 minutes and learn about information like this. People would be interested in attending if it was...short, you know. 10 to 15 minutes kind of session, [even in person] at the school.” (English group participant)

Participants also commented on the desire to receive information via email. It allows them to access the information when they need it, and they can easily search for it.

“Well of course I think that for most if not all mothers, [email] is a super useful tool. Because suddenly, for example in the evenings, one goes to check the emails from schools or from programs. For example, right now I was thinking if you send me an email from this, this talk and I can’t find it, I would put something like dental or...teeth [in the email search tool], that’s what I would do.” (Spanish group participant)

“I would say that something digital [is good] because that way it doesn’t get lost or if it was through email, one can look for it again. It doesn’t get lost like a [flier] or a pamphlet.” (Spanish group participant)

Overall, participants expressed that their oral health information needs were different when they had their first child vs. their other children. They want to have information that specifically addresses how best to provide oral health care for children of different ages and developmental stages.. They would also like these materials in all modalities to account for the differing needs of various family arrangements.

Recommendation #2: The County OPHP should consider developing oral health education materials that are different and customized for first time parents vs. those with multiple children, and for children of different ages. These materials should also be delivered in a wide range of modalities, including virtually via Zoom meetings, materials emailed digitally, in person workshops, and hard copies of materials distributed at schools and other locations.

Theme #3: Parents already know the information but they want to know HOW to do it, and they want this information delivered in a variety of ways

Participants want information that explains *how* to actually implement oral health care strategies. They indicated they already know crucial facts about oral health, such as the importance of brushing their teeth, flossing, and recurrent visits to the dentist. However, the problem rests in how to incorporate these into their daily routine. Participants commented on the difficulty in trying to get their children to listen when it comes to oral health:

“Yes, like for me. I'm always reminding my kids to brush their teeth, trying to minimize the sugar, and to focus on what they eat, [and] floss. But they don't pay too much attention to the floss as much as it brushing their teeth.” (English group participant)

“So I'm talking about my kids. It's hard to make them listen. So it's ...difficult to convince him and explain to them, Hey, They need to brush - So that's my difficult for now.” (English group participant)

The participants expressed that they would like to have information that provides them with helpful strategies that will motivate their children to carry out healthy routines on their own. These include finding ways to teach their children to brush their teeth on their own, say no to candy, floss, and visit the dentist. Participants commented that they want to incorporate all this information into a natural routine for their children that is viewed as fun rather than something that is viewed as a chore:

“Sometimes it is almost impossible for them to not have candy.... I try not to have them because I know that I have them, they will eat them. But there are times when they come back from school with candy. My child comes back with candy and suddenly I see him ...he has already bitten the candy.” (Spanish group participant)

“It's kinda like trying to find new ways to make it fun for them. You know, brushing their teeth doesn't have to be in the bathroom. trying to, you know, sing songs and trying to, I guess, distract the idea of it's not that bad, you know So just trying to find new ways, even if it's in the car. I have an extra toothbrush singing songs, you know. Just reminders of just trying to make it fun for him. So it's something fun. It's not a chore. It's just something that you know. It's a healthy thing we have to do every day, like you know. Wash our face, wash our hands, brush our teeth to do something else.” (English group participant)

They also mentioned wanting educational materials tailored to the audience. For example, different materials should be created for a parent or caregiver with a teething infant vs. a parent with a child who needs to develop a flossing routine. For the parent or caregiver, materials should show them how to work with the child. However, for the child, materials might be created that explain why the behavior is important.

“I think it would be incredible if they integrate the children, right. My five year old is autistic and has a high degree of autism. So for him, apart from his routines, is very visual. When I teach him what will happen and when, like, he starts preparing and the day it happens, he is not as dramatic I could say, so difficult for him” (Spanish group participant)

In terms of how to deliver this information, participants conveyed that it would be best if this type of information was provided in a variety of ways. They mentioned disseminating the information through virtual events, school workshops, or even virtually, in order to benefit the most people.

Overall, participants described that although they already know much of the information necessary, they find it difficult to actually carry out the recommendations in an effective manner in the lives of their children. They want the same information they are given to also be understood by their children in a way that makes the children want to naturally practice such activities. Rather than being forced to do so, participants want their children to carry out these for their entire lives.

Recommendation #3: The County OPHP should create and distribute skilled-based educational materials. These should show people how to implement the information and the strategies that will promote overall better oral health. This information should be delivered through a variety of channels in order to accommodate different needs and audiences.

Theme 4: It is hard to find accurate information and available providers

Another key finding we learned from the focus group participants was that they have difficulty finding accurate information about oral health. They expressed not being able to find an easy and accessible hub with the helpful and accurate information they seek. For example, participants expressed getting mixed information in regards to when is the right time to take a toddler to the dentist. One participant commented:

“ I do have a doubt because in a program they told me that my baby, well my little girl, actually of two years...already had to have her first visit to the dentist. And when I took her to the dentist, the dentist almost laughed. And said oh no, she is too young, she doesn't need it yet, and that confused me. Because I thought, really? So then, what is the age to start taking your children?” (Spanish group participant)

Due to the lack of a certified source, many revealed they often rely on various sources such as the internet and social media, as well as friends and family and their own personal dentist for information. One participant mentioned:

“Well my sister is a nurse and she tells me don't believe everything that is on Google. Like I think Google is a good base to have an idea of what - or a doubt - that one has. But usually... I ask my mom or you know, in my house to my sister who is a nurse, or moms who have had experiences. But basically, I try to ask all my questions at the dentist or with the doctors because I think those are the best people to give you a clear idea.” (Spanish group participant)

Another concern the participants shared was that they often had a difficult time finding a dental provider who accepts HPSM Dental.

"My kids have Denti-Cal [HPSM Dental], and I find it that it's really hard to find dentist's office that take pediatric patients, and just dentists in general that take Denti-Cal, and you know...you have to find one that you really like, or that the kids really like. There [aren't] very many options, or you have to go super far. So that's one of the issues that I have." (English Group)

The participants expressed finding confusing information about oral health. However, information on a County Health OPHP website will be known to be trustworthy and people will be able to go there first for information when questions arise. Included in this website should be information on how to find a provider as well.

