



San Francisco Children's Oral Health Strategic Plan 2014-2020



Coordinated by
San Francisco Children's Oral Health Collaborative

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Revision Preface

The original strategic plan, 2014-2017, conceived in 2012 by a broad, diverse group of stakeholders in San Francisco and informed by the community, focused on developing strategies and tactics that would make a real and lasting impact in reducing childhood caries. The document became the blueprint, and first step in an iterative planning process and implementation cycle.

In this final year of the original plan, the CavityFree SF collaborative (formerly San Francisco Children's Oral Health Collaborative), carefully reviewed the strategies and tactics to clarify and reaffirm our shared vision, mission, core values, and priorities. We have taken into account the changing landscape of children's oral health in San Francisco over the past three years, including the many challenges and successes of our collective work. As a result, we present this revised and extended strategic plan, which we hope will strengthen the citywide collaborative effort to advocate for and further develop programs and policies to increase preventive oral health care to our highest risk communities.

“We've changed our name but not our mission!”

For more than 25 years, the dedicated members of the current CavityFree SF collaborative have worked to improve the oral health of the children of San Francisco. We strived for all our San Francisco children to be cavity-free, regardless of the socio-economic standing of their families, their immigration status, ethnicity, or skin color. We remain committed to this mission. Our name change signifies our dedication in the fight against dental decay.

CavityFree SF is a diverse collaboration of multiple disciplines and sectors working to ensure that all San Francisco children experience optimal oral health. Our collective voice, backed by extensive data, sends a strong message about the disparities in children's oral health in our city to its leaders, policymakers, and community groups, and offers innovative solutions for policy and systems improvements. Working together, we can impact the lives of our city's youngest and most vulnerable residents, allowing them to grow up with good oral health, instead of facing a life of escalating dental problems.

Our values:

- Equity - We promote equity in oral health and oral health care among all San Francisco children as well as equity for our cause among other health conditions - oral health is considered an important and critical part of overall health throughout the lifespan.
- Well-being - We believe in the total health of the child, and integral to that is oral health, along with the social determinants that influence overall well-being.
- Inclusive and Community-oriented - We work with and empower the community, for the community.

*Barbara Garcia, Director
City and County of San Francisco
San Francisco Department of Public Health*

The San Francisco Department of Public Health's mission is to protect and promote the health of all San Franciscans.

Oral health is essential to overall health. For too long dental disease and infections were not considered part of a medical providers' purview. We know now that oral disease exacerbates cardiovascular disease, diabetes, pre-eclampsia, nutritional intake, and pre-term and low birthweight babies. Having dental decay early in life predicts a lifetime of dental problems and subsequent systemic health problems for today's children. All areas of health are inter-connected, and all our disease prevention efforts must also be interdisciplinary.

Tooth decay remains one of the most common chronic childhood diseases in the U.S., and here in San Francisco children of color are disproportionately burdened by dental decay before they even enter Kindergarten. Low-income, Black/African American, Latino and Asian children continue to be two times more likely to experience dental decay than higher -income and White children. This disparity has persisted over the past 15 years. Poor oral health and school absences are all linked to lower school success. While these oral health disparities negatively affect children now, the long-term consequences of poor oral health impact a child across his/her lifetime.

The SF Children's Oral Health Strategic Plan took into account best practices currently understood to prevent this multifactorial disease. These practices included integrating the preventive treatment of fluoride varnish into medical well child settings, and the innovation of bringing dental preventive services to where children frequent. Built into the plan is the goal of changing systems in a sustainable way to integrate such practices in a standardized way for the benefit of future generations of children in SF. Having this "map" to guide all the community stakeholders in an orchestrated direction has already served to make substantial changes in the systems that serve low-income high risk children in SF.

More and more very young babies are being protected with fluoride varnish in their primary care medical visit and are being linked to early preventive age one dental visits. As they grow and enter Kindergarten, we hope and expect to see a decrease in the health disparity which children of color experience here in SF.

This revised version of the 2014 Strategic Plan incorporates some changes learned in the past three years to make even more effective coordinated systemic improvements, and extends this visionary plan until 2020.

Now is the time to eliminate this health disparity. I am proud to support and work alongside the many committed community collaborators who continue to guide and implement this important interdisciplinary work to finally integrate oral health with overall health in San Francisco!

Sincerely,



Barbara A. Garcia, MPA

*Dr. Steven Ambrose, DDS
Director of Dental Services
San Francisco Department of Public Health*

*Dr. Vlad Shuster, DDS
President
San Francisco Dental Society*

The San Francisco Children’s Oral Health 2014-2107 Strategic Plan has been a valuable roadmap in addressing children’s oral health needs and tackling disparities among children in San Francisco with regard to oral health care and disease prevention.

Successes over the last three years include integrating oral disease prevention in the medical visit for young children, obtaining funding to engage local community members through the establishment of children’s oral health task forces in the three most high risk neighborhoods, and coordinating with the San Francisco Unified School District to increase the provision of fluoride varnish and dental screening in all district preschools.

Though progress has been made, still one in three kindergartners in San Francisco public schools experiences tooth decay. The worst cases involve infection and hospitalization for dental treatment. Dental disease impacts children’s self-esteem, ability to focus in school, and overall health and sense of well-being.

This newly revised edition of the San Francisco Children’s Oral Health Strategic Plan for 2014-2020 is a renewed blueprint for San Francisco to build upon the core strategies of the original plan – access, integration, coordination, and evaluation – with a citywide effort shared among medical and dental providers, school, university, public health and community programs.

The San Francisco Department of Public Health and the San Francisco Dental Society have worked together for many years on children’s oral health programs. We are pleased to be a part of this exciting collaboration that seeks to address the oral health disparities many of our low income and children of color still experience. We support The San Francisco Children’s Oral Health Strategic Plan 2014-2020 and stand behind its ultimate goal to ensure ALL children in San Francisco are caries free.



Dr. Steven Ambrose, DDS



Dr. Vlad Shuster, DDS

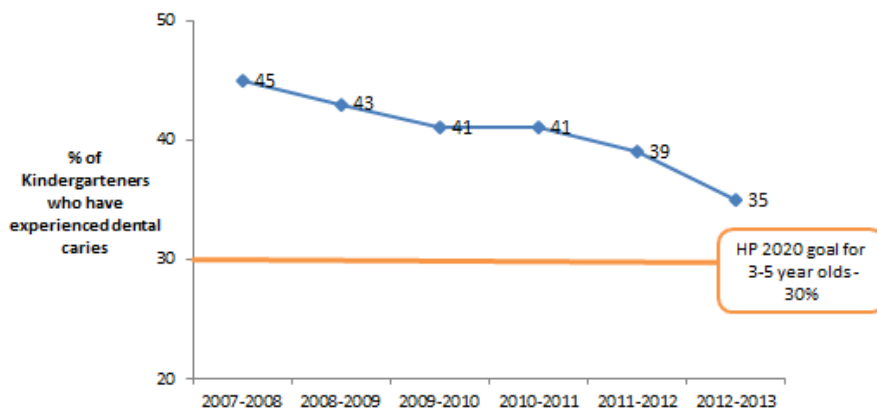
INTRODUCTION

WHY IS ORAL HEALTH IMPORTANT?

