2025 Children's Oral Health Needs Assessment: Qualitative Findings Report

San Mateo County Oral Public Health Program

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Introduction

In 2018, the San Mateo County Health's Oral Public Health Program (OPHP), also known as the Local Oral Health Program (LOHP), was established with funding from the California Department of Public Health. In collaboration with community organizations, OPHP aims to identify and remove system-level barriers that residents encounter when seeking oral care. The program focuses particularly on school-aged children aged 9 and under from underserved communities. For its 2025 Oral Health Needs Assessment, OPHP is focusing on children under 21, their parents or caregivers, and pregnant individuals. OPHP contracted HTA Consulting (hereafter referred to as HTA) in late 2024 to collect in-depth qualitative data through key informant interviews and focus groups as part of the 2025 Children's Oral Health Needs Assessment.

Key Informant Interview Methodology

Between March 3rd and April 24th, 2025, HTA spoke with 38 key informants that included community-based organization (CBO) leaders, dental providers serving Medi-Cal enrollees, non-dental health care providers, CBOs serving children with special health care needs, school administrators, and Health Plan of San Mateo Dental Pilot leadership. HTA conducted 24 key informant interviews virtually.

In addition to conducting interviews, the consultant team facilitated one virtual focus group with school nurses and two virtual focus groups with parents/ caregivers – one in Spanish and the other in English. The table below captures all the key informants HTA spoke with by respondent type.

Key Informants by Respondent Type	Number of Participants
Key Informant Interviews	
CBOs Serving Children 0-5	5
CBOs Serving Children with Special Health Care Needs	2
CBOs Serving Tongans, Pacific Islanders, Farmworkers	4
Children Now	1
Dental Providers	3
Dental Society	1
Health Plan of San Mateo	1
Healthcare Providers (non-dental)	5
School Leaders	2
Sequoia Health Care District	1
Focus Groups	
School Nurses	4
Parents/ caregivers	9
Total	**38**

Topics discussed with key informants included: perceptions of San Mateo County's oral health system; barriers to accessing oral care for children, their parents/ caregivers, and pregnant individuals; oral health education; oral health and medical integration; management of Kindergarten Oral Health Assessment; and oral health workforce; and experiences accessing oral care.

All interviews and focus groups were recorded for notetaking purposes using an AI notetaker (Fathom), with verbal consent from each participant. Each interview was between a half hour to an hour, whereas the focus groups ran between an hour to an hour and a half. Participants were informed of the purpose of the interview/ focus group and reminded that their participation was voluntary, and they could skip any questions if they wished.

The consultant team reviewed the transcript from the AI notetaker for accuracy. Once notes had been reviewed, they were systematically coded using NVivo, a qualitative data management software, to identify themes. During the coding phase, the team met internally to discuss questions, comments, and insights regarding the themes that emerged from the interviews and focus groups.

Key Informant Interview Findings

Oral Health System in San Mateo County

Key informants were asked to reflect on the oral health resources available for children, parents/caregivers, and pregnant individuals in San Mateo County, and identify the strengths of the oral health system and gaps.

Strengths of the Oral Health System

Several key informants reported that partnerships and cross-agency collaboration were a strength of the oral health system in San Mateo County. The Oral Health Coalition was specifically highlighted as a strength. Key informants reported that the Oral Health Coalition boasts a diverse stakeholder group that is "passionate" and "driven" about improving oral health outcomes for all residents in San Mateo County. Some also reported that First 5 San Mateo County is a key partner in disseminating oral health education to pregnant people and parents/ caregivers of children under five. At the time this report was written, First 5 was working with a communication firm to develop oral health-specific content for families.

> ***"The County of San Mateo has a dental health coalition where there's a lot of county and community providers and dental associations that all participate to talk about what's going on… what kind of funding is available, what kind of services are available in the local area, and where there are areas to improve and what kind of services need to be brought to the local area and things like that… I feel there is a good network of like-minded and earnest people wanting to do well by the community." – CBO leader***

Many key informants view the Health Plan of San Mateo's (HSPM) Dental Pilot Initiative as an enhancement of the County's oral health infrastructure. In 2022, HPSM launched its Dental Pilot, which integrates dental and medical benefits under one plan. Key informants have taken notice of HPSM's efforts, and many acknowledged its approach to improving the healthcare system for its members. One key informant shared that HPSM's disposition to explore ways to strengthen the system for the benefit of its members is a strength in itself. Others commended HPSM's efforts to increase the number of private practice dentists participating in Medi-Cal by raising reimbursement rates.

"I think there are some great opportunities obviously Health Plan of San Mateo's dental pilot program is unique in that it allows a lot of flexibility and it combines all the medical services together which is great. I think the health plan has created overall a good reputation for itself in the county over the last 30 some years and so I think both patients but also providers are more willing to work with a plan that they know or have heard good things about." – Medical provider (non-dental)

Some key informants highlighted the County's notable improvements in collecting Kindergarten Oral Health Assessment (KOHA) data. They described that over the last few years, the Oral Public Health Program (OPHP) has focused on partnering with public schools to improve KOHA administration and reporting of the data collected into the state's centralized data system, System for California Oral Health Reporting (SCOHR). They added that, due to OPHP's efforts, the County has more reliable data and, thus, a better understanding of the dental needs of kindergarten children than ever before.

"I think one of the big things over the last few years has been really getting good surveillance data through the kindergarten oral health assessments from low-income schools in the county so the school districts primarily serving the lowest income children in the county, we have now pretty comprehensive assessment of the oral health needs of those children through these kindergarten oral health assessments."
– Medical Provider (non-dental)

Gaps in the Oral Health System

When asked about gaps in San Mateo County's oral health system, two recurring themes surfaced from the key informant interviews: 1) shortage of dental providers in the workforce and 2) insufficient funding to enhance oral health services. A representative from one of the dental societies in San Mateo County expressed concern about the aging dental workforce, with some providers nearing retirement, which could lead to a reduction in the number of available dentists. This would exacerbate the existing gaps reported by others, which include having too few pediatric dentists and dentists with the necessary skills to treat children with special healthcare needs. Additionally, two key informants mentioned that dental clinics are facing a shortage of dental hygienists, further limiting the capacity of the dental workforce.

Secondly, some key informants cited insufficient funding as an obstacle to supporting oral health related work. One key informant described that while organizations, like the Oral Health Coalition, have promising ideas to strengthen the oral health system, they face challenges in moving them forward swiftly and efficiently due to a lack of secured funding.

"Although I haven't been to a dental coalition [meeting] for a long time, they have a great plan with areas they would like to improve, but I think as with most things that we deal with, it's just not having the finances to do so…I think there's just a lot of good ideas floating around it's just having the finances to fund it."
– CBO leader

Another gap raised by some CBO leaders was the emphasis on serving just children under 5 years. They shared that there are considerable gaps serving anyone, including adults, who do not fall in that age category who have oral health needs that are not being addressed.

Barriers to Accessing Oral Care in San Mateo County

The main barriers to accessing oral care that key informants identified fell into two overarching categories: (1) patient-level barriers, which are defined as obstacles preventing patients from

accessing desired care, and (2) barriers at the provider- or system-level that make it difficult to deliver care to patients. Interviewed key informants reported far more patient-level barriers than the latter. That said, provider- or system-level barriers are equally important to address in order to increase oral care access for children under 21, their parents/caregivers, and pregnant individuals.

Patient-Level Barriers to Accessing Oral Care

Key informants identified several barriers that prevent families from maintaining routine dental care. By far, lack of transportation was the most common barrier reported. Several key informants relayed that securing transportation to and from the dentist's office – whether due to a lack of vehicle access or unreliable public transportation – is challenging for some of the families they serve. This challenge is particularly pronounced for families residing in San Mateo County's coastal communities, such as Pescadero and Pacifica, where they must travel considerable distances to access dental care. One key informant noted that while Medi-Cal offers transportation, the resources can be challenging to coordinate.

> ***"For populations where transportation may be challenged… life may be harder… And so, finding ways to support families with transportation, which they can get through health plan because of their Medi-Cal. But even those resources aren't always easy to use. And you have to plan ahead of time and all that."***
>
> ***– Medical provider (non-dental)***

The next most cited barrier was a knowledge gap among parents/ caregivers in understanding the importance of oral health. Key informants perceived that families lacked sufficient knowledge regarding the benefits of maintaining oral and dental care. Several key informants also noted the misconceptions that families may hold about baby teeth – mainly that they do not require any care because they will eventually fall out. Some acknowledged the numerous challenges families face regularly, which make it difficult to prioritize dental care for themselves and their children, such as holding multiple jobs to make ends meet in an area with a high cost of living.

> ***"[For] a lot of communities oral health is not on the radar screen… it's been presented as sort of a luxury, right…you go, when you have to have a tooth pulled, or you're having some kind of dental or gum issue, it's not something in terms of preventative, try to keep your teeth as long as possible. … it hasn't been presented as a priority." – Community-Based Organization (CBO) Leader***

An inflexible work schedule was the third most cited barrier. One key informant shared that some parents/ caregivers who work in specific sectors (e.g., farmworker sector) are fearful of requesting time off work, as they may be penalized or even risk losing their jobs. Two others relayed that scheduling a dental appointment can be complicated for families who do not know their work schedule in advance.

> ***"They might not have the kind of jobs that allow them to have time off or they don't have bosses that understand that you need to go do those things off out, know, in your own time, or they don't have childcare, like things come up." – Medical provider (non-dental)***

Some key informants reported that language differences between parents/caregivers and providers were a barrier to accessing dental care. More specifically, they noted that difficulties communicating between the patient and provider can easily lead to miscommunication and misunderstandings. One

dental provider shared that even when they have used translation services in clinic, the system can be "clunky" and difficult to use, resulting in an unpleasant experience for the families in need of care.

Key informants less frequently cited fear/ anxiety as a barrier to accessing dental care. They shared that families with a prior negative or traumatic dental experience may be reluctant to seek oral care.

