

# CavityFree<sup>SF</sup>

## San Francisco Children's Oral Health Strategic Plan 2020–2025



December 2019

# Introductory Letter

**Dr. Grant Colfax**

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CavityFree SF (formerly the San Francisco Children's Oral Health Collaborative), now in its 7th year, has been hard at work to improve the oral health of our city's children through systems change. Advocating for policy, creating champions for oral health, integrating fluoride varnish into medical systems, and supporting and facilitating community partnerships are some areas of focus that have yielded success. The 2014-2020 Strategic Plan has served as the guide to get us to this point and this 2020-2025 Strategic Plan represents a renewed commitment to this important work, which I am in full support of.

Achieving health equity is a core value of the San Francisco Department of Public Health. This strategic plan places a strong emphasis on addressing the oral health disparities that have proved to be tenacious over the past several decades. Raising awareness in, and empowering the neighborhoods most affected is critical to uncovering and addressing the barriers to good oral health, which is the primary function of the three community-based Children's Oral Health Task Forces in Mission, Chinatown, and District 10. Their continued participation in implementing the strategic plan is and will be vital to achieving oral health equity in our city. Additionally, viewing these disparities as part of a broader set of shared social determinants, and working together with other chronic disease initiatives is an approach that the health department is highly supportive of.

This plan outlines an ambitious but important endeavor of increasing access to dental care by the underserved Medi-Cal insured population, and to improve the experiences of such patients in finding and accessing a provider, and receiving timely and quality care. Improving access to dental care—both in the traditional and innovative sense—as addressed in this plan will help close the disparity gap among our low-income, under resourced families.

There are many other pieces worthy of highlighting in this strategic plan, all of which cannot be undertaken by a single policy, program, government agency, institution or community organization. Achieving our vision for a San Francisco where all children are free from oral disease and enjoy optimal oral health will require a citywide coordinated effort. I look forward to seeing CavityFree SF, a model collaborative for the rest of the city, continue to lead the way.



**Dr. Grant Colfax, MD**

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# Executive Summary

CavityFree SF is a citywide partnership dedicated to achieving optimal oral health for all San Francisco children. We aim to eliminate oral health disparities by influencing policy and establishing systems that provide preventive services and treatment. Utilizing a collective impact model, we work with partners across the city to promote healthy behaviors and increase access to oral health care for children.

While progress has been made over recent years implementing various preventive oral health services to improve the oral health of children in San Francisco, high rates of untreated tooth decay persist. Significant inequities exist based on race and income level; in 2017, children of color were 2-3 times more likely to experience dental caries (tooth decay) than White children.

This Strategic Plan (2020-2025) describes the strategies and actions needed to address these disparities, with corresponding indicators and targets to ensure accountability. The plan was developed through a collaborative process that took place over the course of 2019. It was driven by a multi-stakeholder strategic planning committee and drew on input and expertise from community-based task forces.

CavityFree SF employs six strategies to accomplish its mission:



**Access – Traditional:** Increase access to oral health care services in traditional dental settings for San Francisco children and pregnant women.



**Access – Innovative:** Increase access to oral health care services for San Francisco children and pregnant women outside of traditional dental settings.



**Integration:** Integrate oral health with overall health care.



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



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



**Coordination:** Provide coordination and oversight for the implementation of the Strategic Plan.

The deployment of these strategies over the next five years will help CavityFree SF to reduce the prevalence of dental caries experience and untreated dental decay, reduce the disparities between Asian, Black, and Latinx kindergarteners and White kindergarteners, and ensure the provision of preventive dental care to low-income children. With a particular focus on equity, this plan will further help CavityFree SF live out our values, to ensure that all children in San Francisco have a healthy start.



# What Guides Us



## Our Vision

All San Francisco Children are cavity-free



## Our Mission

CavityFree SF is a citywide collective impact partnership dedicated to achieving optimal oral health for all San Francisco children. We aim to eliminate oral health disparities by influencing policy and establishing systems that provide preventive services and treatment in dental, medical, school, and community settings. We are data-driven and work with civic, academic, and community partners to promote healthy behaviors, to integrate oral health with overall health, and to increase access to oral health care.



## 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 a 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 in partnership with communities to share oral health best practices, to empower community members to identify and address oral health needs in their neighborhoods, and to inform our work.

# A Child's Ideal Journey to Optimal Oral Health

Cavities are preventable. Population-level interventions, such as utilizing and educating families on the importance and safety of fluoride, school-based sealant programs, seeking professional dental care twice yearly, and maintaining good oral hygiene practices are effective at preventing cavities. Prevention and treatment, as needed, are detailed on the next pages in A Child's Ideal Journey to Optimal Oral Health.

# A Child's Ideal Journey to Optimal Oral Health<sup>1</sup>

## PRENATAL

Drink fluoridated tap water, eat nutritious foods (calcium rich, low carb, >1.5 hours between meals), and limit sugary food & beverages

## BABY

Caregivers wipe baby's gums

Caregivers brush child's teeth 2x day with fluoride toothpaste

Caregiver flosses child's teeth 1x day

Recommendation: "Brush, Book, Bed"

Dentist every 6 months

Community-based workshops on the importance of preventive oral health practices early and often

### PRENATAL

Mom brushes 2x a day & flosses 1x a day  
Mom has 1.55g mints/gum (xylitol) 3x a day  
Caregivers and families model positive OH<sup>2</sup> behaviors  
Promotion of and referral for a dental visit

### 1 M

Risk-based assessment for all  
Well-child visit<sup>3</sup>

### 2 M

Well-child visit

### 3 M

Well-child visit

### 4 M

Well-child visit

### 6 M

Bigger nipple opening for bottle  
Well-child visit (FV<sup>4</sup> if teeth present)

### 9 M

Well-child visit (FV)

### 12 M

No more bottle  
Well-child visit (FV)  
1st Dentist visit<sup>5</sup> (FV)

### 15 M

Well-child visit (FV)

### 18 M

Well-child visit (FV)  
Dentist visit (FV)

### 2 Y

Well-child visit (FV)  
Dentist visit (FV)

