

April 2023

First 5 San Joaquin

**SJ TEETH
Evaluation Report
2021-2022**



Executive Summary

Tooth decay is the most common—and preventable—chronic disease among young children, with children of color most likely to experience tooth decay and most likely to have untreated tooth decay. Despite the high need, many children experience barriers to regularly accessing preventive dental care.

In Fiscal Year (FY) 2021-2022, First 5 San Joaquin (F5SJ) invested in the San Joaquin Treatment + Education for Everyone on Teeth + Health (SJ TEETH) program, which seeks to improve oral health outcomes for children in San Joaquin County. SJ TEETH is funded by the American Rescue Plan Act (ARPA) and San Joaquin County contingency funds, and revives an earlier version of the program implemented from 2017-2020. Five organizations provide culturally responsive dental care coordination and education for children up to age 18 and their parents/caregivers who are insured by Medi-Cal.

The SJ TEETH program provided services to 811 people in FY 2021-2022 who were racially and linguistically diverse and who resided in communities historically facing barriers to health. This successful reach was a result of the SJ TEETH agencies’ use of accessible outreach strategies including leveraging local partners and existing programs, participating in community events, and presenting on SJ TEETH in schools. Once enrolled, SJ TEETH care coordinators used strategies such as making dental office recommendations, scheduling appointments, and providing oral health education to help families arrange and keep their dental appointments. As a result, 53 percent of program participants received dental services. Among 253 parents/caregivers who were surveyed about their child’s dental services, 97 percent were satisfied with the care their child received.

Key recommendations from this evaluation are summarized in the table below.

Recommendations for F5SJ

- Identify strategies to reach more African American families in San Joaquin County.
- Expand efforts to reach more parents of children ages 0-5.
- Consider opportunities to expand services to additional priority populations.
- Support care coordinators to make connections with key partner organizations (including other SJ TEETH organizations).
- Collaborate with Harder+Company and SJ TEETH agencies to improve data quality and completeness.

Background

Tooth decay is the most common—and preventable—chronic disease among young children. By third grade, 61 percent of students in California have experienced tooth decay and 22 percent have untreated tooth decay. Children of color are disproportionately impacted by tooth decay. Latinx students have the highest prevalence of tooth decay, followed by Black/African American, Asian, and white students.¹ Despite the high need, many children do not access preventive dental care. In 2019, less than half (42 percent) of Medi-Cal beneficiaries ages 0-20 in San Joaquin County accessed preventive dental services. After the start of the COVID-19 pandemic in 2020, access declined to 34 percent.²

In response to these oral health disparities, First 5 San Joaquin (F5SJ) invested in the San Joaquin Treatment + Education for Everyone on Teeth + Health (SJ TEETH) program. Through culturally responsive dental care coordination, children up to age 18 who are insured by Medi-Cal receive support for dental health needs. Fiscal Year (FY) 2021-2022 was the first year that parents/caregivers were also eligible to receive care coordination. Care coordination includes providing education on how to minimize tooth decay; finding dentists that meet a family's needs; scheduling dental visits; helping families identify the resources to get to their appointments; and preparing families for a successful dental visit.

In FY 2021-2022, \$40,000 in Sunlight Giving funds were allocated to the SJ TEETH media campaign and \$550,000 in San Joaquin County contingency funds were allocated to SJ TEETH to support its five care coordination agencies: APSARA, Catholic Charities, Family Resource Network, Family Resource Center, and El Concilio. SJ TEETH is currently funded by the American Rescue Plan Act (ARPA), which provided federal funding in response to the COVID-19 pandemic's economic and community impacts.³ Together, these sources fund SJ TEETH through the end of FY 2023-2024. The current SJ TEETH program builds on an earlier version that was implemented from 2017-2020 as part of the Department of Health Care Services (DHCS) Dental Transformation Initiative.⁴

This evaluation report documents both implementation of the SJ TEETH program during FY 2021-2022, as well as early insights into its contributions to improving oral health. The report focuses on the following evaluation questions:

- Who is being served by the SJ TEETH program?
- What strategies did care coordinators use to maximize outreach and connect families to dental care?
- Has SJ TEETH contributed to increased utilization of dental services?
- What are the experiences of participants who receive dental care?