Provider- and System-Level Barriers to Accessing Oral Care

A lack of dental providers who accept Medi-Cal in the County was the most common system-level barrier identified. Many key informants reported that there are too few providers in the County who are willing to enroll patients in Medi-Cal. Some mentioned that the low reimbursement rates and cumbersome reimbursement process could help explain low participation in Medi-Cal. Federally Qualified Health Centers (FQHCs) and nonprofit organizations, such as Ravenswood Family Dentistry (FQHC) and Sonrisas Dental Health (nonprofit), deliver care to Medi-Cal recipients. Key informants from these clinics shared that the existing demand for their services exceeds their capacity to see everyone. The Health Plan of San Mateo is addressing these issues, as noted by key informants familiar with the work of the dental pilot.[1]

"Another thing that I think is really difficult…is the lack of dental providers in the county that accept Medi-Cal. We can tell our families to go see the dentist until we turn blue, but if there's no dental providers, then what's the point?" – San Mateo Medical Center Home Visiting Nurse

Other patient- and system-level barriers key informants mentioned included the following:

Cost barriers to dental care. Some key informants noted that the high costs of dental care and treatment dissuade families from seeking and receiving oral care. An interviewed dental provider relayed that limited insurance coverage does not cover all the different types of procedures and treatments someone may need. Another key informant mentioned that basic oral care items, such as toothbrushes and toothpaste, are costly, especially for large families.

Siloes between medical and dental clinics. The lack of collaboration between medical and dental providers was another barrier identified by key informants. Key informants – both dental and medical providers – acknowledged that dental and medical offices operate in siloes and expressed a desire to improve collaboration. Addressing these siloes is another goal of the HPSM Dental Pilot.

Conflicting messages from providers. A couple of key informants noted that some families and pregnant people have received conflicting information from providers regarding oral care, leading to confusion and frustration. For example, one key informant shared that when they asked their pregnant client if they had scheduled a dental appointment, they were told by the dental clinic to come back after giving birth.

Another barrier that did not come up as frequently was the political climate. One key informant noted that Medi-Cal patients might be more fearful of accessing preventive services due to the current anti-immigrant rhetoric.

[1] The "Health Plan of San Mateo Dental Integration Pilot" section of this report provides more detail on their work. For more information on the Health Plan of San Mateo Dental Pilot, please visit this webpage: https://www.hpsm.org/provider/hpsm-dental/an-innovative-pilot-program.

Population-specific Barriers

This section summarizes some barriers to dental care identified from key informant interviews that were only relevant to children and pregnant individuals.

Barriers to Oral Care Specific to Children

A common barrier cited by key informants was the shortage of pediatric dentists who see children covered by Medi-Cal. One key informant shared that while there are sufficient general dentists who can see children, a gap exists in pediatric providers due to low participation in Medi-Cal.

> ***"We could have more pediatric dentists in the county who participate with the Health Plan of San Mateo. We have a lot of general dentists and FQHCs who are very good at seeing children. But pediatric dentists in general are a little weary of participating in Medicaid because of the Medicaid audits that have happened around the country. And, pediatric dentists are paid the same as general dentists in most Medicaid plans. They're not really recognized as a specialist, even though they've been in a specialty for over 30 or 40 years."***
>
> ***– Dental Provider***

Some key informants discussed the barriers that children with special needs and their families face when seeking dental care. A key barrier identified for this population was the lack of dentists equipped to deliver care for children with special health care needs. An interviewed CBO leader shared that the population she serves may be unaware that the child has special health care needs and felt that the dentist could help communicate concerns to the parent or caregiver. Another barrier for families is maintaining proper oral hygiene at home due to a variety of factors. For instance, one key informant reported that some parents/ caregivers whose children have sensory sensitivity often struggle to find a toothbrush and toothpaste that their child is willing to use daily.

> ***"But also, not only behavioral challenges, but there's a lot of challenges with just taking care of their teeth in general, so toothbrushing and flossing…They may not like the toothpaste or how the toothbrush feels, and the caregiver just kind of gives up, not because they want to, but because physically they're not able to do it…"***
>
> ***– CBO Leader***

Lastly, key informants also reported that families sometimes receive conflicting messages from providers about when to take their child to their first dentist visit. One informant shared how one of their families took their child to the dentist only to be told that they were too young and to come back when the child turned one or more teeth had erupted.

> ***"And then…some really conscientious and resourceful moms would say, we did go. They told us, oh, it's okay. You really don't have to come in this early. Just make an appointment when the child turns one or when the child has more teeth." – WIC staff***

Barriers to Oral Care Specific to Pregnant People

While receiving dental care is safe during all stages of pregnancy, key informants cited barriers preventing pregnant individuals from accessing care.[2] The most common barrier identified was the

[2] Oral Health Care During Pregnancy Expert Workgroup. Oral Health Care During Pregnancy: A National Consensus Statement. National Maternal and Child Oral Health Resource Center; 2012.

long wait times to see a dentist. Key informants reported that pregnant individuals may receive an appointment that is months away – at which point they might have already given birth, and their oral health may have worsened if they had an urgent oral health need that went unaddressed during that time. Additionally, pregnant individuals might be unaware that Medi-Cal offers dental coverage for them.

"We find that moms in the heart of the conversation will be…very eager to call [the dentists], and then the next time they come in for the WIC appointment, if we ask, have you made a dental appointment? Oh, no, I haven't called yet or I called and you know, it rang and rang and no one answered…or I did, but the [appointment] was eight months away." – WIC provider

Pregnant individuals navigate conflicting oral health messaging from providers. Key informants noted that some dentists are reluctant to treat pregnant people for fear of potentially negatively impacting the pregnancy. This apprehension then leads to confusion among pregnant individuals who have been encouraged to seek dental care by other providers.

An additional barrier that was cited is the fear of receiving dental care during pregnancy. According to some key informants, pregnant individuals may be hesitant to seek care due to safety concerns, leading them to forego dental care altogether.

"Um fear…what we have come into in our um maternal our maternal group is um some women for whatever there's this uh myth of when you're pregnant um, you know, you probably shouldn't get in get certain oral care um, so that has been interesting to learn for us in Indigenous communities." – CBO Leader

Populations Facing Substantial Barriers to Oral Care

Key informants identified several populations that they perceived as having substantial barriers to accessing oral care, including recent immigrants, non-English-speaking families, children with special health care needs, unhoused individuals, and coastal communities (i.e., Pescadero and Pacifica). Illustrative quotes highlighted below for some of the populations identified:

"I think all, you know, many populations of color would also fall under this, but I think particularly for oral health, I think of Latinx population. I think of some of the Asian populations, particularly the newer immigrant Asian populations, as well as the newer immigrant Latinx populations. And I think we also see sometimes a gap with Pacific Islander populations. In our County, particularly Tongan and Samoan populations."
– Medical Provider (non-dental)

"I think recent immigrants, you know, when I think of San Mateo County…what I see in our county are the patients that we serve. The recent immigrants faced a harder, you know, a harder challenge getting into the system because in part they don't know how the system works." – Dental Provider

"I feel like our new families that are monolingual Spanish speaking have it really difficult because they don't know how to advocate for themselves and how to stay consistent in calling like the dental office. They work two, three jobs and you know they can't take them off to sit on the phone and call you know five different dental offices so absolutely huge disparity in the monolingual Spanish speaking families versus you know an English speaking family…" – Medical provider (non-dental)

Oral Care Education

To identify areas of strength and improvement regarding oral care education available in the County, key informants were asked about the educational materials they share with families and pregnant individuals, the challenges they have encountered, and what they consider the most effective communication methods to share this information with the community.

At the time of the interviews, key informants highlighted numerous ways and partnerships they have established with external organizations to deliver oral care education for families and pregnant individuals. These are summarized below by organization and/or program in alphabetical order.

- **Early Childhood Education Centers (Izzi Early Education and Peninsula Family Services)**, specifically Head Start programs, incorporate oral hygiene practices into their daily school routines. Children enrolled in Head Start brush their teeth once a day at school – typically after eating breakfast. Izzi Early Education and Peninsula Family Services have each established strong partnerships with Ravenswood staff who visit sites to offer oral care education presentations to families and discuss topics such as the importance of using fluoride and caring for baby teeth. The representative from Peninsula Family Services mentioned that their digital newsletter, which they share with families via the online platform Learning Genie, included oral health information in honor of Children's Oral Health Month in February.
- **Family Health Services (FHS) Division:** San Mateo County Health's Family Health Services (FHS) Division focuses on the well-being of infants, children, teens, and parents. FHS houses various programs. The Black Infant Health (BIH) Program and the Home Visitation Program are housed within the FHS Division.
    - The Home Visitation Program uses the Growing Great Kids Curriculum, an evidence-based home visiting curriculum, to provide oral care education to families during home visits. The interviewed FHS supervising nurse reported that the nursing staff typically deliver the curriculum's oral health education verbally, along with a printed handout that they leave with the parents/caregivers for in-person visits. For virtual visits, nurses share web links to flyers or a picture of the flyer.
    - The Black Infant Health Program (BIH) stresses the importance of maintaining good oral hygiene throughout pregnancy to program participants. BIH case managers must discuss the adverse effects poor oral health can have on pregnancy with clients. During program enrollment and intake, BIH staff ask pregnant people whether they have a dental provider. If they say no, staff try to connect them to a dental home. For postpartum clients, they begin discussing oral health for their babies and how to take care of their babies' gums. Additionally, BIH delivers presentations to health care providers to shed light on specific health disparities experienced by African American/Black people and their babies.
- **First 5 San Mateo County** is dedicated to achieving positive outcomes for children and their families through strategic partnerships and systems improvement. At the time of the interview, First 5 San Mateo was collaborating with a communications firm to enhance the oral health content available on its website for families. The firm was assisting them in creating one-minute videos, available in both English and Spanish, that promote positive oral health practices. One of the messages they emphasize to families is the importance of visiting a dentist by the time their child's first tooth erupts or by their first birthday.