## TODDLER

## BIG KID

Child brushes  
own teeth 2x day

Child flosses own teeth

Preschool intervention: midday brush-  
ing, OH assessments, FV, and referrals

School-based intervention: OH assessments, sealants,  
and referrals

2.5 Y

Dentist  
visit (FV)

3 Y

Well-child  
visit (FV)  
Dentist  
visit (FV)  
Preschool  
intervention  
(FV)

3.5 Y

Dentist  
visit (FV)

4 Y

Dentist  
visit (FV)  
Preschool  
intervention  
(FV)

4.5 Y

Dentist  
visit (FV)

5 Y

Dentist  
visit x2  
(FT<sup>6</sup>)  
School  
Interven-  
tion:  
Kinder-  
garten  
Dental  
Screening  
Program  
and  
referrals

6 Y

Dentist  
visit x2  
(FT)

7 Y

Dentist  
visit x2  
(FT)  
School  
interven-  
tion:  
Sealants  
on 1st  
molars  
Ortho-  
dontic  
screening

8 Y

Dentist  
visit x2  
(FT)

9 Y

Dentist  
visit x2  
(FT)

10 Y

Dentist  
visit x2  
(FT)

11 Y

Dentist  
visit x2  
(FT)

12 Y

Dentist  
visit x2  
(FT)  
School  
interven-  
tion:  
Sealants  
on 2nd  
molars  
Ortho-  
dontic  
screening

<sup>1</sup>The ideal journey for a child with special health needs varies depending on their needs and is generally more complex.

<sup>2</sup>OH – Oral Health

<sup>3</sup>All well-child visits include oral health assessments, education to reduce cavity risk, and referrals, as needed.

<sup>4</sup>FV - Fluoride Varnish

<sup>5</sup>First dental visit when first tooth appears or by the time baby is one year of age

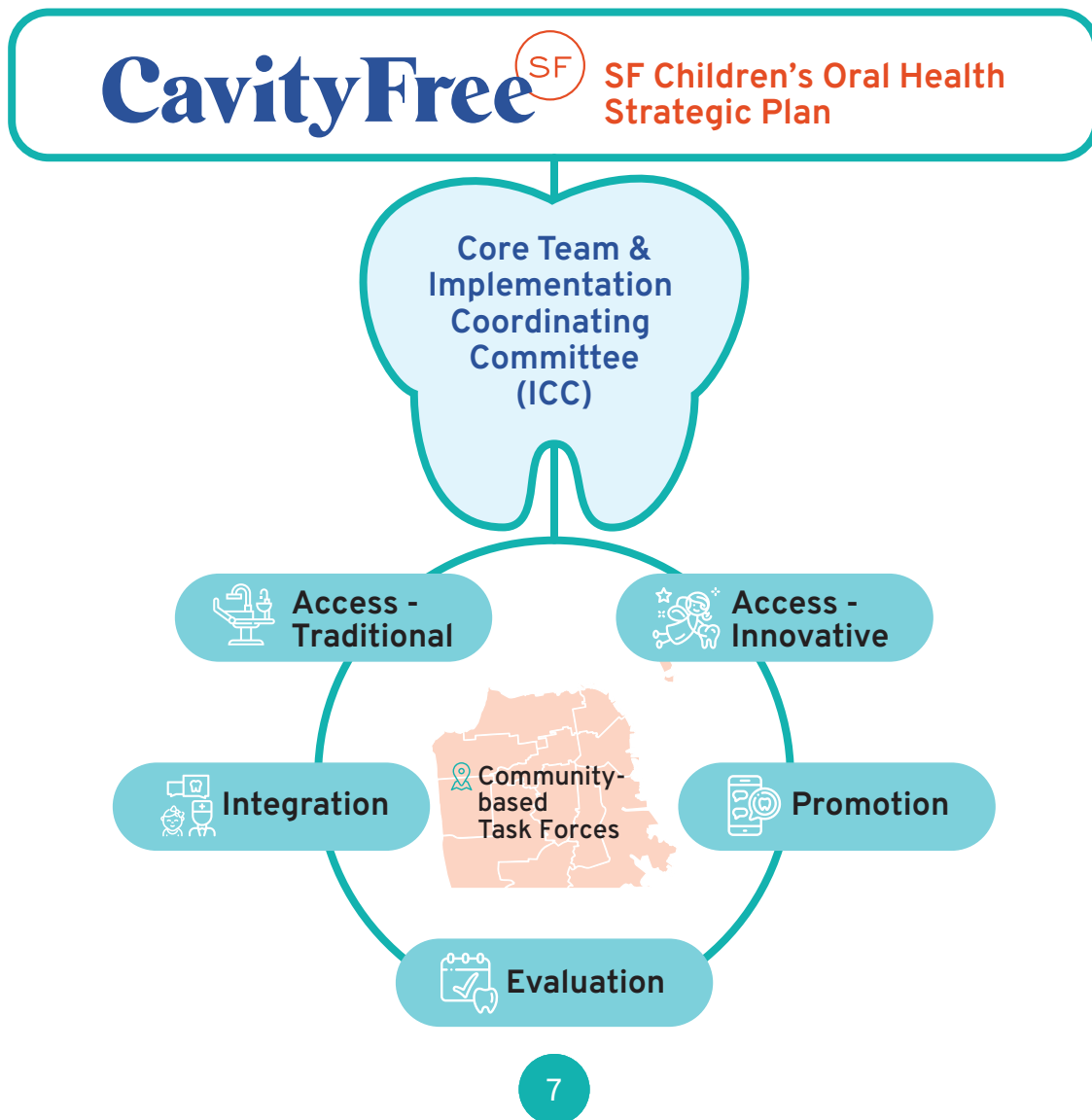
<sup>6</sup>FT - Fluoride Treatment

# Who We Are

CavityFree SF is a collective impact partnership of over 25 multidisciplinary partner organizations working towards a shared agenda, to ensure that all San Francisco children experience optimal oral health. Our partnership includes the school district, childcare centers, universities, medical and dental health systems, advocacy groups, and community-based organizations. Our collective voice, backed by extensive data, sends a strong message about the disparities in children's oral health to our city leaders, policymakers, and community groups. With experts in quality improvement, evidence-based best practices, and data analysis, we collectively offer innovative solutions for policy and systems improvements. We focus on innovative ways to identify mutually reinforcing activities and collaborate with other health focused agencies, allowing us to maximize impact on the lives of our city's youngest and highest-risk children.