Oral health is essential to overall health, well-being, and quality of life. It affects children’s nutritional intake, self-esteem, and the ability to concentrate and succeed in school. Dental caries (tooth decay) remains one of the most common chronic diseases in childhood in the U.S. and often persists into adulthood and across the lifespan. In 2012, 37% of San Francisco Unified School District (SFUSD) students experienced dental caries in their primary and permanent teeth, by the time they entered kindergarten, resulting in reduced attendance and contributing to poor academic performance. There can also be high costs. Dental caries-related emergency room visits can be ten times the cost of providing preventive care.

Over the past decade there has been steady improvement in the oral health status of SF children: the prevalence of untreated caries declined from 26% of kindergarteners in 2007 to 17% in 2012. During the same period, caries experience which reflects not only current but past tooth decay has also declined from 44% to 35%. (Figure 1) However, the 2020 Healthy People objective to reduce the proportion of children aged 3 to 5 years who experience dental caries in their primary teeth to 30% has not been met for San Francisco 4-5 year olds. We can do more to reduce dental decay in our infants, toddlers and preschoolers.

Figure 1: San Francisco has not met HP 2020 goals for children’s caries experience

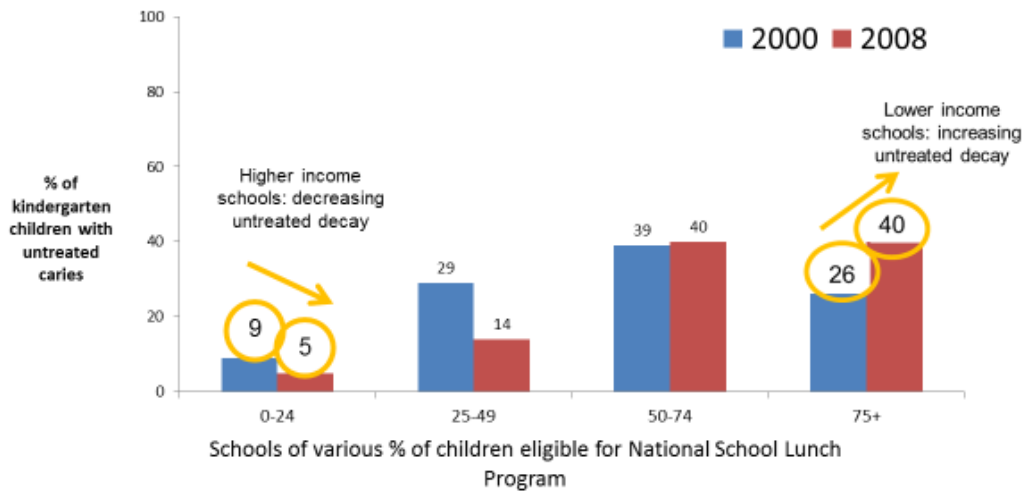


SFDPH-SFUSD-SFDS San Francisco Kindergarten Screening, [San Francisco, 2005-11]/Prepared by SFDPH MCAH Epidemiology, February 2013

ORAL HEALTH DISPARITIES PERSIST

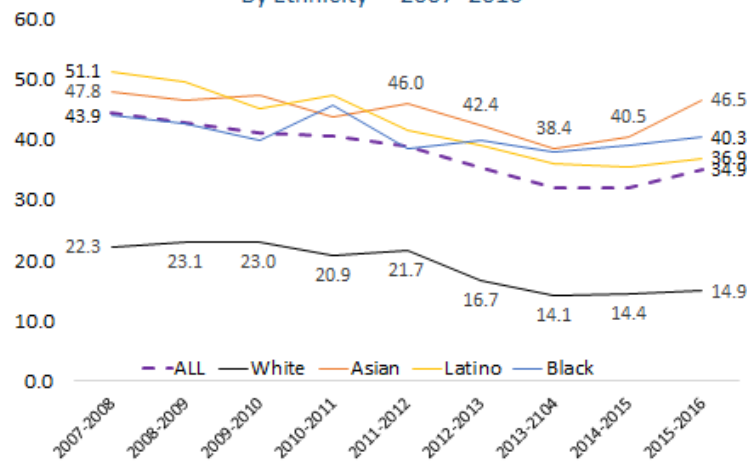
Despite the overall improvements in caries prevalence nationally and locally, there are segments of our youth population that continue to carry the heaviest burden of dental decay. The rate of untreated caries (40%) among kindergarten children in low-income SFUSD schools (schools with high % of National School Lunch Program (NSLP) eligibility) is 8 times higher than the rate found in children from higher income schools (5%). (Figure 2) Moreover, while the prevalence of caries has declined in higher income schools over time, it has in fact increased in low-income schools!

Figure 2: Low income children in San Francisco are 8 times more likely to have untreated caries



Children of color are 2-3 times more likely to have tooth decay as their Caucasian counterparts (Figure 3). Unfortunately, this disparity has worsened over the past decade.

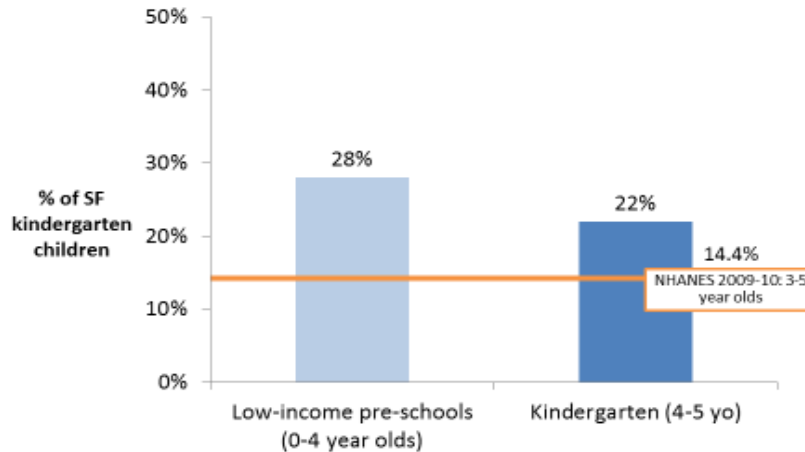
Figure 3: SFUSD Kindergarteners Caries Experience By Ethnicity 2007-2016



Data source: SFDPH-SFUSD-SFDS Kindergarten Oral Health Screening Program.

Among our younger low-income children, 28% of preschoolers in state subsidized preschools experience dental decay, demonstrating the need for dental care at any early age. (Figure 4)

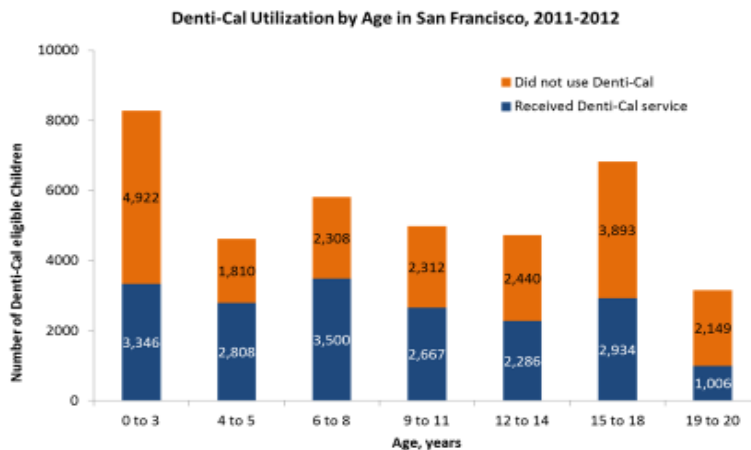
Figure 4: SF children experience more untreated caries than the national average



SFDPH Child Care Health Project 2011-2012, SFUSD Kindergarten 2010
 CDC/NCHS, National Health and Nutrition Examination Survey, 2009-2010.