Recommendation #4: The County OPHP should produce a website that is a source of accurate, reliable oral health information.

Theme #5: Oral health care practices are different here in the United States compared to where they grew up.

One important insight we gained from the focus group participants was that, growing up, often in a country outside the United States, they learned different types of oral health care practices from the ones that are emphasized here in the United States. For example, they usually only went to the dentist if there was a reason to, and the reason usually meant there was pain or discomfort. Because of that, sometimes these visits were not very pleasant. For example, one participant shared:

"You know, we weren't really going to the dentist unless there was a reason for us to go there...cavities and things like that...because [the visits] were nightmares. My brother and I developed trauma going to the dentist. He's a grown man now, 40 years old, and he has to be put to sleep, to have his teeth worked on." (English group participant)

Other participants echoed this sentiment, sharing that in their home countries, going to the dentist wasn't really a thing people did regularly. They only went if it was absolutely necessary. The recommendations they see now in the United States however, are to visit the dentist at least once a year.

Participants also mentioned the recommended practices for caring for their children's oral health are different from what they learned in their home countries. Growing up, the participants sometimes didn't learn how to floss or use mouthwash. For example,

"We didn't get floss, we just brushed our teeth...and technically, that wasn't enough." (English group participant)

“We didn’t know about mouthwash, and we didn’t have the opportunity to buy it.”
(Spanish group participant)

For some, teeth brushing was not emphasized at all. No one really brushed their teeth. As one participant shared,

“The truth is, in my home there was hardly any [oral health care]...in [my home country] there was not much education about teeth and brushing and all that. And I don’t remember in my house that I would ever see anyone that washed their teeth...Nor did they enforce as much education about washing the teeth and how to brush the teeth.”
(Spanish group participant)¹

Based on what the participants shared, it is important for the OPHP to recognize that some of the target population come from cultures that do not emphasize oral health care or preventative oral health care. Developing messaging strategies that emphasize how dentist visits are part of a preventative oral health care approach, and that engaging in oral health care prevention can lead to other health benefits would be good to shift their attitudes.

Recommendation #5: The County OPHP should frame going to the dentist as prevention for oral health. Emphasize brushing and flossing regularly as important for preventative oral health and overall health.

Discussion & Conclusion

This study explored the beliefs, behaviors, and preferences for information dissemination related to oral health among parents/caregivers of children between the ages 0-5 in San Mateo County who have Health Plan of San Mateo Dental insurance. After conducting focus groups with these parents and caregivers, we found several themes that suggest current messaging strategies sometimes do not align and resonate with caregivers’ attitudes, beliefs, and information preferences. They shared their suggestions on how to improve these messages, both in terms of the content they cover and how they are delivered.

We conducted groups in both English and Spanish and found common themes emerge across the participants, regardless of language spoken and the ages of participants’ children. Our findings reveal that current oral health messaging may be oversimplifying the topics that are of interest to parents and caregivers. While the information should be presented in simple, everyday language, with clean designs, this does not mean topics need to be simple. The focus group participants wanted to learn more about topics like fluoride and gum health, and how these connect to their overall health. The participants had a range of suggestions on how to receive this

information – digitally and in person, through short interactions as well as longer ones (e.g., workshops).

Participants also mentioned wanting to learn how to talk to their children about topics, and how to work with their children to maintain healthier preventive oral health habits. Participants emphasized wanting to learn skills on how to work with their children, not just knowledge about oral health topics. This suggests that perhaps there should be different materials developed for the parents and caregivers on how to talk to and work with their children versus materials that target the children themselves. Different stages in terms of oral development should also be taken into consideration as oral health care for a teething infant is very different than oral health care for a toddler.

Related to accessing oral health information, participants suggested it was often difficult to find trustworthy information about oral health, especially on the internet. They suggested having more information reviewed by reputable sources, like County Health’s OPHP program, would be useful. Another suggestion they had was for the OPHP to streamline the process of finding a dental provider that accepts HPSM Dental. Our findings also revealed that preventive dentist visits are a new concept for some of our participants – they only went to the dentist when there was an emergency situation when they were children themselves.

There are limitations to this study that should be noted, including the small sample size. Additionally, generalizability from focus groups may be limited. While our sample included women from San Mateo County, the information gathered for this study may not reflect other women from the County. Despite these limitations, our study has generated a rich set of findings that can inform how to best promote oral health practices among low-income, Medi-Cal eligible caretakers of children ages 0-5.

Overall, we believe that these findings provide some tangible recommendations to help the OPHP determine new strategies to develop oral health messages and education materials for parents or caregivers of children between 0 and 5 years who are low income.

Appendices

Appendix B1 Focus Group Guide (with images shown to participants)

Appendix B2 Fotonovela example: First tooth. First birthday. FIRST VISIT

Appendix B3 Flier example: It’s all connected

Appendix D Recruitment Fliers

References

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Kelly, S. E., Binkley, C. J., Neace, W. P., & Gale, B. S. (2005). Barriers to care-seeking for children's oral health among low-income caregivers. *American Journal of Public Health*, 95(8), 1345-1351.
- Northridge, M. E., Kumar, A., & Kaur, R. (2020). Disparities in access to oral health care. *Annual Review of Public Health*, 41, 513-535.
- San Mateo County Oral Public Health Program (SMC OPHP). (2022). Program Evaluation Report, 2017-2022.

**San Mateo County Oral Health Focus Group Guide
For Parents of Children 0-5
Final Version January 12, 2023**

Claire will welcome participants and introduce Chan and Sofia:

Thank you for joining us. I'm Claire Bleymaier and I already spoke with you about participating in this discussion. I would like to introduce you to Dr. Chan Thai and her student, Sofia Molina Perez. They will be facilitating the discussion today.

Chan will introduce herself and Sofia.