## Our Structure

CavityFree SF is organized into five work teams, which correspond to five of the strategies set out in the Strategic Plan. The Core Team takes on the sixth strategy - Coordination - and plays a supporting role for the other work teams. The community-based Children's Oral Health Task Forces are individual entities that collaborate with the work teams, supported by the Core Team, and guided by the Strategic Plan.





In 2018, CavityFree SF invited community organizations to join in a unique opportunity to organize and form sustainable oral health task forces to implement the Children's Oral Health Strategic Plan for San Francisco by:

- Engaging the caregivers of low-income children and children with special health needs
- Improving access to culturally competent care and increasing utilization of services
- Promoting oral health behavior practices based on community-identified needs and preferences

The community-based Children's Oral Health Task Forces enable communities to strategize and promote the importance of oral health in a way that is most acceptable, appropriate, and effective for the communities experiencing the greatest disease burden. Currently, there are three task forces: (1) Chinatown, (2) Bayview-Hunters Point and Visitacion Valley (District 10), and (3) the Mission.



# Our History

The member organizations of CavityFree SF began work to improve the oral health of the children of San Francisco over 25 years ago, striving to ensure that all San Francisco children are cavity-free, regardless of the economic standing of their families, their immigration status, ethnicity, or skin color. Some highlights of our history are detailed below:

## ● 2000 - San Francisco's Kindergarten Dental Screening Project is launched

- The San Francisco Department of Public Health (SFDPH), in collaboration with the San Francisco Dental Society, National Dental Association, and the San Francisco Unified School District (SFUSD) begins providing dental services to all kindergarten children attending SFUSD schools, to assess and monitor the oral health status of public school kindergarteners and identify associated disparities in oral health outcomes.

## ● 2005 - State of California mandates kindergarten dental screenings

- California State Assembly Bill 1433 is signed into law and creates a kindergarten oral health assessment requirement for children attending public schools. The law helps schools identify children with tooth decay (dental caries) and provides resources to help caregivers and parents establish a “dental home” for their children.

## ● 2012 - Need for a citywide Strategic Plan is identified and the San Francisco Children's Oral Health Collaborative is formed

- The San Francisco Health Improvement Partnership (SF HIP), a UCSF Clinical and Translational Sciences Institute initiative, convenes the Children's Oral Health Partnership Working Group, which identifies the need for a coordinated, citywide strategic planning and goal-setting process.

## ● 2014 - The three-year Strategic Plan (extended to five years in 2018) is published and endorsed by the City of San Francisco

- With a grant from the Metta Fund, a steering committee of oral health and children's advocates convenes to lead a year-long strategic planning process. The process includes an environmental assessment of San Francisco children's oral health status, which informs the creation of five strategic priority areas: Access, Integration with Overall Health, Promotion, Evaluation, and Coordination.

## ● 2014 - Work teams and Implementation Coordinating Committee are established

- Supported by a grant from the Hellman Foundation's Collaborative Change Initiative, work teams are created for each priority area. The Strategic Plan Implementation Coordinating Committee (ICC) is formed to monitor and provide guidance and support to the work teams.

## ● 2015 - Dedicated DPH position and funding for community-based task forces are approved by the SF Board of Supervisors

- Community-specific briefings are held to inform and educate the community about neighborhood-specific caries risk, prevalence, and disparities, and to motivate community members to take action. This led to the advocacy of a permanent Children's Oral Health Coordinator position to manage citywide children's oral health activities and provide backbone support to CavityFree SF.



Advocacy also included specific funding to support the development of Children's Oral Health Task Forces in the most at-risk communities – Chinatown, Mission, and District 10—each charged with developing culturally appropriate messaging for Asian, Latinx, and African American children, respectively.

### ● **2016 - San Francisco joins California's Dental Transformation Initiative (DTI)**

SFDPH Dental Services proposes five pilot projects for the Dental Transformation Initiative (DTI), a state-run program to increase the utilization of dental services by Medi-Cal children, and receives \$6.2 million to support the implementation of parts of the Strategic Plan (training dentists, care coordination, health promotion messaging, dental-medical collaboration, and dual-user incentivization for providers) for the four-year period.

### ● **2016 - Proposition 56 passes in California**

California votes to pass Proposition 56, which increases state tobacco taxes to fund California Department of Public Health (CDPH) oral health programs. Prop 56 grants \$1.5 million to support the implementation of the SF Oral Health Strategic Plan over the next five years.

### ● **2017- The San Francisco Children's Oral Health Collaborative rebrands as CavityFree SF**

The San Francisco Children's Oral Health Collaborative changes its name to CavityFree SF.

### ● **2018 - Sugary Drink Distributor Tax passes in San Francisco**

San Francisco Prop V, the tax on distributors of sugar sweetened beverages passes, providing \$1 million in 2018-2019 to support CavityFree SF activities including the community-based Children's Oral Health Task Forces, the school-based sealant program, and care coordination.

### ● **2018 - Community Focus Groups are conducted**

Community-based Oral Health Task Forces hold focus group discussions in three neighborhoods with high risk of childhood caries experience in San Francisco to learn about each community's perception of oral health and culturally specific barriers to accessing dental care.

### ● **2019 - Strategic planning process began for 2020-2025**

Metta Fund grants CavityFree SF funds to embark on a strategic planning process reflecting on our progress and to chart the way forward for the next five years.



# Our Accomplishments

- Integrated fluoride varnish application into well-child pediatric visits in more than 19 clinics and with 8 private, Chinatown pediatricians who accept Medi-Cal.
- Coordinated and significantly expanded dental services for all SFUSD, Head Start, and Preschool for All sites in San Francisco.
  - Over 2,150 SFUSD students had sealants applied to protect their teeth during the 2016-2017 to 2018-2019 school years.
  - Fluoride varnish was applied to over 8,200 preschoolers from 2015-2016 to 2018-2019
- Established three community-based Children's Oral Health Task Forces (Chinatown, District 10, and Mission) in order to serve the children and families with the most need of oral health services.
- Developed and published a Federally Qualified Health Centers (FQHC) Billing Handbook to support a sustainable funding stream for those providing dental care for children outside of traditional dental settings.
- Developed and published a journal article reviewing the safety, frequency, and intervals of fluoride varnish application for children as a caries preventive measure.
- Secured funding from public (Dental Transformation Initiative, Proposition 56 from California Department of Public Health, and Sugary Drink Distributor Tax revenue) and private sources (Hellman Foundation and Metta Fund) to promote CavityFree SF sustainability.