However, over half (52%) of Denti-Cal enrolled children in San Francisco did not see a dentist in 2011-12. (Figure 5) An analysis of data from Denti-Cal and the SF Kindergarten Screening Program shows that Denti-Cal utilization by children ages 0-3 years is significantly associated with reduced prevalence of caries experience among SFUSD kindergarteners one year later.

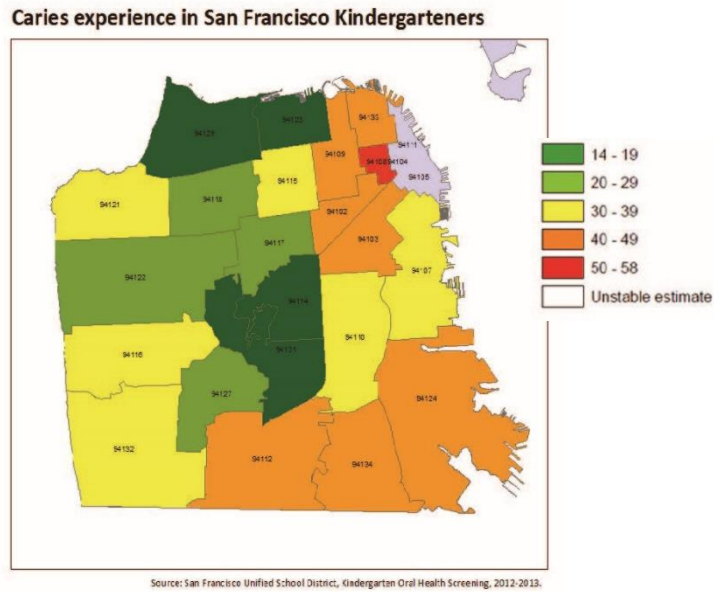
Figure 5: Half (52%) of Denti-Cal enrolled children in SF did not see a dentist in the past year 2011-2012



Data source: CA Department of Health Care Services, Run: 02-07-13. Denti-Cal utilization for unduplicated, San Francisco residents, who were certified full-scope beneficiaries enrolled for at least 11 months during the year. Services could have been received anywhere. Totals represent undercounts because of delay in getting data from plans.

To address this persistent problem, a targeted, coordinated effort, as outlined in this strategic plan, is critically important for the health of San Francisco’s children.

Children who live in some geographic areas, experience 2-3 times the rate of caries as children in other areas of the city.



“It is alarming that the highest burden of children’s dental caries is found in San Francisco Chinatown neighborhoods. If we want to make equitable improvements in our city, we must consider approaches that address this disease not only on an individual level but also on the family, community and neighborhood levels that take into account more upstream social and cultural factors.”

Amor Santiago, MPH, Asian Pacific Islanders’ Health Parity Coalition



PREVENTION WORKS.

The good news is that dental caries is largely preventable. Prioritizing prevention in children is imperative because caries established in childhood increases the risk of dental decay across the lifetime. Population-based strategies, such as community water fluoridation and school-based sealant programs [CDC refs], are effective at preventing caries. The widely promoted standards of proper oral hygiene practices and early and routine professional dental care can increase caries prevention. Our challenge is effective education and promotion, enabling healthy behaviors and care-seeking practices, and providing a supportive physical and social environment for adopting and maintaining these practices.

Children's dental caries ~Preventable

Best practices for good COH include:

- ✓ Perinatal Care and Education
- ✓ Dental visit by AGE 1
- ✓ Routine dental visits (*2x year based on risk*)
- ✓ Limited frequency of sugary foods/drinks
- ✓ Topical fluoride
 - Brushing with fluoridated toothpaste 2x/day
 - Drinking fluoridated water (SF is fluoridated)
 - Fluoride varnish application 2-4x/year
- ✓ Sealants on 1st (6 yo) and 2nd (12 yo) molars
 - ADA recommends sealants for primary teeth too!



SAN FRANCISCO'S KINDERGARTEN DENTAL SCREENING PROJECT

Since 2000 a coordinated annual effort organized by the SFDPH in collaboration with the San Francisco Dental Society, National Dental Association, and the SFUSD, has been providing dental screenings to all kindergarten children attending SFUSD schools. As the only school district in the diverse city and county of San Francisco, the information obtained from the screenings offers the opportunity to assess and monitor the oral health status of the San Francisco public school kindergarten-age population and identify associated disparities.

“The San Francisco Kindergarten Dental Screening program increase access to care and dental education for a population that may otherwise not see the need for dental care. I am proud to volunteer for a program that gives children and parents the necessary tools to maintain their oral health while providing a positive dental experience.”

John Fong, DDS, San Francisco Dental Society Dentist

SAFETY NET FOR ORAL HEALTH

Most low-income children in San Francisco are eligible for some form of subsidized dental insurance: either Medi-Cal/Denti-Cal, or Healthy Kids Insurance (for undocumented or slightly higher income families.) In 2015, there will be a new requirement by Covered California, the state's implementation of the Affordable Care Act (ACA) health insurance marketplace, to purchase dental plans for members under age 19. Having dental coverage has proven invaluable to getting needed care for underserved children.

In San Francisco, there are six Federally Qualified Health Center (FQHC) systems that have dental clinics located within their larger clinic. These “Safety Net” dental clinics are where many low-income children and adults receive needed dental care. We also have two university dental schools that offer specialized dental treatment, including hospital dentistry and pediatric dental care.





“Many things influence a child’s progress and success in school, including health. Poor health impacts a child’s development and ability to learn. There are too many children in our schools that suffer and are in pain due to dental problems, and a focused and strategic effort to address this is essential for a healthy and successful future for all our children.”

Richard Carranza, Superintendent, San Francisco Unified School District

WHERE CAN WE IMPROVE?

A comprehensive assessment of the current state of San Francisco’s children’s oral health resources, gaps, best practices, and opportunities identified the following areas for improvement:

- 1. Access to dental care.** Compared to our rich medical safety net system which includes FQHC clinics, large hospital/medical clinics, and multiple primary care pediatric private medical offices that accept Medi-Cal, our dental safety net is weak and inadequate. The 50 dental clinics/offices in San Francisco that accepted Denti-Cal in 2011 have decreased to 43 in 2014. At the same time, demand is increasing. As a result of expansion of Medi-Cal under ACA, and the reinstatement of some adult Medi-Cal dental benefits, it is estimated that in 2013-14, 52,000 new San Francisco beneficiaries now have Medi-Cal dental benefits. Without an adequate network of dental providers, we will not be prepared to meet this increased demand for care. Currently children are experiencing 2-3 month long wait times at many of our safety net clinics, as availability for dental appointments is becoming more and more limited. Given the insufficient safety net system for oral health in San Francisco, finding strategies to improve access to dental care is of high importance.
- 2. Integration of oral health into primary care.** Because medical providers see children up to 11 times prior to children ever seeing a dentist, ‘well child’ visits are opportunities to provide oral assessments, to apply highly preventive fluoride varnish, and to share key oral health education messages with parents. There are however very few clinics and medical providers who offer fluoride varnish to their 0-5 year old patients.
- 3. Promotion of the importance of oral health among parents/caregivers and pregnant women.** We not only need to strengthen the dental safety net, we also need to focus on prevention to reduce the need for dental treatment services. Parents’/caregivers’ lack of understanding of the importance of preventive oral health care at home and from a dental professional can

contribute to their child’s risk of developing caries. Because of the rich diversity of San Francisco’s population – 35% of the population is immigrants, the largest group from China – it is essential that awareness and knowledge-building efforts be culturally appropriate to effectively promote oral health in communities that have the highest rates of dental caries.