- **Ravenswood Family Health Network** offers oral health services for both children and adults. Ravenswood dental providers offer one-on-one education during appointments with patients. Additionally, Ravenswood delivers oral health education presentations for parents as part of their school-based and school-linked programs. For pregnant patients, informational flyers are distributed during intake appointments. Ravenswood also participates in health fairs to promote oral health practices. In the summer, they run a campaign encouraging people to drink more water.
- **Sonrisas Dental Health's Oral Health Education Program:** The key informant representing Sonrisas described their oral health and education program as one that prioritizes families and individuals who face barriers to dental care. Through virtual presentations, the program offers oral health coaching and education tailored to individual needs (e.g., presentations for parents or caregivers about infant oral care or presentations for pregnant individuals about the importance of dental care during pregnancy). Sonrisas has delivered presentations to the Women, Infants, and Children (WIC) program, Ability Path – a non-profit organization that helps children with disabilities and their parents/caregivers navigate the systems of care, among other organizations. The key informant from Ability Path spoke positively about their collaboration with Sonrisas. At the time of the interview, they were looking to continue their partnership in the 2025-2026 fiscal year and offer additional oral health presentations to their families. In addition to providing oral care education and resources at county health fairs, Sonrisas offers oral health education through its school dental screenings.

  "We go to where people live, work and play, community centers, public libraries, and we provide the oral health education presentations as well as just tabling with our materials to pass out. We're there to answer questions." – Sonrisas key informant

- **WIC program:** The WIC program provides supplemental food and nutrition education to low-income pregnant people and parents/caregivers of young children ages 0 to 5. During the comprehensive assessment, WIC staff ask about the oral health status of the parent/caregiver and their child, as well as whether they have established dental care. If they do not, staff refer them to a dentist. The WIC key informants shared that they also counsel families on how to care for their baby's teeth. This includes demonstrating how to brush their children's teeth and recommending suitable toothpaste. Additional topics covered by staff include preventing baby bottle syndrome and advising families to take their child to the dentist when they turn one or when their first tooth erupts.

In addition to the above organizations and programs, interviewed CBO leaders serving specific race/ ethnic groups in San Mateo County listed some of the organizations they have partnered with that offer oral education for the populations they serve, including Lions Club, California Life Sciences, Stanford University, University of California at San Francisco, and Colgate.

Challenges of Delivering Oral Care Education

Key informants were asked to describe any challenges they have encountered while delivering oral health education. Their responses revealed a few key challenges in providing oral health education, which included misconceptions about caring for children's teeth, misinformation about oral hygiene products, and language and cultural differences.

One common misconception among parents/ caregivers is that because baby teeth fall out, it is not important to take care of them. Several key informants, including dental providers and organizations serving children aged 0 to 5, reported this as a challenge when communicating with parents/ caregivers about oral health practices for their baby's teeth. One key informant shared that when this scenario arises, they try to impart to the family that oral care for baby teeth is foundational for the proper growth of adult teeth. Others expressed that some families do not seek oral care until they experience pain, making it challenging to promote preventive oral health messaging when it takes a while to see the long-term effects of poor oral hygiene on overall health.

"I'm hoping as these patients have had exposures to us, they realize that kids can grow up without cavities, and they can have healthy teeth, and taking teeth out is not necessarily always something that, you know, is the only solution." – Dental Provider

"There's a, I don't want to say majority, but there's a subset that doesn't realize the importance of dental care. If it doesn't hurt, don't worry about it… Parents will say things about their babies, oh, the baby teeth are going to fall out anyway." – CBO serving children 0 to 5

Growing concerns over fluoride pose a challenge in promoting oral health education. Two key informants shared that misinformation about the use of fluoride is circulating in the community. Both key informants shared that these concerns have led some Head Start parents/ caregivers to request that their children not use fluoridated toothpaste when brushing their teeth at school.

"…Then the new thing we hear, too, is like we have parents who are hesitant about fluoride application and they'll say I don't want you to brush my child's teeth at the center because we know that you're using fluoridated toothpaste and we've heard [or] a family member told us…that fluoride is bad. So that's another thing that's floating around." – CBO serving children 0 to 5

Language and cultural differences when not considered can impede effective delivery of oral health education. Interviewed dental providers shared that although translation services are available when needed, they do wonder whether the messages are being translated accurately. As mentioned earlier, one of the key informants relayed that the translation services they use can sometimes be difficult to use and "clunky." Interviewed CBO leaders serving specific/race ethnic groups wished that the materials they received would be culturally sensitive and in the languages that their communities represent to convey oral health messaging effectively.

"Um you know a lot of times we've told them you give us this and it doesn't look like the communities that we serve and so they're not gonna read it, it's not appealing. You know, if you're not gonna put it in their native language and then you have pictures that don't look like them." – CBO Leader

Communication Approaches for Delivery of Oral Care Education

Key informants were also asked to identify the most effective methods for delivering oral care education. An overwhelming majority identified face-to-face communication as the most effective approach for delivering oral health education. One interviewed dental provider shared that they use the teach-back method with patients to ensure clear and effective delivery of oral health messaging. This method involves the provider asking the patient to explain in their own words what they just heard to confirm patient understanding.

While one-on-one communication was identified as the most effective way to provide oral health education to families and pregnant individuals, key informants highlighted other strategies to deliver messaging. Some key informants underscored the importance of repeated exposure to oral health education. An interviewed dental provider believed that regardless of the approach, that the frequent exposure and consistent message was key for promoting positive oral health practices. At the time of the interview, they were conducting research with UCSF on oral health disparities and found that text messages were working well for communicating with parents/ caregivers. Two others expressed the need for ensuring a consistent message across dental and medical providers.

"It's a known fact…The way it works the best is one-on-one communication by looking at the patient in their eyes. So we know that's what works the best, but given the resources, we want to get more messages out there. And so the need for consistent messaging…What I want to eventually get to is a unified message."
– Dental Provider

One common theme of feedback from key informants was a desire to launch public awareness campaigns on oral health. During interviews, key informants offered locations and suggestions to consider should the County consider launching a public awareness campaign. These included:

- bus stops,
- grocery stores
- libraries: The home visiting program staff sometimes conduct home visits with families in local libraries. The key informant from this program suggested that oral health education materials and flyers can be placed and offered at this location for wider dissemination.
- pediatric clinics
- pharmacies
- radio and TV advertisements, and
- websites.

Interviewed CBO leaders would like to be included in the process of developing educational materials. One CBO leader described how during the COVID-19 pandemic, some educational material unrelated to oral health were developed without their input and completely missed the mark. They noted that educational materials should be available in the preferred language of the communities, should keep oral health information simple, and should be visually appealing (e.g., photos that show people that look like community members).

"Yeah, and also think, you know, [materials are] not text heavy, like more pictorial. Yeah. Because people aren't going to read that, even if they do read English, they're not going to read a lot of text. They, know, bullet points, artwork, graphics…Like, I would love to see something that says, you know, dental issues are a problem with people of color, you know, two out of five or something. But something that I can then translate, that I can read, like, Hey, do you know that, you know, people of color, African Americans, Latino, Tongan and whatever are more likely to suffer from dental issues." – CBO leader

What should parents/ caregivers know about their child's oral health?

Key informants were also asked what they believe parents/ caregivers should know about their child's oral health. Early oral health prevention education was at the top of the list. Key informants

felt that parents/ caregivers should be aware of the benefits of establishing oral health practices early in life. Along those lines, key informants also noted that parents/ caregivers should be informed about the crucial role of baby teeth in their child's development.

An additional topic brought up was the interconnection between oral health and general well-being. Key informants reported that parents/ caregivers should be informed about how oral health is closely linked to one's overall health.

> ***"It's not just a one-time event, it needs to be shared with the community how important oral health is to your overall health, because when people don't know that, they feel that oral health is secondary or can be put on the back burner, but they don't know that a lot of things, dental issues that happen inside your mouth can exacerbate, increase your risk of developing new or exacerbate existing medical conditions." – Dental Provider***

Lastly, some key informants shared that parent/ caregivers should know how diet and nutrition habits, such as snacking throughout the day, impact oral health.

Based on the above information, it is evident that organizations – particularly those that work with parents/caregivers of children ages 0 to 5 and pregnant individuals, offer oral care education and integrate oral health practices into their programming. Although there is a wealth of knowledge about oral care education and resources in the County, an interviewed CBO leader whose organization primarily serves the Pacific Islander community felt that it is not effectively communicated to all community members. To overcome this issue, they had developed their own educational materials which are reviewed and approved by their County partners.

> ***"I see the gaps in what does exist, and what does exist is not communicated well to the rest of the community, whether it be the Pacific Islander or the bigger community. It's like we have to seek anything and any additions to the dental oral hygiene programs. It's unknown to me until someone specifically looks out or I seek it specifically, but it's at least my experience for our community." – CBO Leader***

While interviewed non-dental healthcare providers would like to improve the delivery of oral health education, they shared barriers that impede their ability to integrate oral health into medical visits. These challenges are discussed in the next section.

Oral Health Integration

The oral health system remains largely siloed from the larger healthcare system despite the many practical benefits of integrating care. For instance, information sharing between the oral and primary care systems could improve the odds of identifying diseases earlier, improve chronic disease management, and potentially improve access to oral care by expanding entry point.[3] Although individuals have greater access to primary care than to oral care, there are many challenges to integrating care in a primary care setting.

San Mateo County's oral health system is no exception to the existing siloes between the oral health and the broader healthcare system. The most common challenges cited by interviewed primary care

[3] Grantmakers In Health. (2012, September). *Returning the mouth to the body: Integrating oral health & primary care* (Issue Brief No. 40). https://www.gih.org/files/FileDownloads/Returning_the_Mouth_to_the_Body_no40_September_2012.pdf

(i.e., pediatric and OB/GYN) providers were the competing demands and limited time to discuss various topics with patients during a medical visit.

> ***"There's so much other material that they go over. It's a very long visit. And what I hear from the nurses is that, you know, halfway through patients' eyes are glazing over because they're so, there's just so much information related specifically to the pregnancy and the pregnancy care that adding, adding to that doesn't go over well."***
>
> ***– OB/GYN Provider***

The interviewed pediatrician from San Mateo Medical Center (SMMC) mentioned that they can access their patients' records and see when those patients receive oral care from SMMC dental clinics. They noted that at one time, staff shared a list of local dental clinics with patients. However, this practice was discouraged because no one was routinely reviewing and updating the list or the phone numbers.