Findings were informed by an analysis of the SJ TEETH Care Coordination Database, a parent survey about dental visit experiences, a focus group with SJ TEETH care coordinators, and secondary data sources. For a full description of evaluation methods, please refer to the Technical Appendix.

SJ TEETH At-A-Glance

Goal: Improve oral health outcomes for children and their parents/caregivers in San Joaquin County by providing dental service care coordination and oral health education.

Target population: Children ages 0 to 18 and their parents/caregivers who are insured by Medi-Cal

Agencies: SJ TEETH is implemented by five agencies:

- Asian Pacific Self-Development and Residential Association (APSARA)
- Catholic Charities Stockton
- El Concilio California
- Family Resource Center
- Family Resource Network

¹ California Department of Public Health, Office of Oral Health. *Oral health status of children: Results of the 2018-2019 California Third Grade Smile Survey*. June 2021. Accessed [here](#) on January 26, 2023.

² Dental Utilization Measures and Sealant Data by County, Ethnicity and Age, Calendar Year 2013 to 2020. Retrieved from <https://data.chhs.ca.gov/> on February 2, 2023. Measure limited to continuously enrolled Denti-Cal beneficiaries ages 0-20.

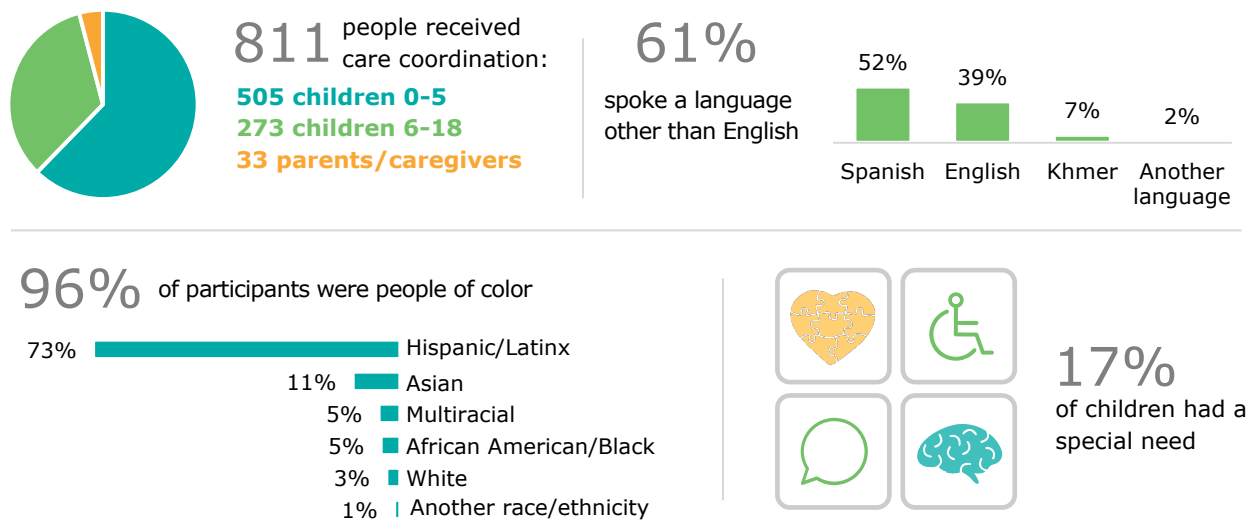
³ San Joaquin County Office of Emergency Services. *San Joaquin County Recovery Plan State and Local Fiscal Recovery Funds: 2022 Report*. Accessed [here](#) on January 26, 2023.

⁴ First 5 San Joaquin. SJ TEETH Local Dental Pilot Program (LDPP) Four-Year Report. December 2020. Accessed [here](#) on January 26, 2023.

SJ TEETH reached high-priority and high-need families

During FY 2021-2022, SJ TEETH served 778 children and 33 adults. These participants reflected both the diversity of San Joaquin County, as well as First 5 San Joaquin’s commitment to reaching the communities and places in the county that have faced historic barriers to health and well-being.⁵ Exhibit 1 highlights key characteristics of SJ TEETH participants.