4. **Systematic evaluation of oral health status.** Besides the annual kindergarten dental screening project, we are limited in the collection, analysis, and dissemination of oral health data. More infrastructure is needed to systematically assess and monitor the oral health status of our children citywide.
5. **Coordination citywide.** Over the past decade, dental and medical professional organizations, clinics, universities, SF Unified School District, and community organizations have each launched efforts to improve the oral health of children in San Francisco. To be most effective, we must coordinate these efforts to strengthen advocacy with policy- and decision-makers, reduce redundancy, utilize resources efficiently, and ultimately improve our children's oral health more quickly and sustainably.
6. **Available revenue stream.** Finally, we are routinely providing some dental services that may be reimbursable, but for which we are not billing. This lost revenue, if successfully obtained, could open the door to self-sustaining projects, and the creation and expansion of new programs for greater reach.

“Although oral health is an important component of whole person care, historically, it has not been well integrated into primary care and we are seeing the consequences of that in our clinics. It is a complex problem that needs multiple approaches including increasing access to care, and decreasing the need for care through better prevention and health promotion interventions.”

Albert Yu, MD, Medical Director, San Francisco Department of Public Health

METHODOLOGY

An important prelude to the strategic plan project was the convening of a group of oral health advocates as part of the San Francisco Health Improvement Partnership (SF HIP) Children's Oral Health Partnership Working Group in early 2012. This group met three times, with the objective to identify projects that would result in measurable improvements in children's oral health within five years. The need for coordinated, citywide strategic planning and goal setting was expressed early, and quickly gained strong support and momentum among the group.

With funding from the Metta Fund, a core leadership team was formed and the year-long strategic planning process was underway in the Fall of 2013. A Steering Committee of oral health and children's health advocates from the community, civic, academic, public, and private sectors was convened to provide leadership to the strategic planning process. Steering Committee members designed the planning process, chaired work groups, and facilitated stakeholder retreats. In Fall 2013/Winter 2014, the Steering Committee conducted an environmental assessment of San Francisco children's oral health status, which identified disparities, strengths and gaps in oral health services, as well as promising practices in prevention and treatment.

Over fifty community and institutional stakeholders attended a full day retreat in January 2014 to review the environmental assessment and advise on the development of the strategic plan. Their input helped to select the plan's four main priority areas: Access, Integration with Overall Health, Promotion, and Evaluation & Coordination. Over 40 retreat attendees and other stakeholders were recruited to join four workgroups assigned to these four priority areas. The workgroups met in March and April 2014 to develop strategies and tactics. Based on their work, the steering committee developed a draft strategic plan. In June 2014, community and institutional stakeholders attended a half-day retreat to provide feedback on a draft of the strategic plan and develop initial ideas for implementation.

This strategic plan was created by the dozens of partner organizations and individuals who will be part of its implementation. The planning process resulted not only in this document but also raised awareness among diverse stakeholders of the critical importance of oral health, and developed consensus on what must be done to improve children's oral health status in San Francisco.

SUPPORT FOR ONGOING IMPLEMENTATION - AN UPDATE

Infrastructure Support

Four work teams were developed to begin the implementation of the Strategic Plan in late 2014, led by the Core Team and advised quarterly by the Implementation Coordinating Committee. This infrastructure for successful implementation continues to draw from the support of the Hellman Foundation and Metta Fund. Further advocacy resulted in creating a permanent Children’s Oral Health Coordinator position at SFDPH to coordinate citywide children’s oral health activities.

Community Engagement

In 2015, Kindergarten screening data, accomplishments, ongoing work, and remaining challenges were presented at community briefings to inform, educate, and empower the community about neighborhood-specific caries risk, prevalence and disparities. These community briefings inspired the allocation of city general funds by the Mayor of San Francisco, to develop Children’s Oral Health Task forces in all three of the highest at-risk communities – Chinatown, Mission, and Bayview Districts, each charged with developing culturally appropriate messaging for the Asian, Latino, and African American children, respectively.

Furthermore, SF Dental Services proposed 5 pilot projects for the Dental Transformation Initiative (a program of the California Department of Health Care Services) and received \$6.2 million to support the implementation of many tactics as described in the Strategic Plan.

Alignment with the State Oral Health Plan

In 2016, California voted to pass Proposition 56, a \$2-per-pack increase to current CA tobacco taxes with an allocation of funds to the CDPH Oral Health Programs. Prop 56 granted funding to support our Local SF Oral Health Strategic Plan Implementation with \$1.5 million over the next 5 years. The funding will be used to hire an epidemiologist, and other staff, as well as funding to support the community wide efforts within the extended Strategic Plan.







VISION

“ALL SAN FRANCISCO CHILDREN ARE CARIES-FREE”

Guiding Principles:

Strategies will focus on:

- ◆ Prevention (not to the exclusion of treatment)
- ◆ Ages 0-10 and pregnant women
- ◆ Populations who are most at-risk, including low-income, communities of color, children with special needs, and recent immigrants
- ◆ Sustainable efforts; utilize all available funding streams
- ◆ Policy and systems levels change
- ◆ Coordinated city-wide efforts
- ◆ Inclusion of community perspective

FIVE-YEAR INDICATORS

To guide our efforts and evaluate our success we have developed the following targets:

Caries Experience¹

1. Reduce the percentage of kindergartners with dental caries experience (one or more decayed or filled primary teeth) from 39% in 2011-2012 to 27% in 2019-2020.

Untreated Decay¹

2. Reduce the percentage of kindergartners with untreated dental decay (in primary teeth) from 18% in 2011-2012 to 8% in 2019-2020.

Caries Disparities¹

3. Reduce the differences between Asian, Black, and Hispanic/Latino kindergartners and White kindergartners with respect to *caries experience* from gaps in excess of 20 percentage points in 2011-2012 to gaps of no more than 15 percentage points in 2019-2020.

4. Reduce the differences between Asian, Black, and Hispanic/Latino kindergartners and White kindergartners with respect to *untreated caries* from gaps of 8 percentage points or more in 2011-2012 to gaps of no more than 6 percentage points in 2019-2020.

Access²

5. Increase the percentage of children on Medi-Cal under 10 y.o. who received any preventive dental service billed to Denti-Cal from 49% in 2016 to 55% in 2020.³

6. Increase the percentage of children on Medi-Cal who have seen a dental provider by age 2, from less than 27% in 2016 to 31% in 2020.⁴

7. Increase the percentage of women on Medi-Cal that had a dental visit during pregnancy by 10 percentage points from identified baseline.⁵

Dental Sealants

8. Increase the number of low-income children in San Francisco Unified School District⁶ aged 5 to 13 years old who have received dental sealants on their permanent molar teeth from 336 students in 2014-2015 to 700 in 2019-2020.