Interviewed informants from Family Health Service (FHS) programs, who work directly with parents/caregivers of children and pregnant individuals, shared that they are often unaware of the information or referrals that primary care providers provide to families due to limited staff capacity.

> ***"And we would [message the provider] mom needs referral to dental. And then we don't know what happens. Did they refer? What happens? So, we don't have time to be able to go back to the record, to see if the doctor did anything. Our communication is mostly with mom and asking them if the doctor referred them."***
>
> ***– Medical provider (non-dental)***

> ***"The education, when they do get into prenatal care, I would hope that because not everybody's going to be in one of our programs, right, to where we tell them about the importance of oral health…So I'm hoping that the prenatal care providers are making more of an effort to educate." – Medical provider (non-dental)***

Opportunities for Integrating Oral Health

Despite challenges of integrating oral health, key informants offered the following opportunities for better integrating oral health into existing programs and primary care settings:

- **Increasing number of primary care clinics offering fluoride varnish applications.** Two key informants shared that primary care settings could apply fluoride varnish during well-child visits. Not only can nurses and medical assistants (MAs) be trained to apply fluoride, but medical clinics can also receive reimbursement for doing so. The interviewed pediatrician shared that many years ago, they were trained by a pediatric dentist on the fluoride varnish application. The pediatric providers began offering it during medical visits. However, the dental clinic decided to take the lead on fluoride varnish application, at which point the primary care clinic stopped offering it and has yet to consider restarting it.

  > ***"So if they're seeing a child for other visits, they can do it whenever they see them. And it's quick and easy, and it gets reimbursed…I think it's the kind of thing that more providers really could be, and should be doing, and they just need to find a way of fitting it into the flow of the clinic, which can be challenging." – Medical provider (non-dental)***

"…medical providers could also be applying for preventive services like fluoride varnish, so that's like another way of bridging that medical dental gap, and there's just so much potential out there since kids are going to see their pediatrician much more than they're going to see a dentist, so I think trying to like leverage the pediatrician" – CBO Leader

- **Identifying oral health champion in pediatric clinics.** Given the challenge of integrating oral care into primary care settings, one key informant suggested that pediatric clinics should identify a champion who could shepherd efforts around oral health.

"I think it's helping them figure out how to actually fit it into the flow of their clinic. I think is probably the biggest thing because a lot of folks theoretically say oh yeah we'll do that but then they don't actually do that and I think the barriers they just haven't figured out how to make it fit in the flow of all the things that happen after clinic. And it's probably helpful to have a oral health champion at the pediatric clinic someone who's like oh let's make this work." – Medical provider (non-dental)

- **Interdisciplinary training and education of oral and primary care professionals.** One key informant suggested that an interdisciplinary approach for training oral health and primary care professional could improve collaboration between both systems. They added that these trainings would ensure that providers in each discipline could more effectively address the oral health needs of patients. Ideally, these trainings would be provided early in their dental and medical educations.

Strengthening the County's Oral Health Workforce

Another topic discussed with dental providers was strategies that could strengthen how the oral health workforce delivers dental care. They were specifically asked: "What support or training do you think the dental health care workforce needs to equitably provide services to children under 21, their parents, and pregnant people in the County?" They shared the following thoughts:

Training to better serve individuals with special health care needs. One dental provider believed that offering dental staff trainings on how to deliver better dental care to individuals with special healthcare needs could help remove some of the barriers families encounter when seeking oral care for their children. At the time of the interview, the provider mentioned that their dental clinic was considering offering training on this specific topic, but it was still in the early stages.

"Definitely the special needs is one of them, for sure. It would be a top priority, really, because, like I mentioned we do, you know, all other procedures. It's just the comfort of, like, working on that child who is also difficult to manage in that chair, right? Like, wiggling, moving a lot… wouldn't open their mouth, right? So those are the scenarios I feel we would benefit the most from the training." – Dental Provider

Cultural sensitivity training. Another dental provider shared that although you can educate someone on being culturally sensitive to a certain extent, they felt that being culturally sensitive is synonymous with having empathy – which the latter is something you cannot always teach. The dental provider added that their clinic is always looking for courses on cultural sensitivity. In addition, they shared that they try to assess cultural sensitivity during job interviews by asking specifically about priority populations (e.g., individuals with special health care needs) and the job candidate's prior experience working with said populations.

Non-dental health care providers were also asked, "How can medical health care providers best be acculturated to be responsive and sensitive to the needs of the populations you work with?" Their responses were similar. One shared that they would like for providers to receive cultural sensitivity training to better serve patients despite cultural differences. They would also like for medical providers to have access to training on unconscious bias to be aware of racial biases that may present themselves in the health care system either overtly or covertly. One suggested that these trainings be offered during grand rounds or continuing education and combined with oral health education – emphasizing the importance of oral health.

Establishing professional pipelines into the oral health system. Several key informants cited a shortage of dental professionals. One dental society informant expressed concern about the County's aging dental workforce, anticipating that some will retire in the next few years. Additionally, many reported a shortage of dental assistants and dental hygienists in the County.

When asked how professional pipelines into the oral health system can be effectively established, some key informants suggested expanding partnerships with community colleges. Three suggested that dental clinics serving Medi-Cal patients partner with local community colleges that offer dental assistant programs, such as Foothill College. One informant suggested establishing a scholarship program to incentivize students who graduate from these programs to work in dental clinics in exchange for a stipend.

Other informants suggested that dental providers should increase their presence in the community. One would like to see dental and medical students in the community providing oral health services not only to deliver services to underserved communities but also to be aware of the specific needs of these communities (e.g., coastal communities).

"I think that having students, medical, dental, nursing students, just working collaboratively in the community setting and being exposed to the need, I think, unless you can read about it, right, but unless you're really there and you're seeing boots on the ground, you know, being in the community clinics, you don't really know what's going on." – CBO leader

Health Plan of San Mateo. During the interview with the HPSM Dental Director, they were asked what they were doing to help create a pipeline of dental providers to increase the oral health workforce. The Dental Director shared that they had worked with an FQHC that was launching an on-the-job training program for dental assistants. HPSM provided funds and some resources for the FQHC to continue growing the program. They also provided funding through a grant to a local dental school, enabling them to construct a homeless transit facility equipped with three dental chairs. Dental students can now rotate at this facility, gaining more exposure to San Mateo County.

Opportunities

During the interviews, key informants offered existing opportunities to consider for improving access and oral health of children. These included:

Desensitization clinics. Desensitization clinics can help improve dental visits for children with special needs, making them more comfortable, and easier for the whole family. According to a representative from Ability Path – an organization that assists parents and caregivers in navigating systems of care – these clinics provide tools to families of children with special health care needs to

help them become more comfortable with dental offices and procedures. Despite its benefits, they relayed that there haven't been any desensitization clinics offered to families in a while. Before the COVID-19 pandemic, they offered these clinics through their Family Resource Center and their partnership with Ravenswood, but had not offered them since.

Dental Sealant Programs. Dental sealants are a highly effective tool for preventing tooth decay. An interviewed medical provider stated that in 2019, San Mateo County Health partnered with Sonrisas to pilot a school-based dental program, which provided dental sealants to approximately 50 students. At the time of the interview, the medical provider expressed a desire among partners to revisit and expand these efforts.

Leveraging Community Health Workers. Given some of the barriers that parents, children, and pregnant individuals may encounter while trying to access dental care, one key informant suggested leveraging Community Health Workers to coordinate dental care.

Posters for Pediatric Clinics. An interviewed pediatrician shared that a practical poster, which is visually appealing, could help support patient engagement. They added that they don't currently have any oral-health-related posters on their patient room walls but that if they received a "one-page, laminated" poster, providers could easily reference it during medical visits, just as they do for other efforts. The poster could highlight three key and memorable points about oral hygiene to reinforce the message.

Kindergarten Oral Health Assessment

In 2005, the state of California passed the Kindergarten Oral Health Assessment (KOHA) Requirement (Assembly Bill 1433). This law took effect the following year for all public schools across the state. Under this law, schools can identify kindergarten children with untreated tooth decay and help parents/ caregivers establish and access dental care for their children.[4] Every year, school districts are required to submit data to the System for California Oral Health Reporting (SCOHR) on the number of students who were assessed, the number of families who opted out of the requirement, and the number of students with untreated tooth decay among those assessed.

Nearly a decade after it was enacted, California school districts continue implementing the KOHA requirement. HTA conducted interviews with two San Mateo County school leaders, plus a focus group with four participants, all of whom were either school nurses or worked in community outreach related to oral health. This section highlights their insights on collecting KOHA forms at their schools, including both the successes and challenges they have encountered.

Strategies to Increase KOHA Completion

One participant described how the KOHA was put into the registration packets for Kindergarten students when they enroll in school, while others said Sonrisas administers the KOHA.

[4] The KOHA requirement also applies to first-grade students who had not previously enrolled in kindergarten in a public school. As of January 2025, the legislation was clarified to include transitional kindergartners in the definition of "kindergartners" for KOHA purposes.

> *"Well, because we have some resources, they do most of them for, everybody that they screen, they do it for our vendors, we do add it to our return or registration packets for our Kinder students when they enroll in school. So for those that have maybe private insurance that have gotten the screenings, then the parents will just turn the form in on their own." – School Nurse*

> *"Usually just gets done when Sonrisas comes in. I mean we get we get those forms back from like I think I said earlier from our families that have medical insurance or dental insurance, but the other forms just get done by Sonrisas when they come in." – School Nurse*

However, one school nurse discussed how they didn't really do any marketing around the form, or how to do it and felt that their school could do better.

> *"[We] don't go to PTA meetings. We don't go to principal coffees. Pretty much announce it. It gets announced at district level. I don't know. I think it's probably publicized by most schools, most of our elementary schools. I don't think we do what I would call very good outreach. I think we could probably do better. I think that would probably get more kids being seen." – School Nurse*

OPHP's lead Health Planner was highlighted as a strength by nurses, school leaders, and other key informants as someone who continued to champion the importance of oral health and coordinated all efforts, including compliance with the state's KOHA requirement.