Thank you Claire. Hello, I'm Chan and I'm a professor at Santa Clara University, and my student Sofia, who will be taking notes. (continue below with study background)

1. Study Background

Thank you for agreeing to participate in this focus group! The purpose of this focus group is to understand your experiences maintaining dental health among your children ages 0-5. We know that you are very busy — and we appreciate your willingness to participate in today's discussion. This focus group is part of research being conducted by San Mateo County and a professor from Santa Clara University. We hope to learn more about how you help your children take care of their teeth and mouth.

The discussion today should last about an hour, and the way it will be conducted is that I will ask a question, and everyone will be given an opportunity to respond if they want to. Before we begin, we ask that what is discussed in this conversation remains between us. This is in order to maintain confidentiality of everyone involved. If at any point, you would like to leave the focus group, you may do so. I will follow up with an email regarding what to do with the information that you shared to that point. If you do not wish to answer a question, you are not required to do so. If you feel comfortable enough, let me know what you would prefer to be asked or feel free to correct me at any time. We will be recording today's conversation.

In order to begin, we must check to make sure you are giving your consent to participate and allow us to record the conversation. If you agree to be recorded and to participate in this study, please type yes in the chat pod or raise your hand. ~~(If the focus groups are in person, we will ask for verbal consent. If you agree to participate in this study, please say yes. If you do not, you may exit the room and our colleague will debrief with you outside.)~~

[Press Record]

I have a few questions to guide this conversation but we really want to hear from you and your thoughts and ideas about caring for your children's teeth and mouth. Does anyone have any questions before we get started?

2. Introductions

Let's start by getting to know one another a little better so that we can feel more comfortable during the discussion. Will you please introduce yourself to the group, tell us what age(s) your children are?

Introductions

- 1) Your first name
- 2) Tell us what age(s) your child(ren) are.

3. Values and Beliefs of Parents in terms of supporting their child

When you were a child, how were your teeth taken care of? What were some of the things that you were taught about oral health and how to keep your mouth and teeth healthy?

What do you think should be done every day to help keep your children's teeth and mouth healthy?
Probe: What can people do to prevent problems with their children's teeth or mouth?

How does having a healthy mouth and teeth connect to other aspects of your child's health and wellbeing?

4. Barriers and challenges to oral health

If this is applicable to you, what makes it hard to keep your children's mouth healthy?
What has made it hard for you to keep your mouth healthy?

When you go to the dentist or to your doctor, how well do you generally understand what they say to you about your child's oral health?

5. Information and Messages about Oral Health

When you have a question about dental health, where do you go for information? Is it from a dentist, your doctor/pediatrician, a friend, a video you watched on YouTube?

What kinds of questions have you asked? What kinds of things have you looked up?

Is the information you receive the same from these different places? Is it different? (have you received conflicting information?)

Do you ever have a difficult time finding information you need?

What kinds of questions do you have that you haven't found an answer for? What kinds of questions have you been unable to ask/you're not sure where to find the answer?

Who or What do you trust the most for information about how to keep your teeth healthy?

6. Suggestions on potential flyer design

If we wanted to share information with you about how to keep your teeth healthy, where should we provide this information so it's easiest for you to find? Who should provide it? How? (digital vs paper vs posters vs meetings vs one on ones vs presentations)

For example: We could print papers and leave them at the schools or libraries, we could create YouTube videos, and others.

What words should we use? Mouth, teeth, cavity, gum disease, infection, dental disease, decay

We are going to show you some examples of materials that other organizations use. I will paste a link in the chat pod to a document we want you to look at and give you a few minutes to review. Then, we would like to hear what you think:

1. (Both groups) Baby's First Birthday (fotonovela)
 - a. **English - link to paste in chat:** <https://smilecalifornia.org/wp-content/uploads/2019/11/FirstToothFirstBirthdayFirstVisitEnglish-09-2019.pdf>
 - b. **Spanish** - link to paste in chat:<https://smilecalifornia.org/wp-content/uploads/2020/04/FirstToothFirstBirthdayFirstVisitSpanish.pdf>

What do you like about this?

What don't you like about this?

How can we make it better?

What other languages do you think would be helpful?

2. Use an infographic like Frameworks' - that shows the connection between oral health and overall health visually
Probes: How else could we show the connection between oral and body health well?

Public Link to Frameworks Document:

https://drive.google.com/file/d/1sloWoRUeEZDeFtleMhzHB2hnbGzMi7cZ/view?usp=share_link
(paste link in chat)

What do you like about this?

What don't you like about this?

How can we make it better?

What other languages do you think would be helpful?

After showing Frameworks infographic... If we wanted to share all of this information with you, how could we best explain that a healthy mouth is important for a healthy body?

7. Wrap up and Final comments

That concludes our discussion today. Thank you for joining us. Claire will share more about the gift card.

If you would like to learn about what we find out from these discussions, please type your email Claire so she can share the report with you.

Does anyone have any comments or questions before we end?

**Guía para Grupo de Enfoque de el condado de San Mateo
Para Padres de Niños de 0-5 Años
Draft September 14, 2022**

Claire will welcome participants and introduce Chan and Sofia:

Thank you for joining us. I'm Claire Bleymaier and I already spoke with you about participating in this discussion. I would like to introduce you to Dr. Chan Thai and her student, Sofia Molina Perez. They will be facilitating the discussion today.

Sofia will introduce herself and Dr. Thai

Gracias Claire. Hola, soy Sofia y esta es mi profesora Dr. Thai de la universidad de Santa Clara. Su español es limitado así que yo voy a dirigir este grupo mientras ella toma notas. (continue below with study background)

1. Fondo De Estudio

¡Gracias por aceptar participar en este grupo focal! El propósito de este grupo de enfoque es saber de sus experiencias sobre el mantenimiento de la salud bucal entre niños de 0 a 5 años. Sabemos que ustedes están ocupados – así que apreciamos que estén dispuestos a participar en la discusión de hoy. Este grupo de enfoque es parte de un estudio realizado por el condado de San Mateo y una profesora de Santa Clara University. Esperamos aprender más sobre cómo ayudar a sus hijos a cuidar sus dientes y sus bocas.