¹ Baseline for indicators #1-3 is 2011-2012 SFUSD Kindergarten Dental Screening Surveillance data

² Users represent certified full scope beneficiaries with at least 3 months of continuous eligibility, and only based on Fee-For-Service Denti-Cal claims data within the specified time period; no FQHC dental encounters included. Measured within a calendar year.

³ Although we cannot accurately predict a trend in Denti-Cal utilization for preventive dental services due to the fact that we only have one data point (2016) reflecting the new data reported from DHCS website, we are hoping to continue the past increase of 1-2 percentage points per year.

⁴ We are hoping to shift a 'flat' trend to an 'increasing' trend, so it rises by 1% or more a year.

⁵ Currently, both Medi-Cal and Denti-Cal claims data for pregnant women is not available. We will continue to work towards accessing this data, and establishing a baseline.

⁶ Income level is based on school-wide percentage of Free and Reduced Lunches exceeding 51%

OVERARCHING STRATEGIES:

To accomplish these objectives, we have identified the following five major strategies:

1. **ACCESS:**

Increase access to oral health care services for San Francisco children and pregnant women

2. **INTEGRATION:**

Integrate oral health with overall health

3. **PROMOTION:**

Increase awareness and practice of optimal children's oral health behaviors among diverse communities in San Francisco

4. **EVALUATION:**

Develop and establish an ongoing oral health population based surveillance system to address the oral health of San Francisco children.

5. **COORDINATION:**

Provide coordination and oversight for the implementation of the Strategic Plan and ensure visibility and sustainability of the collaborative.



STRATEGY 1: ACCESS

Increase access to oral health care services for San Francisco children and pregnant women. By establishing a sustainable funding stream, expanding service delivery into settings children frequent, increasing the number of safety net dental providers serving low-income children, and expanding case management, we will significantly expand children's and pregnant women's access to dental services.

Tactics:

1 Establish a sustainable funding stream. Develop a feasible mechanism for providers to bill Denti-Cal for dental care delivered outside of the traditional dental office/clinic setting, and disseminate a clearly articulated process to guide safety-net dental providers city-wide.

2 Increase service delivery to settings children and families frequent such as Supplemental Nutrition Program for Women, Infants, and Children (WIC), Head Start, Early Head Start sites. To ensure and support the provision of oral health screenings, parent/caregiver education, fluoride varnish, case management, referrals to dental care.

3 Expand the oral health services at SFUSD. Increase the number of SFUSD schools and grades receiving a range of preventive and restorative treatment and oral health education from: SFDPH Dental Sealant program, SFDPH kindergarten screening program (to include pre-K, and add fluoride varnish applications to the program), and community-based dental providers.

4 Expand safety net dental provider capacity to serve low-income young children and pregnant women. Train and educate future and current dental providers to serve 0-3 years old and pregnant women; train safety net dental programs on portable, school-based health, or tele-health modalities and explore partnerships with FQHCs that would allow higher reimbursements for private dental providers systematically with appropriate policy change.

5 Expand Case

Management. Increase CM for children with dental treatment needs at SFUSD, preschools, Head Starts, WIC, as well as through the CHDP Program.



“I took my 3 year old son to the oral health screening at WIC. It was a great experience, we learned about nutrition and correct brushing. Having dental services available at WIC makes all the difference in being able to get this information and dental care for so many parents!”

Liliana Cazares, mother of 3 year old Ethan

STRATEGY 2: INTEGRATION

Integrate oral health with overall health. By integrating oral health promotion and services into primary care well child and prenatal visits, pregnant women and children are much more likely to receive effective oral health prevention information and services at a time when they can be most effective. This plan calls for system-wide changes as well as education and training of medical providers to significantly expand this promising practice.

Tactics:

1 Institute fluoride varnish applications and oral health education in well-child pediatric visits and immunizations, within community clinics and private medical offices targeting underserved neighborhoods.

2 Standardize EMR: Include oral health questions and management of dental referrals in the EMR system used in medical offices and clinics throughout SF.

3 Incorporate oral health care for children more prominently into the Managed Care Health Plans (Blue Cross and SFHP). Include incentives (i.e., gift cards) for families that receive fluoride varnish and oral health assessments and education for children and pregnant women; incorporate oral health into PIP training for pediatricians and nurses; and ensure sustainable reimbursement for fluoride varnish.

4 Provide trainings and resources to providers of children and pregnant women (MDs, DOs, PAs, NPs, PHNs, CMAs, RNs, CNMs, etc.) and ancillary support staff in medical offices and clinics (behaviorists, nutritionists, RNs, social workers, CHW, health educators, etc.) to understand the importance of oral health, and to incorporate oral health assessment, referral, application and tracking of fluoride varnish into all patient care settings where children’s health and prenatal care is addressed. Provide trainings at regular pediatric medical meetings and grand rounds; promote existing training resources online on professional health organization websites (i.e., Society for the Teachers of Family Medicine, Smiles for Life curriculum); develop detailed protocols to guide implementation of oral health screenings and fluoride varnish in different settings; and incorporate oral health into nursing and medical education and residency training programs.



“At Kaiser Permanente, we are implementing oral health skills into our routine well-care visits even before the first tooth erupts. By being a bridge to establishing a dental home, we hope we can offer our young members many years of beautiful smiles and overall good health!”

Cecilia Gonzalez, MD, San Francisco Kaiser Pediatrics

STRATEGY 3: PROMOTION

Increase awareness and practice of optimal children’s oral health behaviors among diverse communities in San Francisco. While a variety of oral health promotion efforts exist in San Francisco, their effectiveness will be magnified through coordination, consistent messaging, integration into other health efforts, as well as ensuring that information is created, targeted and delivered in culturally appropriate ways.

Tactics:

1 Coordinate oral health education citywide. Support the expansion of San Francisco Children’s Dental Health Committee efforts, which coordinates dental health education and dental health fairs in San Francisco. Map current services and education in San Francisco and identify gaps in outreach.

2 Integrate oral health promotion into overall health promotion. Integrate oral health into other DPH health promotion efforts. Include other city departments that target youth through dedicated oral health staff. Join existing social marketing health campaigns and reach out to community lay health worker programs.

3 Coordinate the establishment of the community based task forces, by providing technical assistance and training to determine culturally-specific oral health education messaging of appropriate health literacy levels aimed toward health promoting behavior change; to identify how to reach neighborhood residents at locations parents/caregivers of children 0-5 and pregnant women frequent, such as food banks, back to school nights, and WIC clinics; and to explore and utilize how to leverage existing resources.



“Our dental clinic accepts the very young child for early dental visits; to educate the parents, and provide preventive care for the baby. Many new immigrant parents do not know about the importance of baby teeth and good oral health, and wait until their child is 3 for the first dental visit. BY that time, the child may already have severe tooth decay.”

Cordelia Achuck, DDS, North East Medical Services Dental Director



STRATEGY 4: EVALUATION

Develop and establish an ongoing oral health population-based surveillance system to address the oral health of San Francisco children. Regular and systematic data collection to monitor and evaluate children’s oral health outcomes, associated disparities, and progress over time is critical to stakeholders, program planners and policy makers. Increased capacity for this activity will ensure the development of resources, quality improvement and sustainability of city-wide oral health services that advance the overall goals of the Strategic Plan.

Tactics:

1 Increase-human resources in San Francisco for children’s oral health data collection, analysis, and dissemination. Secure personnel in agencies across San Francisco with dedicated time for children’s oral health data; establish a committee that includes an epidemiologist from the SFDPH and external members with expertise in oral epidemiology, biostatistics, and program evaluation.