> *"Oh, I'd love to go back and just say one more strength is Claire's work actually around the kindergarten oral health assessment locally in gathering data on how many kids have had oral health screenings and making sure we're providing oral health screenings for kids. I think that's been a great strength locally. She's really done a phenomenal job with that." – CBO leader serving children under 5*

Some strategies they thought would work best to get the forms completed would be to train nurses on how to talk to parents about the importance of oral health and making it a priority.

> *"Yeah, that's the next layer as well and again, it goes towards now helping the nurses have those conversations, empowering the nurses and the health educators to have those more difficult, kind of pushy conversations with their parents about, you know, this is really important that your child has care and that we collect this information you know, some motivational interviewing skills and some, again, access to care." – School Nurse*

KOHA Waivers

During the focus group, school nurses were asked how their school district addresses parents who opt out of the KOHA requirement. The approach to addressing parents who waive the KOHA requirement is consistent across most of the school districts represented in the focus group. Participants shared that if the parent/ caregiver waives the KOHA, their schools often let it go due to competing priorities.

> *"usually, we just let it go. We're not trying to augment numbers and usually there's enough stuff going on. It takes a fair amount of time and energy to do this and considering that it's getting integrated into other health issues at school, like all school screening, vision and hearing and immunizations and physical exams and so on and so on." – School Nurse*

Reasons for waiving the KOHA cited by school nurses included that a child may have special healthcare needs, which might lead them to believe their child would not tolerate being screened – or if they had been screened before or recently visited a dentist. Sometimes, a parent will fill out the opt-out form, thinking it is a permission slip. If this happens, teachers often reach out to double-check with the parent.

> ***"Every once in a while, we'll have parents fill out the opt out form thinking it's a permission slip. And so that happens, we have to, the teachers will recognize that they know that the parents want their child to be screened, and so the teachers will reach out to the parents to confirm" – School Nurse***

Barriers to KOHA Completion

Barriers to getting completed assessments focused on parent follow through as well as a lack of parental awareness about the importance of good oral health.

> ***"Well, I'm guessing… lack of awareness about the importance of dental health care and that even baby teeth need care, even teenagers need dental care, not just necessarily they want their teeth to be white and straightened but good dental care and that dental care isn't for just old people…I think people think that, well kids don't need that much dental care, they're fine, they're just kids." – School Nurse***

One participant discussed how parents objected to not being informed if their health insurance was billed for the screening and KOHA, more of an issue of consent than the billing. Of note, only the preventive service provider Big Smiles Dental bills insurance for preventive services. Dental screenings are not billed by any provider, including Sonrisas. Only two school districts in San Mateo County currently receive preventive services from a provider that will bill insurance. All other screening-only services are provided free of charge at all school districts.

> ***"In the spring, we have Sonrisas or Big Smiles or some other agency, and they apparently charge the children's dental insurance if they have it, and parents really don't like that. They make it really clear by calling people up and telling them, no, don't do this. And parents now will call secretaries of certain schools and say, now which one is this? Is this the one where my insurance is going to have to pay, or is this the free one, which I think is kind of an interesting breakdown." – School Nurse***

Other reasons for not having completed KOHAs may be because the child was not at school the day the screening was done due to illness. Sonrisas noted that during the winter, when children tend to get colds and sick, there were fewer KOHA forms completed.

Addressing Urgent Dental Needs

When KOHA identified an urgent oral care need, most respondents in the group described how the parent/caregiver would be contacted with a letter or phone call, informed of the oral health need, and recommended to take the child to a dentist as soon as possible. Some provide referral paperwork with this information that includes the number of the Health Plan of San Mateo.

> ***"I was going to say that when they have an urgent care need, a letter is sent home to the parents outlining it and usually that one of the nurses makes a phone call to the parents to make sure that they know that there is a potential problem and it would be really good to get their child to a dentist as soon as they can. We don't see that much urgent care, but it does happen. Usually, we try to make sure the parents are definitely notified." – School Nurse***

When Sonrisas identifies a child with an urgent oral health need, they also inform the parent. In addition, they provide a list of resources as well as the direct number to Sonrisas for follow-up care. They also follow up with these families and typically have a pediatric dentist at their clinic that they try to schedule a dental appointment for their child in need.

> ***"Some of them don't have a dentist, we come across a lot of newcomers from you know, that are new to the country… who may have never been to the dentist and so they need more resources and more help. So that's part of my job is to help these families, connecting them to care." – Sonrisas representative***

School nurses in the focus group perceived Sonrisas as a great support for student oral health care in San Mateo County and that it could be a model for the County to improve dental care coordination.

Reporting KOHA Data in SCOHR

When asked about reporting KOHA data into the SCOHR, schools nurses reported that OPHP leadership remind them when the nurses should start inputting data. In terms of entering the data into the data system, interviewed school nurses described how more people are helping input the data, including nurses and staff administrators at the school, but it's not an easy form and takes time to enter. One nurse shared that various items on the form capture caries experience.

> ***"I actually at one point started to do the data and putting the data into the database, which took a long time, because I'm one person, and there's so many schools. So a few years ago, we started also having the nurses and some of the office managers input the data, because it just was a lot quicker. That's who does it now". – School Administrator***

What KOHA data do you currently receive from the OPHP?

The response to this question was varied. While one participant received a lot of data on student oral health, another received data from Sonrisas, and another respondent was not aware of any data. One school nurse shared that she presents the KOHA data to the School Board. Participants did not have specific requests on additional KOHA data they would like to receive.

> ***"Well, the data I received from Sonrisas, I share it with our board members. So they can have an idea of, you know, what's going on in the district at the board meeting. So parents also attend that along with community members." – School Nurse***

Health Plan of San Mateo Dental Integration Pilot

The Health Plan of San Mateo's (HPSM) Dental Pilot program is the first health care plan in California to fully integrate dental and medical benefits under one plan for Medi-Cal recipients. HPSM launched its Dental Pilot initiative on January 1, 2022 as part of state legislation. Previously, dental benefits were managed separately by the Department of Health Care Services.

Now that the project has been in place for over two years, it was timely to interview the HPSM Dental Director to discuss the implementation of the dental pilot, including challenges and successes. This section presents key takeaways from the interview with HPSM's Dental Director.

When asked about key challenges to implementing the pilot, the Dental Director shared the following two challenges:

- **Oral health staffing shortages.** The Dental Director shared that one of the major challenges with implementing the pilot was running up against the shortages dental clinics are facing. Consistent with what other key informants shared, the Dental Director reported shortages of dental hygienists, dental assistants, and office staff.
- **Rising costs of office supplies, employment, and general business expenses.** The Dental Director shared that since the COVID-19 pandemic, dental offices have had increasing costs. The cost of dental equipment and supplies has been higher as well as the cost of employing and retaining staff.

Regarding key successes of the Dental Pilot implementation, the Dental Director reported:

- **Dental provider network expansion.** The Dental Director considers the expansion of dental providers in the HPSM network as one of the biggest successes with implementing the pilot. At the time of the interview, she relayed that there were currently 350 plus general dentists and specialists accepting patients on Medi-Cal.
- **Enhanced reimbursement rates.** One of the ways they were able to incentivize providers to join the HSPM network was by increasing the Medi-Cal reimbursement rates. The Dental Director reported that through the pilot, HPSM increased the reimbursement rate by roughly 30% above the standard Medi-Cal rates. In addition to improving the rates, the Dental Pilot also took into account feedback from providers, addressing challenges that previously discouraged them from joining the network. The Dental Director noted that providers felt it was unfair for the cost of the crown to include the crown buildup without separate recognition. Providers would say "it's really not fair to us that the crown buildup has to be included with the cost of the crown. We're doing a whole filling with a lot of expensive material that no one is recognizing as a procedure." As a result, HPSM now pays them for the crown buildup and the crown, ensuring they receive full payment for the services they provide.
- **Provider satisfaction:** At the time of the interview, the Dental Pilot had recently surveyed providers in the HPSM network about their level of satisfaction. Although the sample size was small, consisting of fewer than ten surveys, analysis of survey results revealed a 100% level of satisfaction being in the HSPM network. The Dental Director also shared that she often hears feedback from dentists who express disbelief at how supportive the plan is in facilitating access to specialty care when needed, as well as its effectiveness in providing easy answers to their inquiries.

During the interview, the Dental Director emphasized that HPSM not only embraces innovation but actively invests in it. Their initiatives are built on two main pillars. The first pillar aims to improve dental access for HPSM members, while the second focuses on addressing staffing shortages. The Dental Director highlighted that HPSM has supported Federally Qualified Health Centers (FQHCs) in hiring an oral surgeon to enhance access to high-quality specialists in the area. Another example of their commitment to these pillars is their ongoing collaboration with the County to expand access to orthodontic services using Measure K funding. In 2019, the state Medi-Cal program approved only 11 orthodontic cases for residents of San Mateo County. However, under HPSM leadership, the number of orthodontic cases approved had increased to 128.

The Dental Director was asked what promising strategies they have used to ensure the quality of dental providers in their network. They explained that they collaborate extensively with their providers during the onboarding process. This includes discussing what Medi-Cal does and does not cover, addressing any questions, and reviewing cases. For instance, they reviewed a few treatment plans for a newly onboarded dental clinic and provide extensive feedback. Another way they ensure the quality of care among HPSM dental providers is through their lengthy credentialing process. They also mentioned that they take grievances seriously. If a member does not explicitly state that their concern is not a grievance, the HPSM will treat it as such and investigate it accordingly.

"There is a lot of kind of coaching up front, and depending on what kind of questions, because we have a relatively lengthy credentialing process, because we credential like a hospital. We credential like a health plan that recruits physicians who may do surgeries in hospitals. So, it is a little bit more than what most dentists expect… We also have, you know, some other tools that we use in terms of fraud, waste, and abuse monitoring. This is part of our obligation, not only to the state and to our members, but also to the federal government."
– HPSM Dental Director

Lastly, the Dental Director shared their thoughts on the sustainability of the dental pilot. They noted that the current political climate at the state level conflicts with that at the federal level. While it remains uncertain whether any federal policy changes will affect Medi-Cal funding, they expressed that the state is pleased with and impressed by how HPSM has been providing dental benefits.