# Our Context

Oral health is essential to overall well-being and quality of life. Children's nutritional intake, self-esteem, and their ability to concentrate and succeed in school is affected by their oral health. Tooth decay however remains one of the most common chronic childhood diseases in the U.S. and often persists into adulthood and across the lifespan. National data from 2014 shows that 23% of children ages 2-5 experienced tooth decay (dental caries).<sup>1</sup>

Research shows that poor oral health in children is significantly associated with absenteeism and poor academic performance.<sup>2</sup> Poor dental health is also expensive: a 2014 study found that dental emergencies result in \$1 billion in healthcare charges in the U.S. annually, and that uninsured individuals made up over 40% of all dental-related emergency visits.<sup>3</sup>

In San Francisco specifically, progress has stalled in regards to improving the oral health of children: the prevalence of untreated decay in San Francisco Unified School District (SFUSD) kindergarteners increased slightly over the last five years, from 15% in 2013 to 17% in 2018 (Figure 2), and the city is on track to miss the 2019-2020 target outlined in the last Strategic Plan (8%). During the same period, the percentage of kindergarteners with caries experience (which reflects not only current, but also untreated tooth decay) stayed constant, at 32%. San Francisco is also unlikely to meet its 2019-2020 target (27%) for this indicator. (Figure 1).

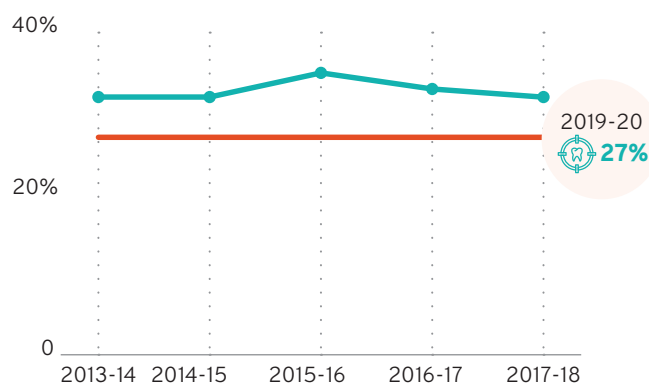


## Definition of key terms

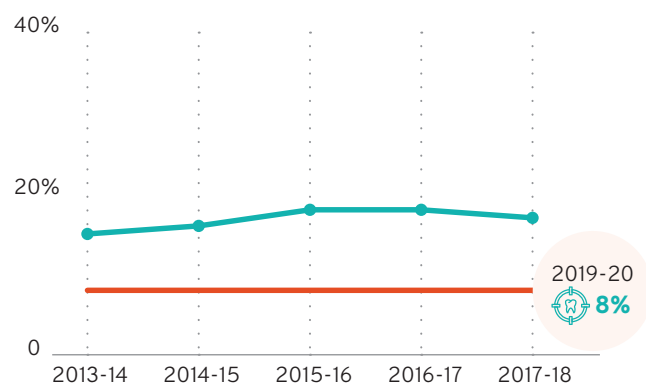
**Caries (tooth decay or cavities):** a multifactorial infectious disease that results in the destruction of the tooth structure by demineralization and ultimately cavitation of the tooth surface if left untreated. It is the most common chronic childhood disease yet highly preventable.

**Caries experience:** any current or past dental caries as defined by having at least one decayed, extracted, or filled tooth due to caries.

**Figure 1:** Percentage of SFUSD kindergarteners with caries experience



**Figure 2:** Percentage of SFUSD kindergarteners with untreated tooth decay



<sup>1</sup> Centers for Disease Control (CDC) (2019). Oral Health Surveillance Report 2019. <https://www.cdc.gov/oralhealth/publications/OHSR-2019-dental-caries-primary-teeth.html>

<sup>2</sup> Ruff R, Senthil S, Susser S, Tsutsui A. Oral health, academic performance, and school absenteeism in children and adolescents: A systematic review and meta-analysis. *J Am Dent Assoc.* 2019 Feb;150(2):111-21.

<sup>3</sup> Allareddy V, Rampa S, Lee MK, Nalliah RP. Hospital-based emergency department visits involving dental conditions: profile and predictors of poor outcomes and resource utilization. *J Am Dent Assoc.* 2014 Apr;145(4):331-7.

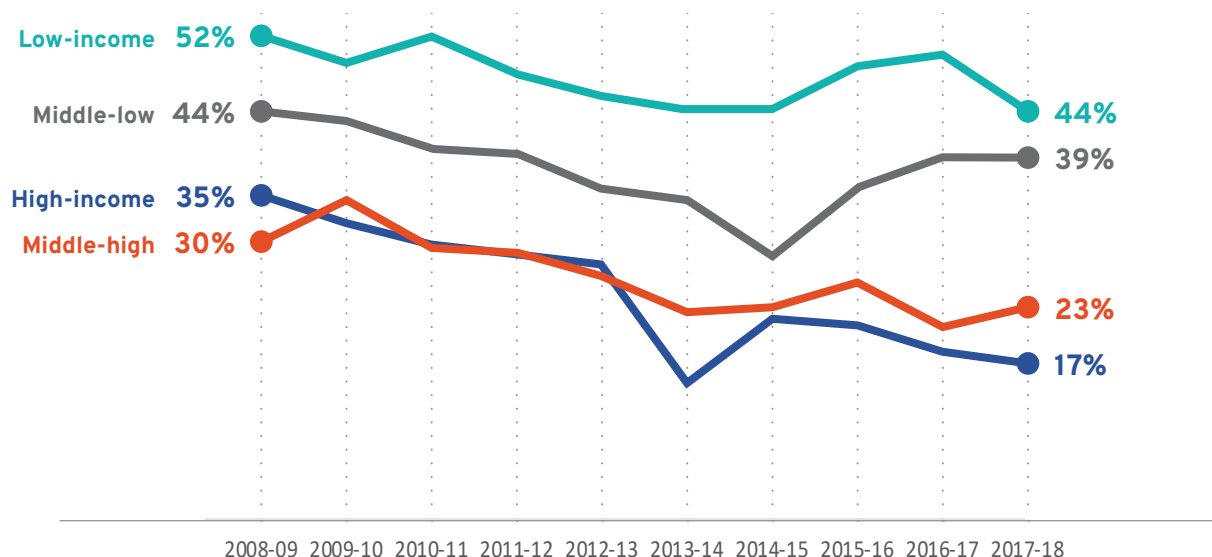
The National Health and Nutrition Examination Survey (NHANES) found that from 2011-2016, 23.3% of 2-5 year olds nationwide had caries experience, and 10.4% had untreated decay. Although these figures represent a different age group than the data we have available in San Francisco, they indicate that San Francisco, sees relatively high rates of tooth decay in young children.