Exhibit 1. Characteristics of SJ TEETH participants



Two opportunities to increase reach to high-priority populations emerged in FY 2021-2022:

- Increase reach to African American/Black families.** Five percent of participants identified as African American/Black, which is lower than the percent of African American/Black children in San Joaquin County (7 percent) and the percent of African American/Black children served in the 2017-2020 version of SJ TEETH (8 percent). According to the San Joaquin County Oral Health Needs Assessment, African American children are often less likely to utilize preventive care than other racial/ethnic groups.⁶
- Increase reach to parents/caregivers.** Parents/caregivers became eligible to receive care coordination from SJ TEETH for the first time in FY 2021-2022 but remain a small proportion of the total number served by SJ TEETH (4 percent).

⁵ First 5 San Joaquin. Strategic Plan 2022-2027. Accessed [here](#) on January 30, 2023. ⁶ San Joaquin County Public Health Services. San Joaquin County Oral Health Needs Assessment. November 2018. Accessed [here](#) on January 30, 2023.

SJ TEETH reached families in San Joaquin County's Priority Neighborhoods

In 2022, San Joaquin County Public Health Services completed its triennial [Community Health Needs Assessment](http://www.sjcphs.org/Disease/Epidemiology.aspx) (CHNA) (www.sjcphs.org/Disease/Epidemiology.aspx), which provides a picture of the county's current community health. This CHNA included a special focus on 14 "Priority Neighborhoods" that have been most impacted by historic health disparities. To align with the San Joaquin County CHNA and inform progress towards achieving equity, the SJ TEETH evaluation examined SJ TEETH participation in these Priority Neighborhoods. Almost three out of every four SJ TEETH participants (72 percent) lived in zip codes associated with the Priority Neighborhoods. While these zip codes are an imperfect proxy for the county's Priority Neighborhoods (which are Census Designated Places and do not align with zip codes), the high percentage offers insight into SJ TEETH's ability to reach some of the highest need communities in the county.



Care coordinators used accessible strategies tailored to reach children and families

SJ TEETH care coordinators used the following strategies to connect with high-priority and high-need families:

- Partnering with other local agencies that work with Medi-Cal eligible populations.
- Identifying families who may benefit from SJ TEETH and are already enrolled in other programs at their agency.
- Sharing flyers at community events, Women Infants and Children (WIC) offices, libraries, and other family-frequented locations.
- Offering oral health supplies and personal protective equipment to recruit and engage families.
- Giving presentations about SJ TEETH to staff at local preschools and school districts.



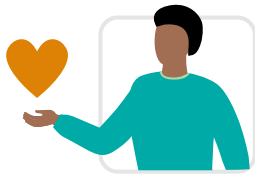
2022 Family Day at the Park

In addition to these effective strategies, SJ TEETH care coordinators also identified two areas to improve outreach to families that could most benefit from dental service coordination. First, some care coordinators described the challenges of reaching migrant farmworker families, another historically underserved community in the county. According to one care coordinator, migrant farmworker families "were really eager for the [SJ TEETH] information," but were difficult to stay connected with because "they would migrate back to their homeland and then come back, and then sometimes I wasn't able to reach them anymore." To address this, care coordinators noted they could collaborate with the other SJ TEETH agencies to share strategies for reconnecting with families through their migration cycles. In addition to this opportunity, some care coordinators described challenges engaging in outreach when they did not possess contact information or personal connections with key referral partners (i.e., early childcare and education programs). These care coordinators identified a need for easily accessible, up-to-date contact information for these key organizations.

Care coordinators used a range of strategies to support families to make and keep their dental appointments

Care coordination strategies included offering both tangible supports to families such as helping to schedule dental appointments, and intangible supports such as establishing trusting relationships with families. Families expressed gratitude for the positive, supportive care coordination they received through SJ TEETH. One parent said “Thank you for making this very easy. I appreciate this program.” Another specifically appreciated that the care coordinator “made reminders about the appointments and [checked] in on me and [my family member].” See Exhibit 2 for details on these key strategies.

Exhibit 2. Key strategies used by SJ TEETH care coordinators



Building trust with participating families

Care coordinators worked to establish trust with families so that they felt comfortable sharing their dental needs and life circumstances. This included relating to parental struggles around introducing children to dental services and reducing shame about previous oral health habits.



Providing oral health education

Care coordinators provided oral health education and supplies to reinforce the importance of seeking both preventive and restorative dental care.