Focus Group Findings

Focus groups with parents/ caregivers were held over Zoom in the evenings to better accommodate families' work and school schedules. The first focus group took place on April 9, 2025, and had two participants. The second focus group had seven participants and was conducted in Spanish on April 17, 2025. All participants received a $50 honorarium to thank them for their time and participation. The consultant team would like to thank OPHP, Peninsula Family Services, WIC, and FHS for their generous support with outreach and recruitment efforts.

Participant Demographics. All nine participants self-identified as female. The average age of participants was 34.7, with a range of 27 and 41. Nine of the ten participants self-identified as Latino/a, and the tenth self-identified as white. Additionally, all participants had at least one child under age 18. Most participants had lived in San Mateo County for two years or more; one had lived in the County all their life, and another had moved there a year ago.

Areas of inquiry. The primary objective of the focus groups was to gather feedback from parents/ caregivers on their experiences accessing dental care for themselves and their children in San Mateo County. Other areas of inquiry included their level of satisfaction with the oral health services they received and where they have obtained oral health education resources apart from their dentist (see Appendix B for the focus group protocol).

Although the qualitative findings below are not generalizable to the larger population in San Mateo County, they provide a rich and in-depth understanding of the community context, as seen through the experiences of the nine parents/ caregivers who participated in the focus group.

Key Findings

- Some participants face challenges accessing dental care for themselves, including long wait times for appointments and difficulties navigating insurance coverage.
- Almost all participants reported no issues accessing preventive dental care for their children.
- Cost can be a barrier to some dental procedures, particularly those not fully covered by insurance.
- In general, most participants are satisfied with oral health services.

Parent/Caregiver Access to Oral Care. There was some variation among focus group participants regarding their access to oral care. About half had visited a general dentist in the last year, while the other half had not. Those who had seen a general dentist reported that they visit regularly and do not have difficulties scheduling dental appointments. One Spanish-speaking participant shared that she found her current dentist while living in Alameda County. Although she now resides in San Mateo County, she has continued to see the same dentist every six months for the past 19 years. Another Spanish-speaking participant mentioned that when she first arrived in the U.S., she registered herself and her children for health insurance and had no issues establishing dental care.

"…Since I arrived in this country, I went to register myself and my children to start a physical checkup and everything, and every year they call me for X-rays, if something's wrong or something. I also started with general teeth cleanings, and I didn't have to call, they called me to tell me I was a month away from being able to make an appointment." – Spanish-speaking focus group participant

Participants with an established dental home found their general dentists in different ways. One Spanish-speaking participant shared she found her dentist through a friend. Another shared that she was connected to her dentist through her child's dental clinic, Ravenswood. One other participant found her dentist by using the HPSM website. When asked about her experience navigating the website, she noted that it was straightforward and easy to navigate because she is comfortable using computers and browsing online.

The other half who had not seen a general dentist within the past year described various challenges accessing oral care. A common theme of feedback among this group was difficulties finding a dentist that accepts Medi-Cal insurance. One Spanish-speaking participant described the difficulties of navigating systems of care when facing a non-traumatic dental emergency. This participant shared that she had severely inflamed gums and, after calling numerous dental clinics, was unable to find a dentist who accepted her Medi-Cal insurance. As a result, she sought care at the Emergency Department (ED) due to the excruciating pain. While there, she was surprised that they did not extract her tooth and only gave her antibiotics to manage the pain and reduce the inflammation. The ED placed her on a waitlist for specialty care, and she waited roughly eight months to have her tooth extracted by a specialist.

"Well, I personally haven't had the opportunity to have a dentist follow up with me. And I did have, for example, the experience of having both of my gums swollen because my upper wisdom teeth were coming in. And I had to wait between eight months and a year for an appointment to have them extracted. Because I did call a lot of clinics, but my limitation was always my insurance. Because it was like, what insurance do you have? Do you have a doctor? Oh, sorry, we don't accept Medi-Cal. And I kept calling and everything was like, oh, no, we don't accept Medi-Cal. So I had to wait in the county clinics, almost eight months. And it was terrible because I would spend up to three or four days with my gums so swollen that I couldn't even eat because of the pain. (continued)

But I had to wait. Because I went to the hospital as an emergency and told them, I can't take it anymore. Look how I'm feeling, I haven't eaten. I need them to remove them. But they told me they couldn't remove them. Right? Because they needed, what you're saying, a specialist and the list was very long. Then they said, "Do you want me to sign you up?" And I said, "Well, wait, well, next month." I said, "Yeah, sure, sign me up." They said, "Well, there's a waiting list of, I don't even remember how many people." They said, "You have to wait, like, eight months." And I said, "Well, anyway, if I don't sign up now, time will keep passing." And I signed up, and, and well, I had to wait. So, when I went to the emergency room, and that's what they told me, I had to wait eight months for it to finally happen." – Spanish-speaking focus group participant

At the time of the focus group, another Spanish-speaking participant shared that she had been unable to schedule a dental appointment and felt that she was being given the runaround by clinic staff. When asked if she had tried going elsewhere, she said she hadn't because that clinic is the closest to her, and it's where she takes her children to the dentist. This participant expressed her frustration, given that she is aware of the importance of maintaining good oral health and in her home country of Colombia, she would see the dentist every six months.

Access to Oral Care for their Children. Nearly all participants shared that they had not encountered any challenges accessing preventive dental care for their children. The majority take their children to the general dentist every six months for teeth cleanings. Some mentioned that they took their children to their first dentist visit when their first tooth erupted or before their first birthday. Additionally, many said they have been taking their children to the same pediatric dentist for the past two years without any challenge getting to the dentist.

While most participants had not faced challenges accessing oral care for their children, two participants reported experiencing difficulties. One Spanish-speaking participant reported that she initially faced challenges scheduling a dental appointment for her child and waited three months to be seen, but everything had been fine since then. Another Spanish-speaking participant had difficulties establishing oral care for her youngest child during the pandemic. She shared that her child's teeth seemed thin and cracked when they first erupted and that by the time the baby was 9 months old, the front teeth had broken and had to be removed.

Costs of Dental Care. Overall, most participants shared that when it came to preventive dental care and some dental procedures (e.g., tooth extractions), Medi-Cal covered the services for their own care and for their children's care. One participant expressed her gratitude because before having Medi-Cal, she had to pay roughly $800 for a tooth extraction done at a Western Dental. She said she had to ask for a loan to pay the dental bill. However, at the time of the focus group, she was preparing for surgery to remove her wisdom teeth, which she was thrilled to have covered without any out-of-pocket expenses.

One Spanish-speaking participant described her difficulty filing reimbursement claims through HPSM. Two months ago, she began having a toothache. Although she had dental insurance through her employer, she looked into HPSM for additional coverage because the cost of the recommended dental procedure exceeded the $2,500 maximum limit of her policy. When she contacted HPSM, the representative told her that she would have to file a reimbursement claim after the procedure. She went ahead with the oral surgery and then requested reimbursement, but HPSM denied her claim. After speaking with a different HPSM representative, she learned that she needed to visit a dental clinic that accepted both her insurance plan and HPSM. As a result, she ended up paying for the procedure out of pocket.

"But I had a root canal and a crown, and the price obviously came to more than two thousand five hundred dollars. And I had to pay the additional cost, but that wasn't the information the gentleman gave me when I called the Health Plan of San Mateo, because I told him, I'm going to get a root canal and it's going to be over two thousand five hundred, and he said, yes, you have to call the San Mateo plan to get a refund for the additional cost, and then when you have no more money in your Delta Dental plan, you can see us through the Health Plan of San Mateo. Ok, obviously to get care with Medi-Cal coverage it is very difficult to find someone who wants to treat you, or well, or that was what it seemed to me at the beginning…Well, in the end, when I'd done all the reimbursement paperwork, they told me, "Oh no, that's not how it should have been. What you should have done is go to a place that has both plans, Delta Dental and the San Mateo plan. So that when your money runs out, the San Mateo plan kicks in." But you didn't tell me that. The information was terrible. Each person who helps you gives you different information." – Spanish-speaking participant

Satisfaction with Oral Care Services. When asked about their level of satisfaction with dental services, most participants reported being very satisfied with the oral care, particularly the dental care their children had received. Illustrative quotes below:

"Well, based on the experiences I've had when I've taken my daughter [to Ravenswood], I did like it. I feel they're quite professional, especially with children, because I feel it's more tedious, because it's more difficult. It's not like when they tell an adult, 'Stay still, open your mouth.' With children, you have to pay more attention, and both times I've taken them, I did like it. You can feel the professionalism, and…that they're there, because they like [their job]." – **Spanish-speaking participant**

"Yes, positive, very good, um, the first checkup, well, they already did everything, the X-rays, they checked everything. And they quickly told me, oh, your next appointment is for a cleaning. And the front desk already gave it to me. And I went back for the next appointment. And a woman saw me, yes I remember, she told me who she was and what her specialty was and all that. She did the cleaning and she told me, in English, she told me to let them know that they had cleaned both sides in case I had to pay anything. But, well, no, the medical insurance covered everything, and I made the next appointment, which was the one for the cavities, and then from there everything was fine, and I made the next appointment, which is this one for the, for the extraction of the teeth." – Spanish-speaking participant

That said, one participant shared a negative experience with scheduling a dental appointment and receiving care. She stated that the clinic staff gave her the wrong appointment date after she showed up for what she thought was a scheduled visit. When they told her she wasn't on the schedule that day, they were giving her an appointment for another month. After advocating for herself, the clinic scheduled an appointment for her two days later. On the day of her appointment, she reported that she had to wait for over three hours before being seen. She spoke with the clinic manager to express her dissatisfaction.

Dental-Medical Integration. Participants were also asked whether oral health has come up during primary care visits. Approximately five participants confirmed that it has been discussed during well-child visits. These participants reported that their pediatric provider typically only asks if they've taken their child to the dentist, and that's the extent of it. One participant shared that their provider does ask her if her child brushes and flosses daily.