San Francisco is not on track to meet the 2020 targets outlined in its last Strategic Plan (2014-2020) and, as the subsequent section of this plan shows, significant disparities continue to exist with regards to children’s dental outcomes based on ethnicity, income, and geography.

## Oral Health Disparities Persist

According to 2017-2018 data, the rate of caries experience (44%) among kindergarten children in low-income SFUSD schools<sup>4</sup> is nearly 3 times higher than the rate found among children from higher income schools (17%) (Figure 3). While caries experience did decrease across all income groups over the last decade, this reduction has been most pronounced in high-income schools, where rates were cut in half (from 35% to 17%). As Figure 3 shows, decreases in caries experience were more modest in all other income groups (5-8 percentage points).

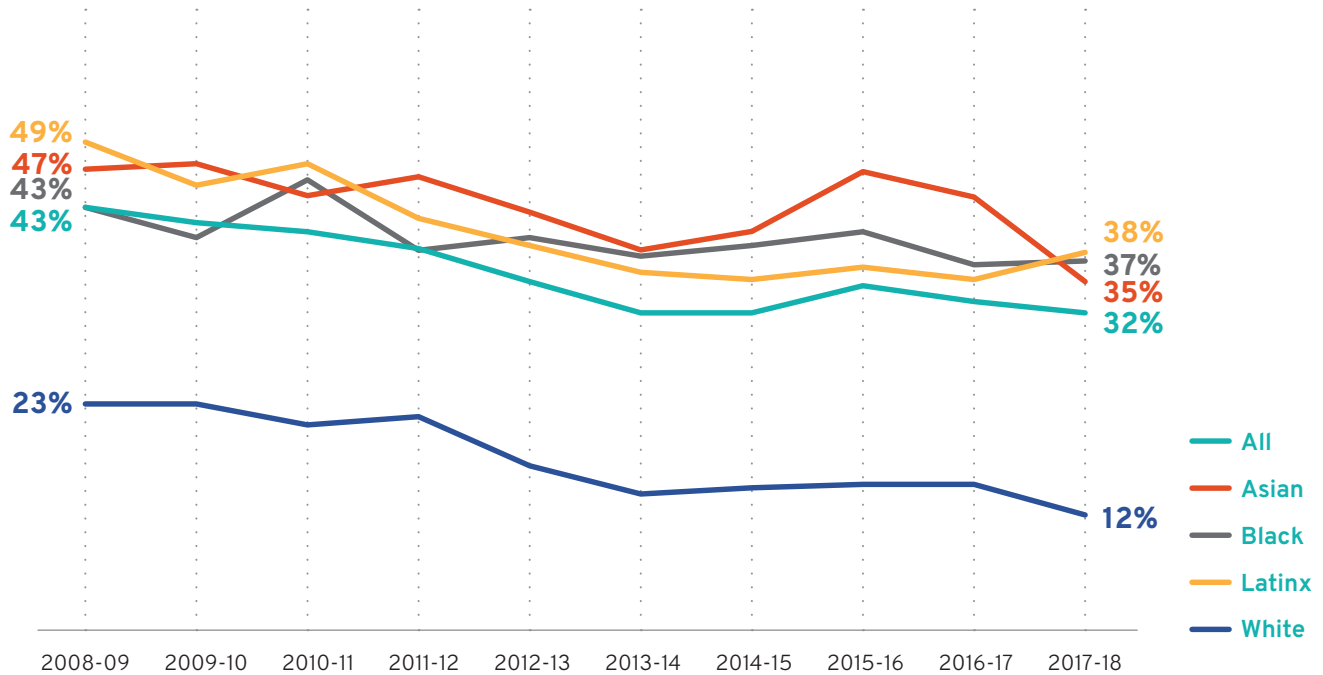
**Figure 3:** Caries experience by school income level



According to 2017-2018 data, children of color are 2-3 times more likely to have tooth decay as their White counterparts (Figure 4). This disparity has remained constant over the last five years.

<sup>4</sup> Income level is determined by the percentage of students at a given school who qualify for the National School Lunch Program (NSLP). They are defined as follows:  
 High income: <25% of students qualify for NSLP  
 Middle-high: 25-49%  
 Middle-low: 50-75%  
 Low-income: 75%+

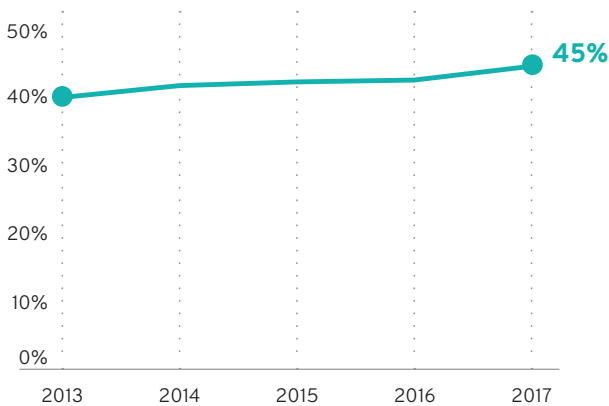
**Figure 4:** Percentage of SFUSD kindergarteners with caries experience by race/ethnicity



Among our younger low-income children, 15% of preschoolers in state-subsidized programs (Preschool for All) were found to be in need of dental care during screenings held in the 2018-2019 school year.