2 Identify and prioritize oral health status indicators to be assessed, frequency of collection, and population groups to be assessed in support of the Strategic Plan. Document the rationale and methods for each indicator in a San Francisco oral health surveillance Plan; revise the surveillance plan document annually to facilitate interpretation of trends over time; identify and develop data surveillance systems for desired populations not currently assessed for oral health status where desirable and practical to do so, particularly in support of the initiatives recommended throughout the Strategic Plan.



3 Coordinate and align quality improvement, evaluation and research projects that aim to improve children’s oral health in San Francisco. Develop a process for documenting projects that use children’s oral health data. Support research to enhance the oral health of children and their families.

4 Develop and maintain data systems, software and hardware infrastructure for data collection, analysis, and dissemination. Coordinate efforts to identify and obtain the resources needed for ongoing data collection and analysis. Develop mechanisms to regularly standardize, collect and share data across institutions; review progress at least annually.

5 Document and disseminate annual Strategic Plan progress reports to key stakeholders to build understanding of the importance of oral health and inform intervention development and program planning. Key stakeholders to include SFDPH, SFUSD, dental and medical providers, community partners and citywide policy makers and decision makers.

“When I look in a child’s mouth during a routine exam and find extensive decay, it saddens me to know that these little ones have learned to live with so much disease and discomfort for years and no one has taken care of it. I have found that discussing oral health with the same degree of importance as other medical issues during visits helps teach parents how significant this aspect of their child’s wellness is.”

Zea Malawa, MD, Bayview Child Health Center

STRATEGY 5: COORDINATION

COORDINATION

Provide coordination and oversight for the implementation of the Strategic Plan. In order to ensure that the Strategic Plan is implemented and results in long lasting improvements in the oral health of San Francisco children, a body of committed stakeholders is needed to provide overall guidance and oversight. Workgroups will help move forward the various strategies and tactics detailed in the Strategic Plan. It is critical to maintain an administrative infrastructure to support the ongoing implementation of the SP to the point at which our sustainable partnership has enough resources to intervene at the community level and can maintain these resources long enough to see community-level outcomes.

Tactics:

1 Identify, establish, and maintain a committee that will provide oversight of the implementation, prioritization, and quality assurance of the Strategic Plan. Establish and support an Implementation Coordinating Committee to direct and monitor progress in each strategic priority area; develop process for regular monitoring and evaluation of Strategic Plan implementation; facilitate collaboration, coordination, and communication among stakeholders. Coordinate with Dental Transformation Initiative San Francisco Local Dental Pilot Project, to ensure smooth coordination.

2 Develop and support workgroups for each of the strategies to enact the implementation of its tactics. Identify a chairperson to lead each workgroup; determine priority and implementation steps for each tactic; check-in quarterly with the Implementation Coordinating Committee.

3 Increase infrastructure and staffing at SFPD to support the coordination of the implementation of the Strategic Plan. Staffing would be responsible for coordinating meetings; communicating internally within the collaborative and externally with stakeholders including the SF Health Commission, community based organizations, and DPH administration; and organizing and routinely disseminating reports and accomplishments.

4 Ensure Funding Sustainability for all aspects of the Strategic Plan including: Identify inventory of current resources, future resource needs, various funding strategies, sources and donors, and case statements. Develop action plan to obtain identified resources to support both infrastructure and interventions. Recruit and maintain a workgroup to implement this effort.

5 Provide coordination and oversight for the implementation of the Strategic Plan. By establishing an administrative infrastructure to support and coordinate the collaborative and its multiple stakeholders and partners, the core team will provide overall leadership, and the Implementation Coordinating Committee will provide guidance and oversight, allowing the workgroups to carry out the strategies and tactics detailed in the Strategic Plan to ensure long lasting improvements in children's oral health.

APPENDICES:

Strategic Planning Steering Committee 2013-2014

Steve Ambrose, DDS, San Francisco Department of Public Health

Tomás Aragón, MD, DrPH, San Francisco Department of Public Health

Carolyn Brown, DDS, Community Clinic Consortium

Curtis Chan, MD, MPH, San Francisco Department of Public Health

Lisa Chung, DDS, MPH, University of California, San Francisco

Kim Coates, MA, San Francisco Unified School District

Deborah Elam, MS, CAE, San Francisco Dental Society

Margaret Fisher, RDHAP, BS, San Francisco Department of Public Health

Susan Fisher-Owens, MD, MPH, University of California, San Francisco

Catherine Fuller, RN, MSN, FNP, San Francisco Unified School District

Stuart Gansky, MS, DrPH, University of California, San Francisco

Cecilia Gonzalez, MD, Kaiser Permanente San Francisco

Kevin Grumbach, MD, DrPH, University of California, San Francisco

Irene Hilton, DDS, MPH, San Francisco Department of Public Health

Mary Jue, MSN, RN, PHN, San Francisco Unified School District

Christine Miller, RDH, MHS, MA, Arthur A. Dugoni School of Dentistry

Marcellina Ogbu, DrPH, San Francisco Department of Public Health

Sharon Rose, MPH, University of California, San Francisco

Jaime Ruiz, MD, Mission Neighborhood Health Center

Amor Santiago, DPM, MPH, Asian Pacific Islanders Health Parity Coalition

Claire Sit, RDH, BS, San Francisco Department of Public Health Dental Services



Strategic Plan Implementation Coordinating Committee 2014-2020

(In addition to the above)