La discusión de hoy durará aproximadamente una hora y la forma en que se llevará a cabo es que yo haré una pregunta y todos van a tener una oportunidad de contestar si así lo desean. Antes de comenzar, pedimos que lo que sea discutido en esta conversación quede entre nosotros. Esto es para mantener la confidencialidad de todos los que están involucrados. Si en algún momento, usted desea salir de este grupo de enfoque, puede hacerlo. Nos comunicaremos con usted a través de correo electrónico sobre qué hacer con la información que usted compartió hasta ese momento. Si no quiere responder a una pregunta, no está obligado a hacerlo. Si se siente lo suficientemente cómodo, dígame que prefiere que le pregunten y también siéntase cómodo de corregirme en cualquier momento. Estaremos grabando la conversación de hoy.

Para comenzar, necesitamos verificar que usted nos está dando su consentimiento para participar y grabar la conversación. Si acepta ser grabado y participar en este estudio, escriba sí en el chat de zoom o halzen su mano. ~~(Si los grupos focales son en persona, pediremos consentimiento verbal. Si acepta participar en este estudio, diga que sí. Si no, puede salir de la sala y nuestro colega le informará afuera).~~

[Empezar a Grabar]

Tengo algunas preguntas para guiar esta conversación pero realmente queremos saber de ustedes y sus pensamientos e ideas sobre el cuidado de los dientes y la boca de sus hijos. ¿Alguien tiene alguna pregunta antes de que empecemos?

2. Introducciones

Vamos a empezar por conocernos un poco mejor para que podamos sentirnos más cómodos durante la discusión. Podrían cada uno presentarse al grupo y decirnos qué edad tienen sus hijos?

Introducción

- 1) Su primer nombre y ~~pronombres preferidos~~
- 2) Díganos/Cuéntenos qué edad(es) tienen sus hijos

3. Valores y creencias de los padres en términos de apoyo a sus hijos

Cuando usted era un niño/a como cuidaba de sus dientes? ¿Cuáles fueron algunas de las cosas que le enseñaron sobre la salud bucal y cómo mantener la boca y los dientes sanos?

¿Qué cree que se debe hacer todos los días para ayudar a mantener saludables los dientes y la boca de sus hijos?

Probe: Que puede hacer la gente para prevenir problemas con los dientes o la boca de sus hijos?

¿Cómo se relaciona tener una boca y dientes sanos con otros aspectos de la salud y el bienestar de sus hijos?

4. Barreras y obstáculos a la salud bucal

Si esto es aplicable a usted, ¿qué dificulta mantener la boca de sus hijos sana?

¿Qué le ha dificultado mantener su boca sana?

Cuando va al dentista, por lo general ¿qué tan bien entiende lo que dicen sobre los dientes de sus hijos?

5. Información y mensajes sobre la salud bucal

Cuando tiene una pregunta sobre la salud de la boca, ¿dónde busca información? De su dentista, su doctor/pediatra, un amigo/a, un video que vio en YouTube?

¿Qué tipos de preguntas ha hecho? ¿Qué tipos de cosas ha buscado?

La información que encuentra es la misma en diferentes lugares / plataformas? ¿Es diferente? (ha recibido/encontrado información contradictoria?

Alguna vez ha tenido dificultades para encontrar la información que necesita?

¿Qué tipo de preguntas tiene de la cual aún no ha podido encontrar una respuesta? ¿Qué tipo de preguntas no ha podido preguntar / no está seguro de dónde encontrar la respuesta?

En quien o que confía más para obtener información sobre cómo mantener sus dientes sanos?

6.. Sugerencias sobre posibles diseños de un volante

Si quisieramos compartir información con usted sobre cómo mantener sus dientes sanos, donde podemos proporcionar esta información para que le resulte más fácil encontrarla? ¿Quién debe proporcionarlo? Como? (digital vs papel vs carteles vs reuniones vs reunión uno a uno vs presentaciones)

Por ejemplo: Podemos imprimir papeles y dejarlos en las escuelas o bibliotecas, podríamos crear videos de YouTube, y otras más..

¿Qué palabras deberíamos usar? Boca, dientes, carie, enfermedad de las encías, infección, enfermedad dental, decadencia

Les vamos a enseñar algunos ejemplos de materiales que han sido usados por otras organizaciones. [Voy a compartir el enlace del documento por el chat y les daremos un minuto para que lo vean y analisen.](#) Después de eso nos gustaría saber qué es lo que piensan:

1. Baby's First Birthday (fotonovela)
 - a. [Spanish](#) - link to paste in chat:<https://smilecalifornia.org/wp-content/uploads/2020/04/FirstToothFirstBirthdayFirstVisitSpanish.pdf>

¿Qué le gusta de esto?

¿Qué no le gusta de esto?

¿Cómo podemos mejorarlo?

¿Qué otros idiomas serán útiles mostrar?

2. Utilizar una infografía como la que muestra visualmente la conexión entre la salud bucal y la salud general.
Probes:, ¿Además de esto cómo podemos mostrar la conexión entre la salud bucal y la salud en general de una manera efectiva?

Public Link to Frameworks Document:
[Focus Group Materials_ FrameWorks_SP.pdf](#)

¿Qué le gusta de esto?

¿Qué no le gusta de esto?

¿Cómo podemos mejorarlo?

¿Qué otros idiomas serán útiles mostrar?

Después de mostrar la infografía de Frameworks Si quisieramos compartir toda esta información con ustedes, ¿cómo podríamos explicar mejor que una boca sana es importante para un cuerpo sano?