"My girls' pediatrician does check them at their annual physical, and I think she checks them completely – ears, nose, mouth. And she asks me if they've had any oral problems or anything during the year. Yes, the medical provider has been very attentive in that regard." – Spanish-speaking participant

One participant shared that her children had received fluoride treatment at their pediatrician's office. Two others shared that their child's dentist applied fluoride treatment after their teeth cleanings.

"When my children went to the pediatrician at six months, for their six-month and nine-month appointments, if they already had teeth, they would get fluoride at the pediatrician's appointment and then, when it was their turn to go to the dentist, they would get it." – Spanish-speaking participant

Oral Health Resources in the Community. Finally, participants were asked where else they had received information about oral health. One participant shared that she had received information at a health fair. Another participant shared that the WIC office shared information about the importance of oral health.

"When I go to the WIC interviews every three months, the person interviewing me by phone - I know it's the same person because I recognize the voice, but maybe she doesn't remember me. She always asks me, like, "Did you take the child to your pediatrician?" And then she also emphasizes the importance to me, because in the moment it's like, yes, yes, I went, oh, how great, because it's important. Remember the dental floss, remember this, remember that. I have received a lot of advice from WIC on the dental side, and they emphasize important things so I don't neglect myself." – Spanish-speaking participant

Next Steps

The findings from this qualitative report will be included in the San Mateo County Children's Oral Health Needs Assessment. This needs assessment will be used by the County's Oral Public Health Program (OPHP) and the Oral Health Advisory Committee to identify existing gaps and needs within the oral health system. The insights gained will inform decision-making and help develop potential solutions.

Appendix A: Key Informant Master Protocol

Thank you for participating in this interview. My name is [YOUR NAME] and I'm with HTA Consulting, the firm contracted by the county to interview key informants like yourself. The purpose of the interview is to identify the oral health needs and barriers to care and education of pregnant people, children under 21, and their parents/caregivers in San Mateo County. Your experience and expertise will be an invaluable contribution to this process. We will use the information you provide to help us improve the oral health of the County's youngest residents, their parents/caregivers, and pregnant people.

Your identity and opinions shared in this interview are strictly confidential. All interview responses will be aggregated in a report and there will be no way to trace them back to you.

Before we begin, I would like to record the session so that I can accurately capture all the information you share with me. Do I have your permission to start recording? You will see another participant enter the group - this is just the AI scribe that will be recording the session.

Do you have any questions for me before we get started?

[BEGIN RECORDING]

Organizational Background

1. What is your name, title, and organization?
2. How long have you been at your organization?
3. Can you give me a little bit of background on your organization?
4. What population(s) do you work with? Who are your clients?
5. Can you describe how your organization is involved in Oral Health?
    a. Is it treatment, prevention, education, and/or policy?

Organizational Assets

6. Can you say a little bit about the strengths of the work your agency is doing related to the Oral Health of pregnant people, children under 21, and their parents/caregivers in San Mateo? Any key accomplishments or successes to note?
7. Can you say a little bit about the challenges in the work your organization is doing related to Oral Health? How would you like to improve the work you do around oral health?

Oral Health System in San Mateo County

8. When you think of the oral health resources in San Mateo County, specifically for pregnant people, children under 21, and their parents/ caregivers...
    a) What are the strengths of the oral health system?
    b) What do you see as the gaps in the system?
    c) What are the opportunities to improve the system?
    d) What are the barriers to improving the system?
9. In your opinion, what are some of the oral health needs for San Mateo children under 21 that are not being addressed?
    a. What about the needs of their parents/ caregivers that are not being addressed?
    b. Any needs that are not being addressed for pregnant people?

Barriers and Strategies to Improving Oral Care Access

10. What are some barriers to accessing oral health care that are specific to the population(s) you work with?

    a. Specifically for children? For children with special health care needs?
    b. Specifically for pregnant people?
    c. Specifically for parents/ caregivers of children under 21?
11. [*For dental providers*]: What are some of the biggest challenges in seeing children by their first tooth eruption or first birthday?
12. [*For dental providers serving children with special needs*]: What are some challenges you've encountered in providing care for children with special health care needs?
    a. In your opinion, what is needed in the County to better serve children with special health care needs?
13. [*Probe for particular populations*] Are there barriers to daily good oral health practices for the population you work with? What are some strategies that might address these barriers?
14. Most people understand the importance of brushing and flossing but may lack the motivation to do so regularly. What are some ways to promote good oral hygiene among the populations you work with?

Oral Care Education

15. What educational materials, if any, do you share with families/ children and/or pregnant people about good oral care?
16. Are there organizations providing oral education for the populations you serve?
    a. If yes, can you tell me a little bit about them?
    b. What materials do they bring / distribute?
    c. Is there anything you wish they would include?
17. What challenges to delivering oral care education have you encountered? How have you overcome them?
18. In your opinion, which methods of communication are most effective in delivering oral care education? Why?

Inequities/ Disparities in Oral Care

19. Are there specific populations that face more significant barriers/challenges to accessing oral health services in San Mateo County? If so, what are those populations? (*Probe*: Specifically, is there a particular population in terms of geography, age, ethnicity, income or something else that has the most challenges?)
    a. What about challenges in accessing oral care education and information?
20. What might be some solutions to address the barriers faced by the populations you've described?

Integrating Oral Health to Existing Programs

21. Can you identify any ways to integrate oral health into existing programs and services? Or into existing systems of care?

Workforce Questions for Dental Providers/ Staff & Health Plan of San Mateo

22. Thinking about workforce development – what support or training do you think the dental health care workforce needs to equitably provide services to children under 21,, their parents/caregivers, and pregnant people in the County?
    a. For children with special health care needs?
    b. How can dental care providers best be acculturated to be responsive and sensitive to the needs of the populations you work with?
23. [*For Health Plan of San Mateo]* What gaps, if any, do you observe in the cultural responsiveness of dental providers in San Mateo County? What efforts has HPSM made to address these gaps?
24. [*For Health Plan of San Mateo]* The SF Peninsula is a dental desert according to UCSF's Healthforce Center because dentists graduate with significant debt and seeing Medi-Cal patients

delays the debt payment., What is HPSM doing to help create a pipeline of dental providers to increase the network and replace retiring providers (dentists, hygienists, dental assistants, etc.)?

25. [*For Health Plan of San Mateo]* How has HPSM addressed increasing the number of dental providers in the county accepting Medi-Cal payment?
26. How can professional pipelines into oral health care be effectively established?
    a. What strategies have been most successful?
    b. What barriers exist?

Workforce Questions for Medical / Other Health Providers/ Staff (pediatrician, OB/GYN, public health nurse, etc.)

27. Thinking about workforce development – what support or training do you think the medical/ public health workforce you work with needs to equitably provide oral health services to children under 21, their parents/caregivers, and pregnant people in the County?
    a. For children with special health care needs?
    b. How can medical/ health care providers best be acculturated to be responsive and sensitive to the needs of the populations you work with?

KOHA

28. Let's shift gears a bit and talk about the Kindergarten Oral Health Assessment specifically. Can you talk about what strategies you've used to ensure that as many students as possible receive this assessment?
    - How does your district handle parental waivers?
    - In your experience, what percentage of parents opt out or don't return the form? Is it the majority?
    - Why do you think that parents may choose to waive or not return the KOHA for their children?
29. What barriers to completed assessments have you encountered? How have you addressed these?
30. Do you think there are dental providers that are accessible to parents - in terms of affordability, availability, etc.?
    a. Are there specific populations that face more significant barriers/challenges to accessing oral health services in San Mateo?
31. What specific supports would help your district increase assessments?
32. Let's discuss KOHA reporting as well…
33. To your knowledge, what has your district done to ensure KOHA reporting is entered in the state database?
    a. What strategies have been most successful?
    b. What barriers to reporting exist? How do you address these?
    c. Are there strategies that the district is planning to use in the future to increase reporting?
34. Can you describe what happens when the KOHA reveals an urgent oral care need for a student?
35. How if at all do you link children to oral care services for whom the KOHA has shown they have an urgent dental need?

Health Plan of San Mateo (HPSM) Dental Integration Pilot Program

36. What have been the biggest successes with implementing the Dental Integration Pilot Program?
37. What have been the biggest challenges with implementing the Dental Integration Pilot Program?
38. What potential barriers do you foresee could impact the sustainability of the Dental Integration Pilot, and do you believe it is sustainable in the long term?

39. In your opinion, what have been the most valuable components of the Dental Integration Pilot Program?
    a. How has the pilot impacted the integration of medical and dental services?
40. In the past, patient follow-through was identified as a concern by dental providers (both general dentists and specialists). Has HPSM been able to address this concern? If so, how?
41. What promising strategies have you used to ensure the quality of dental care in your provider network?
    a. Are there additional strategies you are considering?
42. What continue to be the barriers for individuals to attend scheduled appointments despite care coordination and other supports?
43. What is working well with increasing oral health access through teledentistry or other models?
    a. What positive oral health outcomes could new or innovative delivery models like teledentistry drive in SMC?
44. What is not working so well with these models, if anything?

Concluding Questions

45. Is there anything else you'd like to share that is important to consider as we plan to improve oral health in San Mateo County?

Appendix B: Focus Group Protocols

To be read aloud:

Welcome and thank you for being here today. My name is [Kirsten Piroth/ Mayte Cruz] and I'm with HTA Consulting, the firm contracted by the county to conduct this focus group. As you know, the purpose of this focus group is to talk about oral health services/ resources in San Mateo County. Across California, there is a movement to improve oral health and this focus group is part of a larger assessment that will help San Mateo County decide on what will work best to improve oral health for residents.

We are interested in your thoughts and will listen carefully to your comments. We will use the information you provide today to help us as San Mateo County focuses on improving oral health resources for pregnant individuals, children under 21, and their parents/ caregivers.

All of your identities and opinions shared in this focus group are strictly confidential. Before we begin, I would like to record the session so that I can accurately capture all the information you share with me. Do I have your permission to start recording? You will see another participant enter the group - this is just the AI scribe that will be recording the session. I guarantee that none of the recorded comments will be associated with your name.