Carsen Bentley, DDS, Native American Health Center

Jodi Stookey, PhD, San Francisco Department of Public Health

Mary Jue, MSN, RN, PHN, San Francisco Unified School District

Jenna Gaarde, MPH, San Francisco Department of Public Health

Jim Glauber, MD, MPH, San Francisco Health Plan

Elaine Musselman, RN, PhD, CNE, San Francisco State University

Marianne Szeto, MPH, San Francisco Department of Public Health

Jackie Hagg, RN, MSN, LNC, San Francisco Health Plan

Albert Yu, MD, San Francisco Department of Public Health

Ben Lui, MD, MPH, San Francisco Department of Public Health

Kent Woo, MSW, NICOS Health Coalition

Jessica Wiley, MPH, San Francisco Health Plan

Simone Combs, MPA, Our Children Our Families Council

Prasanthi Patel, MPH, San Francisco Department of Public Health

Strategic Plan Implementation Work Groups 2014-2020

Integration

Chair: Susan Fisher-Owens, University of California, San Francisco

Irene Hilton, DDS, MPH, San Francisco Department of Public Health

Cecilia Gonzalez, MD, Kaiser Permanente San Francisco

Kevin Grumbach, MD, DrPH, University of California, San Francisco

Christine Miller, RDH, MHS, MA, Arthur A. Dugoni School of Dentistry

Curtis Chan, MD, MPH, San Francisco Department of Public Health

Jackie Hagg, RN, MSN, LNC, San Francisco Health Plan

Lyra Ng, MD, Chinese Hospital

Katrina Liu, MD, North East Medical Services

Larry Vitale, RN, MPA, MPH, San Francisco State University

David Lee, DDS, Arthur A. Dugoni School of Dentistry

Michael Long, RDHAP, San Francisco Department of Public Health

Valerie Gallo, MPH, US Health Resources and Services Administration

Margaret Fisher, RDHAP, BS, San Francisco Department of Public Health

Prasanthi Patel, MPH, San Francisco Department of Public Health

Access

Chair: Elaine Musselman, RN, PhD, CNE, San Francisco State University

Steve Ambrose, DDS, San Francisco Department of Public Health

Celia Bird, MS, RN, NP-C, San Francisco Unified School District

Catherine Fuller, RN, MSN, NP, San Francisco Unified School District

Irene Hilton, DDS, MPH, San Francisco
Department of Public Health

Claire Sit, RDH, BS, San Francisco Department of
Public Health Dental Services

Lauren Jones, Kai Ming Head Start

Kristine Ramilo, Mission Neighborhood Center
Head Start

Molly Wolfes, Wu Yee Head Start

Maureen Harrington, MPH, Arthur A. Dugoni
School of Dentistry

Bonnie Jue, DDS, Arthur A. Dugoni School of
Dentistry

Margaret Fisher, RDHAP, BS, San Francisco
Department of Public Health

Prasanthi Patel, MPH, San Francisco
Department of Public Health

Promotion

Chair: Amor Santiago, DPM, MPH, ED, Asian
Pacific Islanders Health Parity Coalition

Mary Jue, MSN, RN, San Francisco Unified
School District

Walter Lucio, DDS, MPH Delta Dental

Carsen Bentley, DDS, MPH Native American
Health Center

Deborah Elam, MS, CAE, San Francisco Dental
Society

Kent Woo, MSW, NICOS Health Coalition

Vanessa Bohm, MA, CARECEN

Lisa Chung, DDS, MPH, University of California,
San Francisco

Strategic Planning Work Groups 2014

Integration

Chair: Susan Fisher-Owens, MD, MPH
University of California, San Francisco

Prasanthi Patel, MPH, San Francisco
Department of Public Health

Evaluation

Chair: Jodi Stookey, PhD, San Francisco
Department of Public Health

Stuart Gansky, MS, DrPH, University of
California, San Francisco

Robert Isman, DDS, MPH, (Former Medi-Cal
Dental Services Division)

Claire Sit, RDH, San Francisco Department of
Public Health

Christine Miller, RDH, MHS, MA Arthur A.
Dugoni School of Dentistry

Howard Pollick, BDS, MPH University of
California, San Francisco

Zeeshan Raja, BDS, MPH, University of
California, San Francisco

Lisa Chung, DDS, MPH, University of California,
San Francisco

Prasanthi Patel, MPH, San Francisco
Department of Public Health

Coordination

Co-lead: Lisa Chung, DDS, MPH, University of
California, San Francisco

Co-lead: Margaret Fisher, RDHAP, BS, San
Francisco Department of Public Health

Coordinator: Prasanthi Patel, MPH, San
Francisco Department of Public Health

Administrator: Kara Lugtu, MPH, University of
California, San Francisco

Consultant: Miriam Abrams

Christine Pecci, MD, San Francisco General
Hospital

Irene Hilton, DDS, MPH, San Francisco
Department of Public Health

Kenneth Tai, MD, North East Medical Services
Cecilia Gonzalez, MD, Kaiser Permanente San Francisco
Jeanne Lee, MD, MPH, San Francisco Department of Public Health
Kevin Grumbach, MD, University of California, San Francisco
Margaret Fisher, RDHAP, BS, San Francisco Department of Public Health
Jennifer Do, MD, Sutter Health
Jessenya Ramirez-Sacasa, Sutter Health
Sean Dongre, AB, San Francisco Health Plan
Fernando Gomez-Benitez, Mission Neighborhood Health Center

Access

Chair: Carolyn Brown, DDS, Native American Health Center
Steve Ambrose, DDS, San Francisco Department of Public Health
Nancy Kwon Hsieh, DDS, MS, California Society of Pediatric Dentists
Andrea Almario, RDH, South of Market Health Center
Cordelia Achuck, DDS, North East Medical Services
Maryna (Pechereska) Spiegel, MPH, Mission Neighborhood Head Start
Catherine Fuller, RN, MSN, FNP, San Francisco Unified School District
Steven Silverstein, DMD, MPH, University of California, San Francisco
Paul Glassman, DDS, MA, MBA, Arthur A. Dugoni School of Dentistry
Jared Fine, DDS, MPH, Alameda County Department of Public Health
Deborah Elam, MS, CAE, San Francisco Dental Society

Curtis Chan, DDS, MPH, San Francisco Department of Public Health
Walter Lucio, DDS, MPH, Delta Dental
Magdalena Louie, MS, RD, San Francisco Department of Public Health

Promotion

Chair: Amor Santiago, DPM, MPH, ED, Asian Pacific Islanders Health Parity Coalition
Bahar Amanzadeh, DDS, MPH, University of California, San Francisco
Vanessa Bohm, MA, CARECEN
Kristin Hoeft, MPH, University of California, San Francisco
Marianne Szeto, MPH, San Francisco Department of Public Health Judith Barker, UCSF
Derik Aoki, MPH, First 5 San Francisco
Gabrielle Jones, MA, MPH, National Children's Oral Health Foundation
Sharon Rose, MPH, University of California, San Francisco
Gisselle Rullier, RDH, San Francisco Dental Hygiene Society

Evaluation & Coordination

Chair: Stuart Gansky, University of California, San Francisco
Jodi Stookey, PhD, San Francisco Department of Public Health
Robert Isman, DDS, MPH, Denti-Cal
Lisa Chung, DDS, MPH, University of California, San Francisco
Claire Sit, RDH, San Francisco Department of Public Health
Christine Miller, DDS, MHS, MA, Arthur A. Dugoni School of Dentistry
Mary Jue, MSN, RN, PHN, San Francisco Unified School District