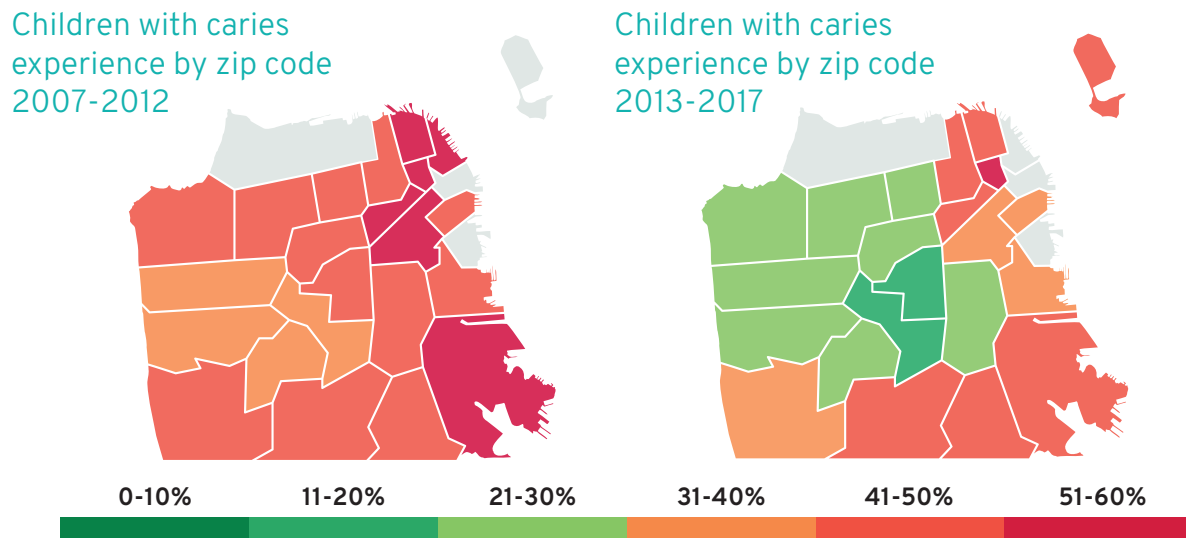
However, less than half (45%) of Medi-Cal enrolled children under the age of 11 in San Francisco saw a dentist in 2017. This percentage has increased marginally since 2013, as Figure 5 shows. An analysis of data from Medicaid Dental and the SF Kindergarten Screening Program shows that dental care utilization by children ages 0-3 years is significantly associated with a reduced prevalence of caries experience among SFUSD kindergarteners one year later.

**Figure 5:** Percentage of 0-5 year old Medi-Cal eligible children in San Francisco that saw a dentist in the calendar year



Caries experience also varied by zip code (Figure 6). Although caries experience has improved in many neighborhoods, disparities remain for Chinatown, the Tenderloin, and neighborhoods in the Southeast sector of SF.

**Figure 6:** Significant geographic disparities exist with regards to caries experience



Caries continues to be a public health problem for San Francisco children, especially for those children of color, from low-income families, and for those residing in the Northeast and Southeast sectors of the city. And while CavityFree SF has made progress in implementing the strategies in the previous Strategic Plan, much of our work is not expected to affect the kindergarten screening data for two more years. The inability to curb this problem over the past five years is both disconcerting and the driving force to recommitting to CavityFree SF's mission. 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.

## Community Focus Groups

In 2018, the community-based Oral Health Task Forces held focus group discussions in three neighborhoods with high risk of childhood caries experience in San Francisco to learn about each community's perception of oral health and culturally specific barriers to accessing dental care. The common findings across communities were:

- Doctors & pediatricians are important sources of oral health information
- Communities want both mass media and targeted community-based oral health education
- Accessible community linkages to dental services & information are lacking
- Communities desire more culturally and linguistically responsive dental providers
- Communities want more child & family friendly dental providers
- Communities want dental providers to spend time to build rapport with them
- Negative dental experiences are passed down intergenerationally

**CavityFree SF has integrated these findings into the goals and activities of our 2020-2025 Strategic Plan.**

Factsheets with more information on community-specific findings are available at <https://sfdti.weebly.com/2018-focus-group-findings.html>



# Moving Forward

We have a long way to go before San Francisco becomes cavity-free. Planning for the next five years, at the turn of a new decade, is an opportunity to recommit to our vision. Informed by the data, the findings from the focus groups, and informed by our values, we will continue our ongoing work on current strategies and goals with these key additions and emphases:



**Equity:** This is a renewal of, or doubling down on, our focus on equity since we have always considered eliminating disparities as a guiding principle. We are committed to intentionally prioritising both the support and development of our community-based task forces. Additionally we are committed to the training of oral health providers dentists to reduce bias against clients of color.



**Dentists:** Developing and establishing care coordination with dental providers, increasing participation in Medi-Cal among dentists, and training existing Medi-Cal dental providers to effectively serve Medi-Cal children.



**Children with special health needs:** Understanding the dental care needs in this community, and supporting the provision of appropriate care and care coordination to serve diverse children with special health needs.

## Definition of key terms

CavityFree SF's **priority populations** are children who have the highest rates of caries experience and dental decay as determined by the most recent kindergarten assessments. These children tend to be from low-income families and communities of color. Children with special health needs are also included in priority populations.



# 5-Year Indicators and Targets

CavityFree SF has identified five overarching indicators of success. Our six strategies and all of their goals and objectives aim to impact these indicators and we have reaffirmed the following targets for 2025:



Reduce the percentage of kindergarteners with dental **caries experience**<sup>5</sup> to no more than 27% in the 2024-2025 school year.



This indicator was 32% in the 2017-2018 school year.



Reduce the percentage of kindergarteners with **untreated dental decay**<sup>6</sup> to no more than 8% in the 2024-2025 school year.



This indicator was 17% in the 2017-2018 school year.



Reduce the **disparities in caries experience** between Asian,<sup>7</sup> Black, and Latinx kindergartners and White kindergartners by decreasing the gap in experience to no more than 15 percentage points in the 2024-2025 school year.