So *before we start – do you have any questions for me?*

Ok First, I would like to go over the ground rules for this discussion

Ground Rules:

A. There are no right or wrong answers. Please feel free to be honest and open with your opinions, whether they are positive or negative. Don't worry about offending me, or expressing your disagreement with the opinions of others. We really want to learn from you and find out what you think about these issues.
B. If something is confusing or unclear to you at any point, please feel free to ask clarifying questions.
C. We would like everyone to participate. But, you don't have to answer every question. Some of the questions may not apply to all of you, or you may not feel comfortable answering. You should not feel compelled to answer every question.
D. Only one person should talk at a time. We are tape recording the session and we don't want to miss anything important. If two people talk at once, we can't understand what anyone is saying. I may remind you of this during the focus group.
E. We have a great deal we want you to talk about today and a limited amount of time. We only have an hour and fifteen minutes so don't be surprised if at some point, I interrupt the discussion and move to another topic. But don't let me cut you off; if there is something important you want to say, let me know and you can add your thoughts before we change subjects.
F. We will summarize what is said here today, but will not share who said what in any identifiable way. We ask that none of you share what is said here as well.

Thank you again for being here – lets get started!

1. Let's take a minute to get to know who is here today. Going around the circle, please tell us your name, how many children you have, their ages, and how long you've lived in San Mateo County.
    a. One more question before we begin the discussion to guide our questions for today. Would you mind sharing if you're currently pregnant?

Accessing the dentist/identifying barriers: For these questions, answer for yourself, not for your child. We'll be asking those questions next.

2. How many of you have gone to the general dentist within the last 12 months? The general dentist's office typically provides oral exams, teeth cleanings, x-rays, and dental fillings.
    a. How did you find your general dentist?
    b. Were you referred? If yes, who referred you? (e.g., another medical provider, a health plan staff member, a county staff member, etc.)
        i. What was the referral process was like?
3. Have you had any difficulties getting yourself to the general dentist? Probe: Has it been challenging to take time off from work or find transportation?
4. How many times a year do you go to the general dentist? *(Note for moderators: for adults, Medi-Cal insurance only covers one preventive service per year, even though it's recommended to go twice.)*
5. For those of you who are pregnant, have you been to a dentist during your pregnancy, or do you plan to see a dentist? Why or why not?
    a. [IF THEY HAVE BEEN TO A DENTIST]: What's the process been like for scheduling dental care during your pregnancy?
    b. What's worked well about receiving dental care while pregnant?
    c. Anything that hasn't worked so well?
6. For those of you who haven't been to a dentist in more than a year…
    a. What makes it challenging to go to the dentist at least once a year? Probe: location, transportation, language, fear, not thinking it's important to go unless it hurts or there's pain, treatment, cost, etc.
    b. Where would you go if you had a toothache or dental emergency?
    c. Have you had to go to a dental specialist, like an oral surgeon, endodontist, orthodontist, etc. for care?
        i. How easy or difficult was it to see the specialist? (Probe: transportation, cost, too many appts. needed to finish treatment, etc.)
7. **Dental Cost:** Can you tell me a little bit about the cost of the dentist, including specialists?
    a. Do you have Medi-Cal (Denti-Cal) or any other kind of insurance?
    b. Is the cost of the dentist covered or do you still have a co-pay?
    c. What about the cost of seeing a dental specialist? Is the cost covered or do you have a co-pay?
    d. [IF IT HASN'T COME UP]: Is paying for the dentist and/or specialty care an issue for you?

The following questions you will answer about your child/ren:

8. How often do you take your child/ren to the dentist? [Probes: Do you take them for teeth cleanings, or just when a dental emergency comes up?]
    a. How did you find their general dentist?

b. Were they referred? If yes, who referred them? *(Was it a pediatrician, health plan staff, WIC staff, or someone else?)*
    i. What was the referral process like?

9. Does the dentist specialize in treating children, so are they a pediatric dentist?
    - Is it the same general dentist you go to?

10. How easy or difficult is it to get your child/ren to the dentist? [Probes: Do you have to take them out of school? Do you have to take time off work? Do you take all your kids at the same time?]

11. How many times a year do you take your child/ren to the general dentist? *(Note for moderators: for children, Medi-Cal insurance covers two preventive service per year).*

12. If you can recall, how many of you have taken your child to the same dentist for the last two years? They've seen this same dentist at least once a year for the last two years in a row, right?

13. Has your child had to go to a dental specialist, like an oral surgeon, endodontist (root canal procedures), orthodontist (braces), etc.? If so, were they able to receive the care needed?
    a. If not, why not? (Probe: cost, too many appointments needed to finish treatment and couldn't make them, etc.)

14. **Dental Cost:** Can you tell me a little bit about the cost of the dentist for your child?
    a. Does your child/ren have Medi-Cal (Denti-Cal) or any other kind of insurance?
    b. Is the cost of the dentist for them covered or do you still have a co-pay?
    c. What about the cost of seeing dental specialists your child may need?
    d. Is paying for the dental visits for your child/ren an issue for you?

Trust in the dental providers and information/services provided:

15. In general, how satisfied are you with the oral care you have received from dental providers?
    a. Is this the same for the oral care your child/ren have received from their dentist?
    b. Do you feel the dental team gives you enough information to make an informed decision about your dental care? How useful has this information been? Why or why not?
    c. In general, do you feel comfortable asking the dental team any questions you had or asking them to repeat the information given? Why or why not?
        i. [IF NO] What would help you feel comfortable asking them questions?
        ii. [IF YES] Does the dental team usually answer your questions to your satisfaction? Please explain.
    d. What would you like to see done differently when visiting the dentist either for yourself or for your child, if anything?

Now that we've asked a lot of questions about how you and your child receive dental care, we'd like to ask about resources that could make it easier to receive dental care:

16. [If it hasn't come up yet] What would make it easier for you to go to the dentist?
    a. Is this the same case for your child?
        i. What would make it easier for you to take your child to the dentist on the schedule recommended (twice yearly)? *For example, is it location - where the dentist is, finding a dentist, time issues, issues re: payment, knowledge that Medi-Cal covers dentist visits, at school, etc.*

Medical-dental integration questions (children):

17. Does your child's pediatrician or primary care provider mention oral health during your child's medical visits? If yes, what do they share?
18. [IF IT HASN'T COME UP]Has your child's pediatrician referred your child to a dentist ever during regular check-ups?

19. Have other healthcare providers given you/ your child information about how to maintain good oral hygiene? If so, who? Was it a home visiting nurse, WIC staff, community case manager or health worker, or someone else?
    a. What type of education or services did they provide? How helpful was the information they provided?
        i. Did they share something you hadn't learned/ heard about before? If yes, what?
    b. What type of oral health education/ other information would you have liked to receive from these providers? How would you like to receive this information?

Medical-dental integration questions (pregnant people):

20. Has your OB/GYN referred you to a dentist during your pregnancy?
    a. How did the referral process go? Did you encounter any challenges? Please describe.

21. Does your OB/GYN mention oral health during your prenatal visits? If yes, what do they share?

22. Have other healthcare providers given you information about how to maintain good oral hygiene? If so, who? Was it a home visiting nurse, WIC staff, community case manager or health worker, or someone else?
    a. What type of education or services did they provide? How helpful was the information they provided?
        i. Did they share something you hadn't learned/ heard about before? If yes, what?
23. What type of oral health education/ other information would you have liked to receive from these providers? How would you like to receive this information?

Assessing knowledge of good oral health practices.

24. What kinds of specific habits and practices (example- daily hygiene habits) do you think are important to do to have good oral health (for pregnant people, this is for both you and your baby)? *(see if they list any of these)*
    - *Brushing 2x/day*
    - *Using toothpaste with fluoride in it*
    - *Flossing*
    - *Avoiding sugary food and beverages*
    - *Seeing a dentist by age 1*
    - *Seeing a dentist while pregnant*
    - *If pregnant: chewing gum with xylitol in it, rinsing mouth with proper mouthwashes if vomiting from morning sickness, good gum care*
    - *Help your child/ren brush their teeth until they are 8 years-old*
    - *Lifting your child's lip regularly to see if they have any white, brown, or black spots on teeth*
25. How did you learn about these oral health practices?
26. What would motivate you to practice some of the things you've been told about good oral health?

27. If you live on the Coastside, this question does not apply to your home, but to others: What have you heard and what are your thoughts about drinking fluoridated tap water in SMC for oral health?

28. Who has heard about dental sealants? Can you tell me what you know about sealants?
    a. Did any of you get these as a child or have your children had them? Why/why not?

29. Who has heard about fluoride treatments a dental provider gives- like fluoride varnish? Can you tell me what you know about fluoride treatments?
    a. Did any of you get these as a child or have your children had them? Why/why not?

Ask about where people have received oral health education or services in the community, outside of a dental clinic.

30. Have you or your child received oral health educational materials, services, or help finding a dentist when out in the community?
    a. What have you received? Were the materials for you or your child?
    b. Do you recall who/ which organization provided these materials/ services? For example: Head Start or Peninsula Family Services, or while at a health fair, library, community event, school-hosted event, or somewhere else?
    c. How helpful were the materials and/or services provided?
    d. What other kind of oral health information, services, or handouts would you have wanted that you did not receive?

31. Has your child received oral health screenings or services while at their preschool or elementary school?
    a. How did you receive information about these services?
    b. What questions did you still have about the services that weren't answered by the materials or school staff?
    c. If you declined to have your child receive these services at their school, what was the reason/s?
    d. How could schools improve how they send you information about on-site oral health services provided at the school?
    e. What would help you to receive better and easier dental care for you and your family, from dental professionals OR people who are not dental providers themselves?

32. **Do any of you have children or do any of your family have special health care needs? (If no – skip to Q6)**
    a. Are there any specific challenges you have maintaining their oral health at home?
    b. Are there any specific challenges to getting them to see a dentist? Please elaborate.
    c. Are there any successes you can share about getting health care for this family member? For example, any organizations that helped you navigate resources for your child/ren.
    d. What do you think is needed in the county to better serve children with special health care needs?

33. If you had a magic wand and you could change one thing that would help you better access good OH either at the dentist or at home, what would it be?

34. Is there anything you would like to share that hasn't already been addressed?