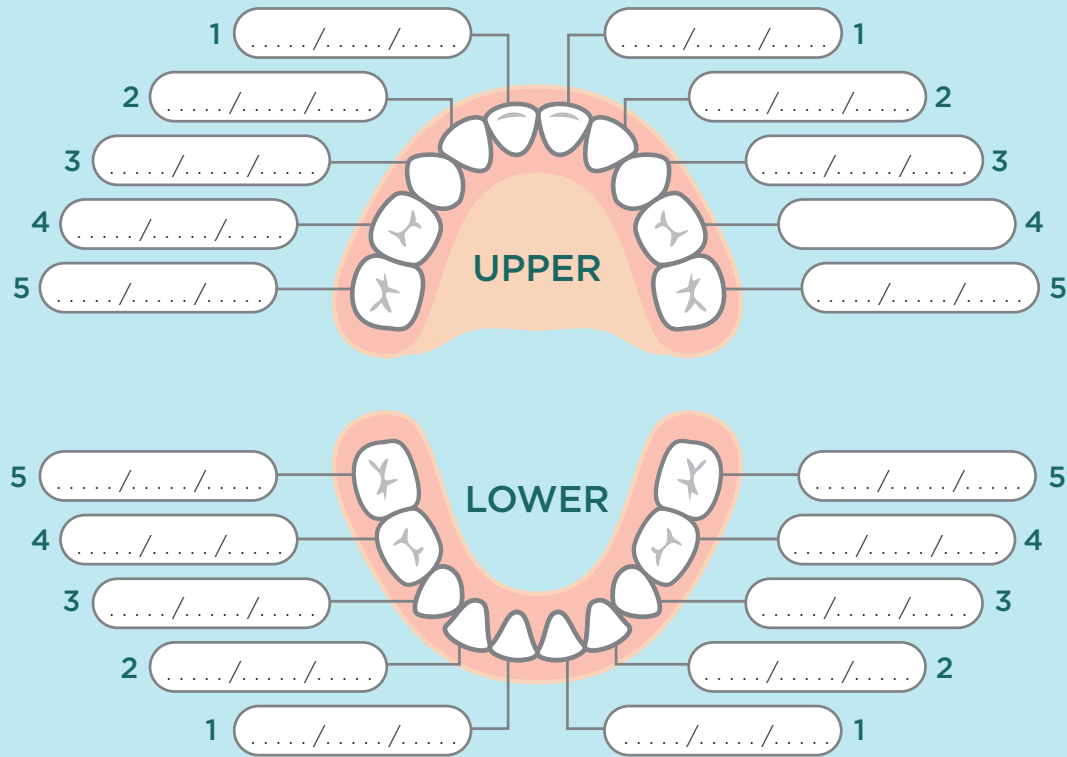
7. Resumen y Comentarios Finales

Esto concluye nuestra discusión de hoy. Muchísimas gracias por acompañarnos. En términos a su tarjeta de regalo Claire se los va a mandar a través del correo electrónico que usted usó cuando lo contactaron.

Si quisieran aprender sobre los resultados que nosotros descubrimos a través de estas discusiones, por favor escriban sus nombres en el chat y nos aseguraremos de que Claire comparta el reporte final con ustedes.

Alguien tiene alguna pregunta o comentario antes de que terminemos?

Baby Teeth Development Chart



UPPER TEETH

APPROXIMATE
AGE OF
ERUPTION

- | | | |
|---|-----------------|--------------|
| 1 | Central Incisor | 8-12 months |
| 2 | Lateral Incisor | 9-13 months |
| 3 | Canine (Cuspid) | 16-22 months |
| 4 | First Molar | 13-19 months |
| 5 | Second Molar | 25-33 months |

LOWER TEETH

APPROXIMATE
AGE OF
ERUPTION

- | | | |
|---|-----------------|--------------|
| 1 | Central Incisor | 6-10 months |
| 2 | Lateral Incisor | 10-16 months |
| 3 | Canine (Cuspid) | 17-23 months |
| 4 | First Molar | 14-18 months |
| 5 | Second Molar | 23-31 months |

First tooth, first birthday, FIRST VISIT.





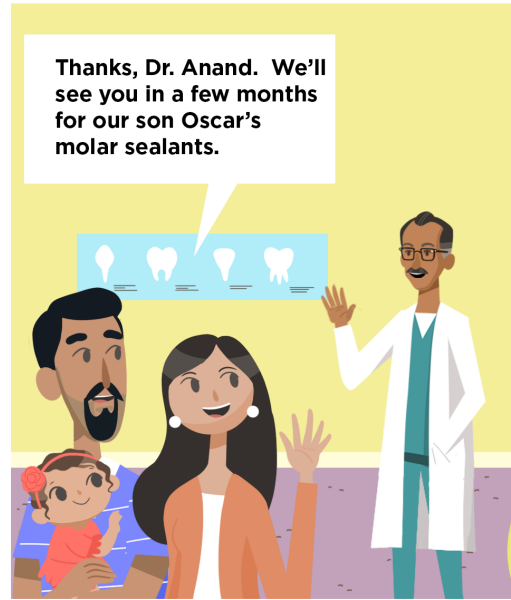
Oh, Mama, I have so much to set up before Mariana's first birthday party today. Presents, party favors, piñata, cake.

Plus, we have Mariana's first dental visit today!



Dental visit? What does that have to do with little Mariana's birthday?

Every baby should have their first dental visit when their first tooth appears or by their first birthday. I learned about it on SmileCalifornia.org



Thanks, Dr. Anand. We'll see you in a few months for our son Oscar's molar sealants.



Surprise! Everything for the party is set-up and we are ready for all of the guests!

Of course! Anything for my babies! How was the dentist?

Mom! I can't believe you did all this!



You and Mario take her to the dentist, I'll prep the rest of the party.