In the 2017-2018 school year, this gap was 23 percentage points between Asian and White kindergartners, 25 percentage points between Black and White kindergartners, and 26 percentage points between Latinx and White kindergartners.



Reduce the **disparities in untreated dental decay** between Asian,<sup>8</sup> Black, and Latinx kindergartners and White kindergartners by decreasing the gap in decay to no more than 6 percentage points in the 2024-2025 school year.



In the 2017-2018 school year, this gap was 13 percentage points between Asian and White kindergartners, 17 percentage points between Black and White kindergartners, and 12 percentage points between Latinx and White kindergartners.



Ensure that at least 65% of low-income children<sup>9</sup> in the San Francisco Unified School District in 2nd and 5th grades have received **dental sealants** on their permanent molar teeth in the 2024-2025 school year.



The indicator related to dental sealants in the 2014-2020 Strategic Plan was a number of children with sealants applied rather than a percentage of those who received them.

Data for indicators 1-4 are taken from the SFUSD Kindergarten Dental Screening Surveillance data. The 2024-2025 targets for these indicators are the same as those CavityFree SF worked towards in the 2014-2020 Strategic Plan. We were not on track to reach these targets by the 2019-2020 school year and so decided to use them for the next Strategic Plan and redouble our efforts to meet them.

Children with special health needs are not included within the indicators related to disparity at this time. They will be included once we have baseline information on their oral health.

<sup>5</sup> Caries experience is one or more decayed or filled primary teeth.

<sup>6</sup> Untreated dental decay in primary teeth.

<sup>7</sup> Asian includes, but is not limited to, Chinese, Asian Pacific Islander, and Filipino populations.

<sup>8</sup> Ibid.

<sup>9</sup> Children who attend schools where 70% or more of the students qualify for the NSLP.

# Strategies and Goals

As part of our first strategic planning process in 2012, CavityFree SF developed a set of strategies to meet the needs identified in our citywide assessment of children's oral health. These strategies are still relevant for our next strategic planning cycle and so we will continue to organize our goals and work teams around them. They are:

1. **Access - Traditional.** Increase access to oral health care services in traditional dental settings for San Francisco children and pregnant women.
2. **Access - Innovative.** Increase access to oral health care services for San Francisco children and pregnant women outside of traditional dental settings.
3. **Integration.** Integrate oral health with overall health care.
4. **Promotion.** Increase awareness and practice of optimal children's oral health behaviors among diverse communities in San Francisco.
5. **Evaluation.** Develop and establish an ongoing population-based oral health surveillance system to address the oral health of San Francisco children.
6. **Coordination.** Provide coordination and oversight for the implementation of the Strategic Plan.

The strategy to increase access to oral health care services for children and pregnant women has been split in two. *Access - Traditional* is focused on dental offices and other traditional settings where children receive oral health care services. *Access - Innovative* continues CavityFree SF's work to find innovative ways to provide oral health services to children where they are. This includes work in schools, childcare centers, programs run by community-based organizations and other places outside of conventional health care settings.

Each of these six strategies has 3-4 associated goals set out in the sections to follow. Many of the goals under each strategy are crosscutting and relate to other strategies. However, for efficiency of planning and holding ourselves accountable, each goal is only listed once and owned by one work team. Each work team has created a set of specific, measurable, ambitious, realistic, timebound, inclusive, and equitable objectives for each goal. These objectives are included, along with activities, in a separate implementation plan.

## CavityFree SF is Aligned with The California Oral Health Plan

Our strategies, goals, and objectives are all in alignment with the state's oral health plan's focus areas, goals, and objectives for children. CavityFree SF's five, 5-year indicators are directly related to the following California Oral Health Plan objectives:

**Objective 1.A:** Reduce the proportion of children with dental caries experience and untreated caries.

**Objective 2.C:** Increase the percentage of children, ages six to nine years, who have received dental sealants on one or more of their permanent first molar teeth.

California Oral Health Plan, 2018

<https://www.cdph.ca.gov/Documents/California%20Oral%20Health%20Plan%202018%20FINAL%201%205%202018.pdf>





## Access - Traditional

**Increase access to oral health care services in traditional dental settings for San Francisco children and pregnant women.** We will significantly expand children's and pregnant women's access to dental services by increasing the number of safety net dental providers serving low-income children and those with special health needs, and by expanding care coordination.



### 2025 Goals

- 1 Increase care coordination for children identified with dental treatment needs, prioritizing those from our priority populations.<sup>10</sup>** *We will standardize protocols with input from caregivers, for care coordination from medical and school-based referrals to a dental office, from first appointment to completed treatment.*
- 2 Increase the number of private dentists who accept Medi-Cal and build the capacity of dentists who already accept Medi-Cal to provide services to children.** *We will promote current resources incentivizing dentists to accept Medi-Cal patients, focusing on neighborhoods with high Medi-Cal enrollment and limited dental resources.*
- 3 Increase the child-friendliness, cultural humility, and linguistic proficiency among dental health professionals providing care to our priority populations in SF.** *We will identify or develop training modules and train dental providers to increase equitable delivery of care utilizing community-based research to design culturally appropriate techniques.*
- 4 Expand dental services for children with special health needs (CSHN), particularly those in communities with the highest oral health burden.** *We will engage caregivers and healthcare providers of CSHN to identify and address barriers CSHN face in receiving dental care early and often.*



<sup>10</sup> CavityFree SF's priority populations are children (and their families) who have the highest rates of caries experience and dental decay as determined by the most recent kindergarten assessments. These children tend to be from low-income families and communities of color. CavityFree SF has also prioritized children with special health needs.





## Access - Innovative

**Increase access to oral health care services for San Francisco children and pregnant women outside of traditional dental settings.** We will improve children and pregnant women's access to dental services by expanding service delivery into settings they frequent. This includes childcare centers, schools, and WIC sites.