Recommending dental offices

Care coordinators helped families look for a dentist that met their families’ needs, such as location, office hours, language preferences, child’s age, and if the child had a special need. Care coordinators also recommended dental offices based on feedback from other SJ TEETH families’ experiences.



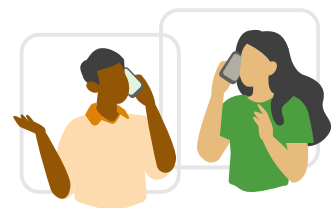
Helping schedule appointments

Care coordinators helped families schedule their dental appointments. They also called families to remind them about their appointments and followed up to find out if the dental appointment met their needs.



Establishing relationships with dental offices

Care coordinators connected directly with staff at dental offices to find out how to best communicate with them and to stay informed about other dental office updates that could impact SJ TEETH families.



Working effectively with each other

Across SJ TEETH agencies, care coordinators established relationships with each other to share knowledge, train new staff, make referrals, and brainstorm solutions for complex cases.

Care coordinators underscored the value of strong relationships between SJ TEETH agencies for meeting families' needs. These relationships were developed through joint outreach efforts, regular in-person meetings prior to the pandemic, informal training, and conversations about program implementation. One care coordinator noted that these benefits extended beyond oral health: "You learn [about] other resources those agencies have to offer. And then if any of your families do need any of those resources, [you could always refer] to those other agencies." Care coordinators expressed interest in being able to reconnect beyond the virtual space, "because seeing each other on the screen, you're not building those real relationships. So hopefully someday we'll be able to be back in person and we can learn [about] the new coordinators just more personally."

First 5 San Joaquin invested in oral health education materials and campaigns

F5SJ partners with the San Joaquin County Public Health Services (PHS) oral health program and RSE, a communications firm, to implement community education and media campaigns that share trustworthy information with parents/caregivers of children ages 0 to 5 and the providers that serve them. With funding support from Sunlight Giving, F5SJ and PHS invested approximately \$181,000 in the following SJ TEETH strategic communications activities in FY 2021-2022:

- Expanding availability of *Stella's Shiny Smile*, a bilingual children's book about good dental habits, to include versions in English, Spanish, Khmer, Tagalog, Pashto, and Punjabi.
- Developing a *Stella* activity kit, which contains a copy of *Stella's Shiny Smile*, a hand puppet, and memory card game to help care coordinators and home visitors teach good dental health habits while also promoting development skills like reading and playing. Complementary activity bags with the book, a sticker, and a finger puppet were also developed to leave with families.
- Creating games for [Stella's Kids Corner](http://www.sjteeth.org/en-us/Kids-Corner) (www.sjteeth.org/en-us/Kids-Corner), including a tooth brushing maze, brushing calendar, and coloring pages.
- Launching a social media campaign—including animated videos—that highlighted SJ TEETH's care coordination services.
- Conducting a paid media campaign and school outreach to increase awareness of the Kindergarten Oral Health Assessment guidelines and resources for completing the assessment.
- Relaunching a "Nothing Beats Water" campaign on the benefits of drinking water for healthy teeth.



Good dental habits are important to a healthier life!



SJTEETH.org

Funded by the CDPH under contract #22-10194

Care coordination contributed to children and their parents going to the dentist

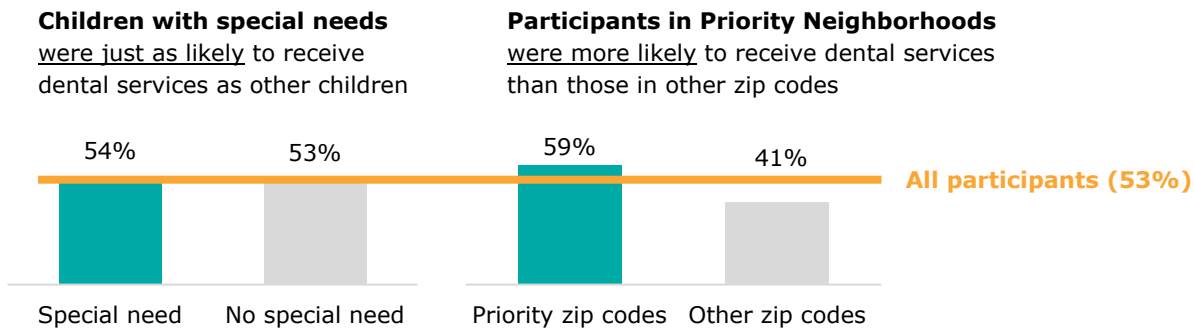
With the support of SJ TEETH care coordinators, over half of SJ TEETH participants (53 percent, or 433 people) received dental services in FY 2021-2022. This is similar to utilization in the first year of the 2017-2020 version of SJ TEETH.