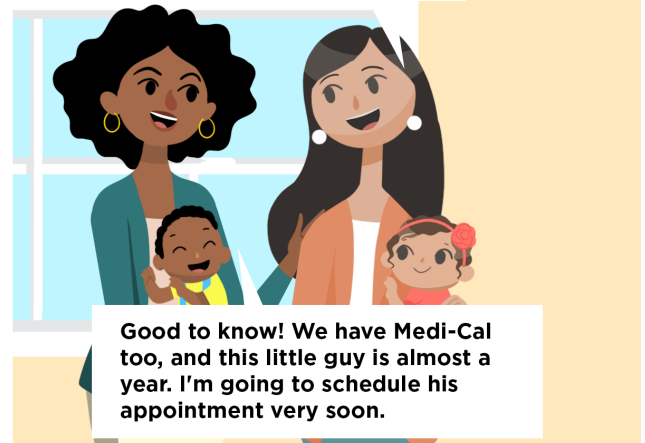


Hi, Mariana! Dad, to keep her comfortable, let's leave her on your lap. I'm going to make sure her gums and first teeth are in good shape. Okay?



Great! We got in and out of there in no time. And with Medi-Cal, the visit was free!

It's true! It's part of our Medi-Cal dental coverage!



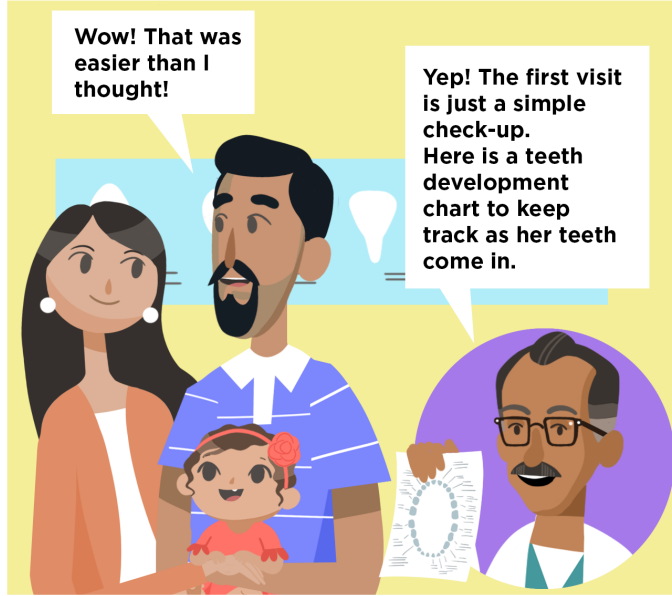
A free dental visit? I never thought I'd hear that in the same sentence!

Good to know! We have Medi-Cal too, and this little guy is almost a year. I'm going to schedule his appointment very soon.



This won't hurt her, will it?

Not at all, just a quick look-see here... aaaand we are done!



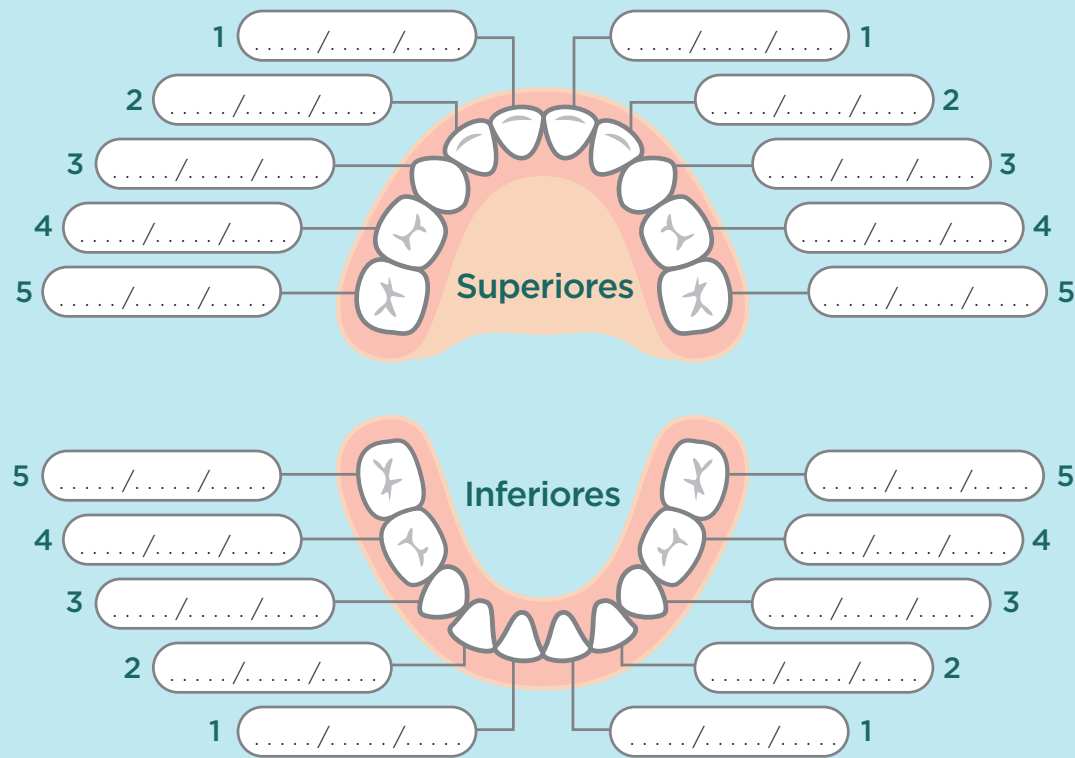
Wow! That was easier than I thought!

Yep! The first visit is just a simple check-up. Here is a teeth development chart to keep track as her teeth come in.



Excellent! But try not to schedule it on the same day as his big party... Trust me!

Tabla sobre el Desarrollo de los Dientes de Leche



DIENTES SUPERIORES EDAD APROXIMADA DE LA ERUPCIÓN

- | | | |
|---|-------------------|-------------|
| 1 | Incisivo Central | 8-12 meses |
| 2 | Incisivo Lateral | 9-13 meses |
| 3 | Canino (Colmillo) | 16-22 meses |
| 4 | Primera Muela | 13-19 meses |
| 5 | Segunda Muela | 25-33 meses |

DIENTES INFERIORES EDAD APROXIMADA DE LA ERUPCIÓN

- | | | |
|---|-------------------|-------------|
| 1 | Incisivo Central | 6-10 meses |
| 2 | Incisivo Lateral | 10-16 meses |
| 3 | Canino (Colmillo) | 17-23 meses |
| 4 | Primera Muela | 14-18 meses |
| 5 | Segunda Muela | 23-31 meses |

Primer diente, primer cumpleaños PRIMERA VISITA.