### 2025 Goals

- 1 Increase the number of providers delivering preventive oral health services where children frequent.** *We will identify opportunities for public-private partnerships for preventive care provision outside of traditional dental offices, prioritizing neighborhoods with limited dental resources.*
- 2 Expand oral health preventive service delivery to settings where caregivers, children, and pregnant women frequent.** *We will advocate for preschool children to receive preventive oral health services at their childcare sites, at the 1/3 highest risk preschools and community resource centers in the highest risk neighborhoods.*
- 3 Expand the oral health preventive services at SFUSD.** *We will support the expansion of fluoride varnish and sealant programs at SFUSD, at the 1/3 highest risk elementary schools.*





## Integration

**Integrate oral health with overall health care.** We will utilize our non-dental workforce to increase provision of preventive care, education, and dental referrals early and often, by integrating oral health promotion and services into health care.



### 2025 Goals

- 1 Increase fluoride varnish applications, oral health assessments, referrals, and age-based education in well-child visits.** *We will continue to support and train physicians in utilizing preventive oral health best practices at well-child visits, prioritizing children receiving Medi-Cal benefits.*
- 2 Expand care coordination services.** *We will explore ways to increase referrals, follow-ups, and care coordination between health care professionals and dentists for children with active decay.*
- 3 Increase dental utilization and care coordination for pregnant women.** *We will promote the safety and importance of routine dental care before and during pregnancy, and develop care coordination between prenatal care providers and dental professionals, prioritizing women receiving Medi-Cal benefits.*







## Promotion

**Increase awareness and practice of optimal children's oral health behaviors among diverse communities in San Francisco.** We will magnify the effectiveness of media campaigns to lead to behavior change among the communities most affected by early childhood caries, by utilizing consistent messaging and integrating oral health into other health efforts across the city.



### 2025 Goals

- 1 Lead the promotion of children's optimal oral health education citywide and ensure that it is accessible for our priority populations.** *We will work with the task forces to develop, standardize, and publicize key oral health recommendations and resources targeting the highest risk communities in San Francisco.*
- 2 Provide updated list of children's oral health resources in San Francisco.** *We will create, maintain, and disseminate a list of current, accessible oral health services, providers, and education in San Francisco, and identify gaps in outreach, prioritizing communities of color and children with special health needs.*
- 3 Integrate children's oral health promotion into overall health promotion.** *We will develop and incorporate standardized oral health messaging into other health promotion initiatives across the city, focusing on impacting communities of color.*





## Evaluation

**Develop and establish an ongoing population-based oral health surveillance system to address the oral health of San Francisco children.** We will establish a mechanism to regularly monitor and evaluate the process and impact outcomes of our program. This will facilitate regular quality improvement of CavityFree SF activities, to reduce the disparity gap in childhood caries.



### 2025 Goals

- 1 Increase and ensure human resources for CavityFree SF data collection, analysis, and dissemination.** *We will increase dedicated staff to support program evaluation, and expand participation in this workgroup to include members of the target population, experts in epidemiology, biostats, program evaluation, and quality improvement.*
- 2 Develop an index for each: strategic plan implementation, process, and impact of CavityFree SF in any given year.** *We will identify and utilize metrics for each work team to use for monitoring, research, and evaluation of program implementation and improvement.*
- 3 Develop and maintain data systems.** *We will develop protocols with providers from childcare centers, schools, health systems, and the community, for regular data collection and analyses.*
- 4 Ensure CavityFree SF data is accessible and share results regularly with all stakeholders.** *We will create a dissemination plan focusing on regularly updating key stakeholders and members of our priority population on the progress of the implementation plan.*





## Coordination

**Provide coordination and oversight for the implementation of the Strategic Plan.** We will ensure that the work of CavityFree SF is efficiently coordinated, adequately funded, and that communication is timely and effective.



### 2025 Goals

- 1 Improve coordination, streamline internal communication, and conduct process quality improvement within CavityFree SF.** *We will establish a set of standard operating procedures for ongoing internal communication with an evaluation plan to annually improve processes.*
- 2 Improve external communication such that people outside of CavityFree SF are aware of what the collaborative is doing.** *We will translate resources for caregivers and providers, regularly provide updates to the community of best oral health practices to reduce inequities of care, and host annual city-wide update forums with community participation.*
- 3 Increase the financial sustainability of CavityFree SF by securing funding for core functions and key activities.** *We will develop a transparent report of financial resources and expenses while advocating for continued funding for the community-based task forces and services for our priority population.*
- 4 Coordinate and support the Children's Oral Health Task Forces, by providing resources, technical assistance, and training.** *We will provide continued support to the task forces in developing and implementing their chosen activities.*



# Appendix

## Strategic Planning Process

In March 2019, CavityFree SF launched a ten-month, collaborative strategic planning process to develop its 2020-2025 Children's Oral Health Strategic Plan. A multi-stakeholder Strategic Planning Committee was created and convened for three half-day sessions. CavityFree SF's quarterly Implementation Coordinating Committee meetings were leveraged to provide more time for key stakeholders to reflect, collaborate, and plan. Input and expertise were also provided by CavityFree SF's community-based Children's Oral Health Task Forces in Chinatown, District 10, and the Mission District.

The strategic planning process provided the opportunity to:

- Clarify and align, as a collective impact partnership, our reason for being and define success
- Reflect and assess our progress based on data, research, and input from key stakeholders
- Create an actionable plan including strategies, goals, objectives, indicators, and five-year targets

The 2020-2025 Children's Oral Health Strategic Plan will be presented at CavityFree SF's annual, citywide forum in December 2019. It is our hope that this resource will serve to unite and inspire us all to eliminate inequity in oral health so that all children in San Francisco can benefit from optimal oral health.

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## Community-based Children's Oral Health Task Forces



### Chinatown

The Chinatown Task Force on Children's Oral Health is led by NICOS Chinese Health Coalition. This Task Force engages parents/guardians and other caregivers living in Chinatown, as well as Asian American and Chinese-speaking low-income families living throughout San Francisco.

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### District 10

The District 10 Children's Oral Health Task Force is led by APA Family Support Services. This Task Force engages parents/guardians and other caregivers living in the Bayview-Hunters Point and Visitacion Valley neighborhoods area of San Francisco, but also African American and other low-income families living throughout San Francisco.

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Reverend Ishmael Burch, YMCA



## Mission District

The Mission Children's Oral Health Task Force is led by CARECEN SF (Central American Resource Center). This Task Force engages parents/guardians and other caregivers living in the San Francisco Mission District, but also Latinx and Spanish-speaking low-income families living throughout San Francisco.

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