Strategic Planning Retreat Participants

Adrian Nunez, San Francisco Health Plan

Allen Wong, DDS, CPMC

Amor Santiago, DPM, MPH, ED, Asian Pacific Islanders Health Parity Coalition

Andrea Almario, South of Market Health Center

Anna Jaffe, Stanford University

Bahar Amanzadeh, DDS, MPH, UCSF

Robert Isman, DDS, MPH, Denti-Cal

Brent Lin, DMD, UCSF

Carol Schulte, MSW, LCSW, SFDPH

Carolyn Brown, DDS, Native American Health Center

Catherine Fuller, RN, MSN, FNP, San Francisco Unified School District

Cecilia Gonzalez, MD, Kaiser Permanente

Chris Miller, RDH, MHS, MA, University of the Pacific

Christine Pecci, MD, San Francisco General Hospital

Claire Sit, RDH, SFDPH

Cordelia Achuck, DDS, North East Medical Services

Curtis Chan, MD, MPH, SFDPH

Deborah Elam, MS, CAE, San Francisco Dental Society

Derik Aoki, MPH, First 5 San Francisco

Fanny Duong Wool, Wu Yee Children's Services

Gabrielle Jones, MA, MPH, National Children's Oral Health Fund

Gemma Ferrer, DMD, South of Market Health Center

Gloria Thornton, Blue Cross

Greg Cutcher, MS, RN, PHN, Childhood Health and Disparity Prevention

Hali Hammer, MD, UCSF, SFDPH

Irene Hilton, DDS, MPH, SFDPH

James Rouse Iniguez, MA, UCSF

Jane Evans, SFDPH, Public Health Nurse

Jared Fine, DDS, MPH, Alameda County Department of Public Health

Jean Calvo, UCSF

Jeanne Lee, MD, MPH, SFDPH

Jennifer Do, MD, Sutter Health

Jodi Stookey, PhD, SFDPH

Joel Streiker, PhD, CARECEN

Jolie Goodman, UCSF

Judith Barker, PhD, UCSF

Justin Chu, Head Start

Karen Pierce, JD, SFDPH

Katrina Liu, MD, North East Medical Services

Kenneth Tai, MD, North East Medical Services

Kevin Grumbach MD, DrPH, UCSF

Kim Coates, SFUSD

Kristin Hoeft, MPH, UCSF

Linda Wilson, Kai Ming Head Start

Lisa Chung, DDS, MPH, UCSF

Lynda Boyer-Chu, RN, MPH, SFUSD

Magdalene Louie, MS, RD, SFDPH

Marcellina Ogbu, DrPH, SFDPH

Margaret Fisher, RDHAP, BS, SFDPH

Marianne Szeto, MPH, SFDPH

Mary Hansell, BS, MPH, DrPH, SFDPH

Mary Jue, MSN, RN, PHN, SFUSD

Maryna Pechereska, MPH, Mission Neighborhood Head Start

Miriam Abrams, Miriam Abrams and Associates

Mylene Deano, South of Market Health Center

Nancy Kwon Hsieh, DDS, MS, California Society of Pediatric Dentists

Nina Boyle, Support for Families of Children with Disabilities

Patricia Erwin, MPH, SFDPH

Paul Glassman, DDS, MA, MBA, University of the Pacific

Paula Fleisher, MA, UCSF

Randy Quezada, MPP, Office of Economic and Workforce Development

Roberto Vargas, MPH, UCSF

Sharine Thenard, DDS, MS, Alameda Pediatric Dentistry

Sharon Rose, MPH, UCSF

Simona Zompi, MD, MPH, Immunology & Global Health Consulting

Steve Ambrose, DDC San Francisco Department of Public Health

Steven Silverstein, DMD, UCSF

Stuart Gansky, MS, DrPH, UCSF

Susan Fisher-Owens, MD, MPH, UCSF/SFGH

Tomas Aragon, MD, DrPH, SFDPH

Thuan Le, DDS, PhD, UCSF

Ursula Maberley, SFDHS

Walter Lucio, DDS, MPH, Delta Dental

Wylie Liu, MPH, MPA, UCSF

Yuaner Wu, RN, PHN, PhDN, UCSF

Glossary of Terms

- ◆ **Affordable Care Act (ACA):** Legislation, including the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), that expands Medicaid coverage to millions of low-income Americans and makes numerous improvements to both [Medicaid and the Children's Health Insurance Program \(CHIP\)](#).
- ◆ **Best Practice:** The best clinical or administrative practice or approach at the moment, given the situation, the patient's or community's needs and desires, the evidence about what works for this situation/need/desire, and the resources available.
- ◆ **Caries (tooth decay or cavities):** A multifactorial infectious disease that results in the destruction of the tooth structure by demineralization and ultimately cavitation of the tooth surface if left untreated. It is the most common chronic childhood disease, and yet highly preventable.
- ◆ **Caries experience:** any current or past dental caries as defined by having at least one decayed, extracted, or filled tooth due to caries.
- ◆ **Case Management:** A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.
- ◆ **Certified Medical Assistants (CMA):** Multi-skilled practitioners who assume a wide range of administrative and clinical duties in physicians' offices and other health care settings.
- ◆ **Certified Nurse Midwife (CNM):** Registered nurse with at least a master's degree in nursing and advanced education in the management of the entire maternity cycle
- ◆ **Early Childhood Caries (ECC):** Any primary tooth in a child under 6 years old that is affected by caries
- ◆ **Federally Qualified Health Centers (FQHCs):** All organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

- ◆ **Fluoride varnish (FV):** A thin coating of fluoride that is applied to tooth surfaces in order to prevent or stop decay. It has been proven effective in infants and children with high risk of decay.
- ◆ **Healthy People 2020:** The federal government's prevention agenda for building a healthier nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. The overarching goals of Healthy People 2020 are to: attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; achieve health equity, eliminate disparities, and improve the health of all groups; create social and physical environments that promote good health for all; and promote quality of life, healthy development, and healthy behaviors across all life stages.
- ◆ **Head Start:** Head Start is a federal program that promotes the school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social and emotional development. In addition to education services, programs provide children and their families with health, nutrition, social, and other services.
- ◆ **Indicator:** a quantitative or qualitative expression of a program or policy that offers a consistent way to measure progress toward the stated targets and goals. The data we will measure to determine if we have achieved our result
- ◆ **Managed Care Plans:** Managed care plans are a type of health insurance. They have contracts with health care providers and medical facilities to provide care for members at reduced costs.
- ◆ **National School Lunch Program (NSLP):** a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to eligible children each school day. Because income eligibility is a requirement, the percentage of children who qualify for NSLP or “free and/or reduced” lunch program serves as a proxy for income level of a school.
- ◆ **Obstetrics & Gynecology (OB/GYN):** OB for obstetrics or for an obstetrician, a physician who delivers babies. GYN for gynecology or for a gynecologist, a physician who specializes in treating diseases of the female reproductive organs.
- ◆ **Outcomes:** The results of implementing the plan, as experienced by the population.
- ◆ **Public Health Nurse (PHN):** Public health nurses integrate community involvement and knowledge about the entire population with personal, clinical understandings of the health and illness experiences of individuals and families within the population.

- ◆ **Safety Net:** Individuals and organizations that provide health care to low-income and other vulnerable populations, including the uninsured and those covered by public insurance such as Medicaid.
- ◆ **Sealants:** A resin material applied to the chewing surfaces of molar and premolar teeth to prevent caries.
- ◆ **Strategy:** A carefully designed coherent plan of action for obtaining a specific goal or outcome.
- ◆ **Tactic:** An action implemented as one or more specific tasks for carrying out a strategy
- ◆ **Women, Infants and Children (WIC):** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

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Acknowledgements

Writing and Editing

Miriam Abrams
Lisa Chung
Margaret Fisher
Kara Lugtu
Sharon Rose
Jodi Stookey
Prasanthi Patel



Publication Advisors

Strategic Planning Steering Committee

Strategic Planning Consultant

Miriam Abrams, Miriam Abrams and Associates

Copy Editing

Joshua Nossiter, SF Department of Public Health, MCAH

Graphic Design

Mike Ortiz, City & County of SF – ReproMail

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Hellman Foundation (2014-2018)
Metta Fund (2017-2018)
California Department of Health Care Services (2017-Present)
California Department of Public Health (2018-Present)



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BLANK PAGE

Comments, questions, and requests for information can be directed to:

Lisa Chung, DDS, MPH
Division of Oral Epidemiology & Dental Public Health
University of California, San Francisco
3333 California Street, Suite 495
San Francisco, CA 94143
Lisa.Chung@ucsf.edu

Margaret Fisher, RDHAP, BS
Child Health & Disability Prevention (CHDP) Program
City and County of San Francisco – Department of Public Health
30 Van Ness Ave, Suite 210
San Francisco, CA 94102
Margaret.Fisher@sfdph.org

Prasanthi Patel, MPH
Maternal Child Adolescent Health
City and County of San Francisco – Department of Public Health
30 Van Ness Ave, Suite 210
San Francisco, CA 94102
Prasanthi.Patel@sfdph.org