Ay, Mamá, tengo que hacer tantas cosas antes de la fiesta del primer cumpleaños de Mariana hoy. Regalos, bolsitas de recuerdo, piñata, pastel.



Además, hoy también tenemos la primera visita de Mariana al dentista.

¿Una visita al dentista? ¿Y eso qué tiene que ver con el cumpleaños de Marianita?



Todos los bebés deben tener su primera visita al dentista cuando les sale el primer diente o cuando cumplen un año. Me enteré de eso en SonrieCalifornia.org.

Gracias, Dr. Anand. Nos vemos en unos cuantos meses para que le aplique los selladores de muelas a nuestro hijo Oscar.



¡SORPRESAAAAA!!!! Todo ya está preparado para la fiesta y estamos listos para los invitados.



¡Claro! ¡Cualquier cosa por mis bebés! ¿Cómo les fue con el dentista?

¡Mama, no puedo creer que hiciste todo esto!



Hagamos esto, tú y Mario la llevan al dentista, y yo sigo con los preparativos de la fiesta.



¡Hola Mariana! Papá, para mantenerla cómoda, vamos a dejarla sentada contigo. Yo voy a asegurarme de que sus encías y sus primeros dientes estén en buenas condiciones. ¿Okey?



¡Muy bien! No nos tardamos casi nada. ¡Y con nuestro plan de Medi-Cal, la visita al dentista fue gratis!

¡Es cierto! Es parte de nuestra cobertura de Medi-Cal.



¿Una visita al dentista gratis? Yo nunca pense que escucharía esas dos palabras en la misma oración.

¡Me alegro de saberlo! Nosotros también tenemos Medi-Cal, y este pequeñín ya casi cumple su primer año. Le voy a hacer una cita muy pronto.



¿Esto no le va a doler, verdad?

Para nada, es sólo un vistazo rápido aquí... ¡y... ya terminamos!



¡Guau! ¡Fue más fácil de lo que pensé!

¡Así es! La primera visita es sólo un simple chequeo. Aquí tienen una tabla sobre el desarrollo de los dientes para darle seguimiento mientras le salen los dientes.



¡Excelente! Pero trata de no hacer la cita el mismo día de su cumpleaños... ¡Créeme!

IT'S ALL CONNECTED

The health of the mouth influences other aspects of health—and vice versa.

THE MENTAL HEALTH — MOUTH-HEALTH CONNECTION

Any serious or chronic pain issue can hamper mental health and daily life. If there is a painful injury or illness in the mouth, it's likely to get in the way of normal functions like smiling, eating, or talking – and also take a toll on mood.¹



THE FAMILY HEALTH— MOUTH-HEALTH CONNECTION

Babies naturally pick up bacteria from their surroundings that builds the immune system. Families with healthy mouths pass on helpful bacteria to babies, but if there is untreated oral disease in the family, infants can be exposed to the germs that cause cavities.²



THE MEDICINE — MOUTH-HEALTH CONNECTION

Some medications — like decongestants, antihistamines, or painkillers— can cause a dry mouth. Because saliva protects the mouth from the harmful bacteria that cause cavities and gum disease, the dry mouth "side effect" is one way that issues in other parts of the body influence oral health.³



THE IMMUNE SYSTEM — MOUTH-HEALTH CONNECTION

Because the mouth is an important part of the immune system, a healthy mouth boosts the body's ability to protect against disease. Auto-immune diseases, like Celiac disease or lupus, can cause swelling in the mouth. In turn, inflammation can set off other health problems.⁴



THE VITAL ORGAN — MOUTH-HEALTH CONNECTION

Endocarditis, a heart infection, is often caused when bacteria from another part of the body gets into the bloodstream and spreads to the heart. It is also possible for infections in the mouth to spread to the brain. This is why gum disease is a serious infection that shouldn't be ignored.⁵



THE DIABETES — MOUTH-HEALTH CONNECTION

Diabetes can harm the mouth, and problems in the mouth make it harder to control diabetes. Uncontrolled blood sugar can cause swollen gums, which disrupts the mouth's natural defenses and makes cavities more likely. That's why oral health care is an important part of diabetes management.⁶

It's all connected!

A practical approach to health includes oral health in planning, policy, and practices.

1. American Pain Society, 2017. "Activity pattern profiles: Relationship with affect, daily functioning, impairment, and variables related to life goals."