As part of its commitment to race, equity, diversity, and inclusion, First 5 San Joaquin and SJ TEETH seek to improve health outcomes for communities with the highest need. Therefore, dental service utilization was examined by key demographic characteristics, including participant race/ethnicity, primary language, neighborhood, and presence of an identified special need. Exhibit 3 highlights two promising findings about SJ TEETH’s ability to reach communities experiencing oral health inequities:⁷

53%

of participants received dental services in FY 2021-2022

Exhibit 3. SJ TEETH is improving dental health access in high-need communities



- Children with special needs.** Health care systems experience many barriers to accommodating the full spectrum of health needs, and children with special needs often have a more difficult time accessing dental care.⁸ Among SJ TEETH participants, however, children with special needs were just as likely to receive dental services (54 percent) as children without special needs (53 percent). Evaluation of the 2017-2020 version of SJ TEETH indicated that this may be due to SJ TEETH’s ability to match families to dentists with the skills and experience to serve children with special needs, as well as the extra attention that SJ TEETH can provide for families trying to navigate a variety of medical and developmental support appointments.⁹
- San Joaquin County Priority Neighborhoods.** People living in San Joaquin County’s Priority Neighborhoods experience more financial, logistical, and structural barriers to dental care. Interestingly, SJ TEETH participants in zip codes associated with these Priority Neighborhoods had a higher dental service utilization rate (59 percent) than participants in zip codes elsewhere in the county (41 percent). This finding may point to SJ TEETH agencies’ ability to effectively reach and serve residents in these historically underserved neighborhoods. It may also point to an opportunity to better support utilization among those living outside Priority Neighborhood zip codes.

⁷ Additional variations in dental service utilization by race/ethnicity and language may be a result of data quality issues that are currently being addressed by First 5 San Joaquin, SJ TEETH agencies, and Harder+Company, and will continue to be monitored and reported moving forward.

⁸ Norwood et al. Oral health care for children with developmental disabilities. *Pediatrics*. 2013;131(3):614-619. Available at <https://doi.org/10.1542/peds.2012-3650>. Accessed January 21, 2023.

⁹ First 5 San Joaquin and Harder+Company Community Research. San Joaquin TEETH Year 1 Evaluation Summary Memo. May 2018. Available upon request.

Families had a positive experience at the dentist

Between October 2021 and September 2022, SJ TEETH care coordinators conducted 253 phone surveys with parents/caregivers to learn about their experiences with SJ TEETH care coordination and their children's dental visits. Among respondents to this survey:

- 97 percent reported that they were satisfied with the care their child received (see Exhibit 4 for examples of feedback shared by parents/caregivers).
- On a scale of 1 (worst) to 5 (best), 94 percent rated the care their child received at the dentist as a 5.
- 81 percent of parents said the dentist explained the child's treatment to them in a way that they understood.
- 99 percent of parents planned to bring their child back to the same dentist.

For those parents/caregivers whose children did not see a dentist, additional data collection will be conducted in the next year to explore reasons for reschedules and cancellations.

Exhibit 4. Families shared positive feedback about their dental visits

"We absolutely loved [our dentist]. **We were in and out so fast.** Best part was my daughter cooperated."

"The staff is friendly, courteous, and very professional. The doctor provided a lot of information and tips on how to protect and keep [my child's] teeth clean. She was very thorough and **explained everything in a simple way** that was easy for me and my husband to understand."

"Estoy encantada y feliz con la atención del dentista y sus asistentes. **[Mi hijo] está perdiendo el miedo que tenía previamente.** Esta última cita cooperó más con el dentista y se dejó limpiar sus dientes."