2. PLoS Biology, 2013. "Mom Knows Best: The Universality of Maternal Microbial Transmission."

3. Mayo Clinic, 2016. "Oral health: A window to your overall health."

4. Harvard Medical School Healthbeat

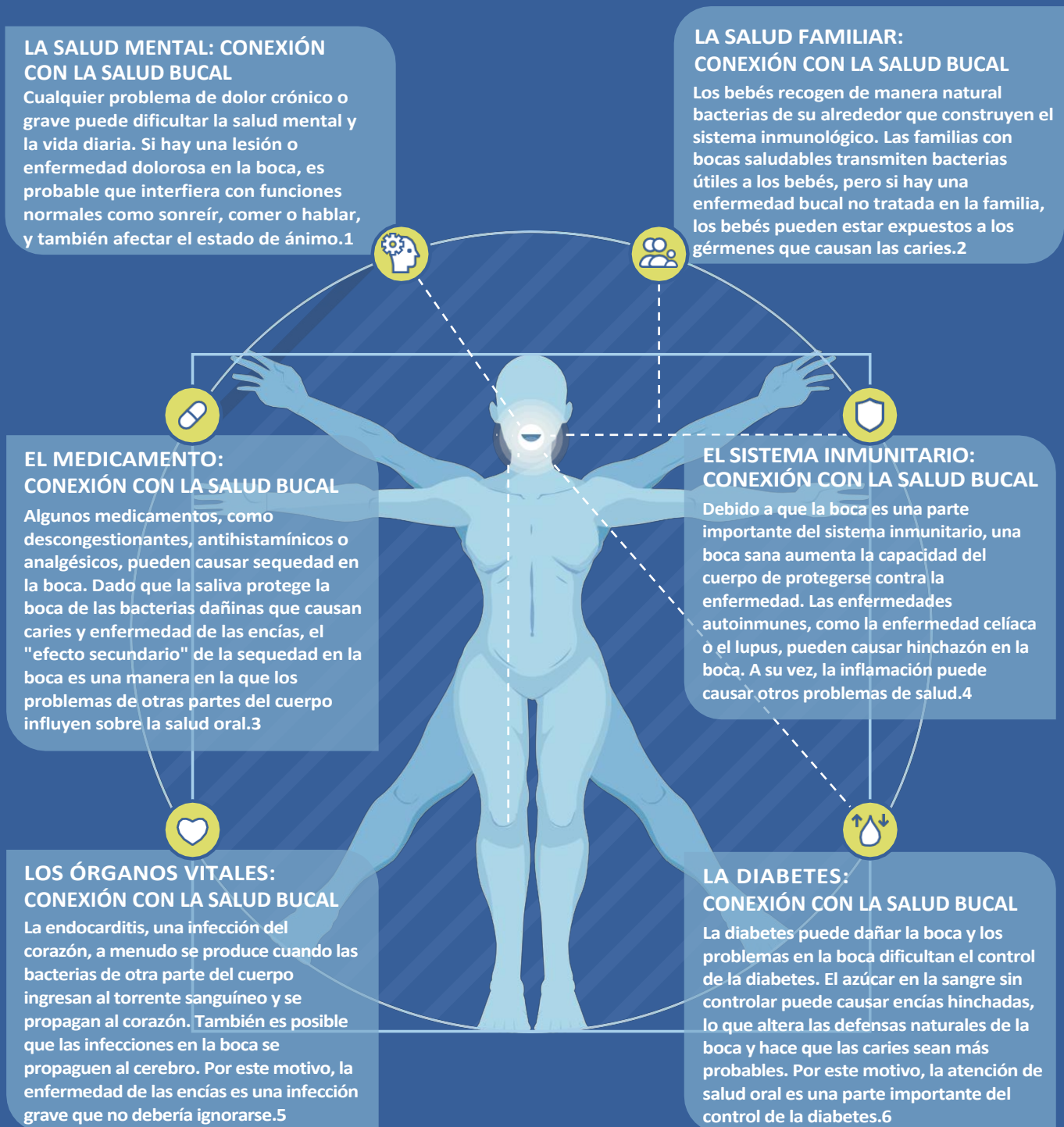
5. Journal of the American Dental Association, 2009. "Poor oral hygiene as a risk factor for infective endocarditis."

6. American Diabetes Association, 2014. "Diabetes and Oral Health Problems."



Todo está conectado

La salud de la boca afecta otros aspectos de la salud y al revés.



¡Todo está conectado!

Un enfoque práctico de la salud incluye la salud oral en la planificación, las políticas y las prácticas.

1. American Pain Society (Sociedad Americana del Dolor), 2017. "Perfiles de patrones de actividad: relación con el afecto, funcionamiento diario, deterioro y variables relacionadas con las metas de vida".

2. PLoS Biology, 2013. "Mamá lo sabe mejor: la universalidad de la transmisión microbiana materna".

3. Mayo Clinic (Clínica Mayo), 2016. "Salud oral: una ventana a su salud general".

4. Harvard Medical School Healthbeat (Escuela de Medicina de Harvard Healthbeat)

5. Journal of the American Dental Association (Diario de la Asociación Dental Americana), 2009. "La higiene oral deficiente como factor de riesgo de endocarditis infecciosa".

6. American Diabetes Association (Asociación Americana de

SAN MATEO COUNTY'S ORAL PUBLIC HEALTH PROGRAM WANTS TO HEAR FROM YOU!

How can we improve the information we provide about oral health in San Mateo County?

JOIN US for a **60-75 minute group discussion** to share your experiences and thoughts. You will receive a **\$30 GIFT CARD** for completing the discussion. Groups will be held virtually or in-person.

Join us if you:

- Have Medi-Cal health or dental insurance, or are uninsured
- Are pregnant, and will be a first time parent/ caregiver
- Are a parent or primary caregiver of a child or children ages 0-5
- Speak English or Spanish as your primary language

To participate:

- **CALL: 650-642-3007**
- **EMAIL:**
SMCOralHealth@smcgov.org
- Messages can be left in English or Spanish
- All personal information will be kept private



SAN MATEO COUNTY HEALTH
FAMILY HEALTH SERVICES

650-642-3007
SMCOralHealth@smcgov.org

EL PROGRAMA DE SALUD PÚBLICA ORAL DEL CONDADO DE SAN MATEO QUIERE SABER DE USTED!

Appendix D - Spanish

Cómo podemos mejorar la información que brindamos sobre la salud bucal en el condado de San Mateo

UNASE A NOSOTROS para una discusión grupal de 60-75 minutos para compartir sus experiencias y pensamientos. Recibirá una **TARJETA DE REGALO DE \$30** por completar la discusión. Los grupos se realizaran de manera virtual o en persona.

Unase con nosotros si usted:

- Tiene seguro médico o dental de Medi-Cal, o no tiene seguro
- Está embarazada y serán padres/cuidadores por primera vez
- Es padre o cuidador principal de un niño o niños de 0 a 5 años
- Habla inglés o español como su idioma principal

Para participar:

- **LLAME: 650-642-3007**
- **Correo electrónico:**
SMCOraIHealth@smcgov.org
- Los mensajes se pueden dejar en inglés o español.
- Toda información personal se mantendrá privada



SAN MATEO COUNTY HEALTH
FAMILY HEALTH SERVICES

650-642-3007
SMCOraIHealth@smcgov.org