"I am delighted and happy with the attention of the dentist and his assistants. **[My son] is losing the fear he previously had.** During this last appointment, he was more cooperative with the dentist and let [the dentist] clean his teeth."

"I love taking my child here. We have been going to [this dental office] for several years. **My son allows them to do a little more with each visit.**"

"I really said 10 out of 5!!! I loved the office; great set-up and the TVs are fantastic. I made appointments for all my children. **I can't wait to take them back** in February."

99%

of participants plan to
bring their child back to
the same dentist

Recommendations

The following recommendations can support F5SJ to continue building on SJ TEETH's strengths:

- **Consider strategies to enroll more African American families.** The proportion of African American/Black children in SJ TEETH is lower than the African American/Black population in the county, and lower than the proportion served in an earlier version of the SJ TEETH program. At the same time, African American/Black residents experience poorer oral health access and outcomes than other racial/ethnic groups in the county. F5SJ should explore possible participation barriers for African American/Black families and consider strategies to better connect with and serve these communities in the county.
- **Expand efforts to reach more parents of children ages 0-5.** Parents of children ages 0-5 still make up a small percentage (4 percent) of SJ TEETH participants, despite being eligible for the program since 2021 and previous evidence that they could benefit from dental care coordination. F5SJ should work with care coordinators to explore ways to reach more parents. This may include clearly communicating eligibility to parents, finding outreach messages that focus specifically on parent enrollment, or identifying and addressing other challenges that keep parents from participating.
- **Consider opportunities to expand services to additional priority populations.** Participants living in zip codes that are part of San Joaquin County's Priority Neighborhoods were more likely than those in zip codes outside Priority Neighborhoods to get a dental service. This finding may point to a strength in SJ TEETH's ability to reach these high-need communities. F5SJ and the SJ TEETH evaluation should seek to learn more about care coordinators' experiences, challenges, and insights about strategies that are working well in Priority Neighborhoods. These insights could be used to expand services to areas and/or populations that could benefit from more access to SJ TEETH's services. At the same time, F5SJ and SJ TEETH agencies should further explore what supports could help to raise the dental service utilization rate among participants who live outside zip codes associated with the CHNA Priority Neighborhoods.
- **Support care coordinators to connect with key partner organizations (including other SJ TEETH organizations).** Care coordinators described the importance of connecting with other local organizations—and sharing information with each other—to best support families. They are interested in ongoing opportunities to learn about each other's work and develop their relationships in in-person settings to sustain cross-agency collaborations. They also identified practical ways to make these connections easier, including having a list of contacts at key organizations and creating additional channels for virtual communication (such as a Teams group or other virtual space) with other SJ TEETH organizations. F5SJ should explore ways they can support SJ TEETH agencies to easily make these connections.
- **Collaborate with Harder+Company and SJ TEETH agencies to improve data quality and completeness.** SJ TEETH agencies collect valuable data—including a parent satisfaction survey, care coordination contact records, and documentation of dental services—that help to describe the program's impact. However, some agencies collected a limited number of parent surveys, or had less documentation of care coordination and dental services. Throughout the year ahead, F5SJ should connect with Harder+Company staff and SJ TEETH agencies to understand and identify strategies to improve evaluation data collection and thereby improve the ability to accurately capture and describe the experiences of families served by SJ TEETH.

Technical Appendix

This evaluation report includes data from the following sources:

- **SJ TEETH database (FY 2021-2022).** SJ TEETH care coordination agencies use the SJ TEETH database to track demographic and service data for children and family members enrolled in care coordination. Data entered between July 2021 and June 2022 were included in this report.
- **SJ TEETH parent survey (n=253).** Within 30 days of a preventive dental appointment, SJ TEETH care coordinators called parents/caregivers of participating children to learn about satisfaction with dental care and barriers to accessing care. The parent survey was launched in October 2021, and data presented in this report reflect survey responses collected from parents beginning in October 2021 through September 2022. Most responses (95 percent) were from parents whose children successfully received dental care; five percent of responses were from those who were not able to receive dental care.
- **Care coordinator focus group.** The evaluation team conducted a semi-structured virtual focus group with SJ TEETH care coordinators to learn about outreach strategies, care coordination processes, and agency partnerships/capacity. Learnings from this focus group were analyzed for key themes and recommendations.