



# San Francisco's Local Oral Health Program

*Community Needs Assessment, Health Improvement Plan,  
& Mapping Resources*

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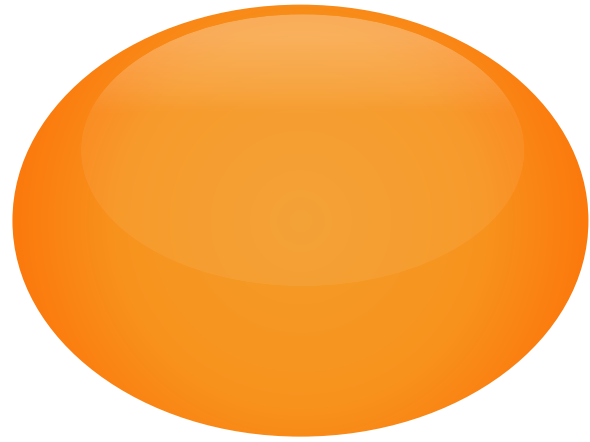
**Lisa Berens (Chung), DDS, MPH** - UCSF School of Dentistry Associate Clinical Professor and Chair of the Division of Oral Epidemiology and Dental Public Health, Co-lead CavityFree SF

# Agenda

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- Describe process for Community Oral Health Needs Assessment from 2011-2016
- Describe the development of a Community Oral Health Improvement Plan (strategic plan)
- Describe process for Community Oral Health Needs Assessment for 2019 to inform 2020-30 strategic plan
- Mapping Resources





# **Community Health Needs Assessment**



# The Essential Data

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- In 2000-2001, after the Surgeon General's Report identifying dental disease as an epidemic, Kindergarten screenings began.
  - Original intent: identify children with immediate dental needs
  - Collaborative effort: SF Dental Society, SFDPH, and SFUSD
  - Outcome: Annual Kindergarten Dental Screening Program
    - 44 volunteer dentists screened over 3000 children in 73 schools
    - Now - average of 4000 children, 95% of enrolled SFUSD children



# Analysis

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- In 2006, a dental resident analyzed the K Screening Data from 2000-2005
  - Caries Experience
  - Untreated Decay
  - Urgent Treatment Needs
- Stratified by:
  - Race/Ethnicity
  - Household income (Free/Reduced School Lunch programs)

# Accreditation

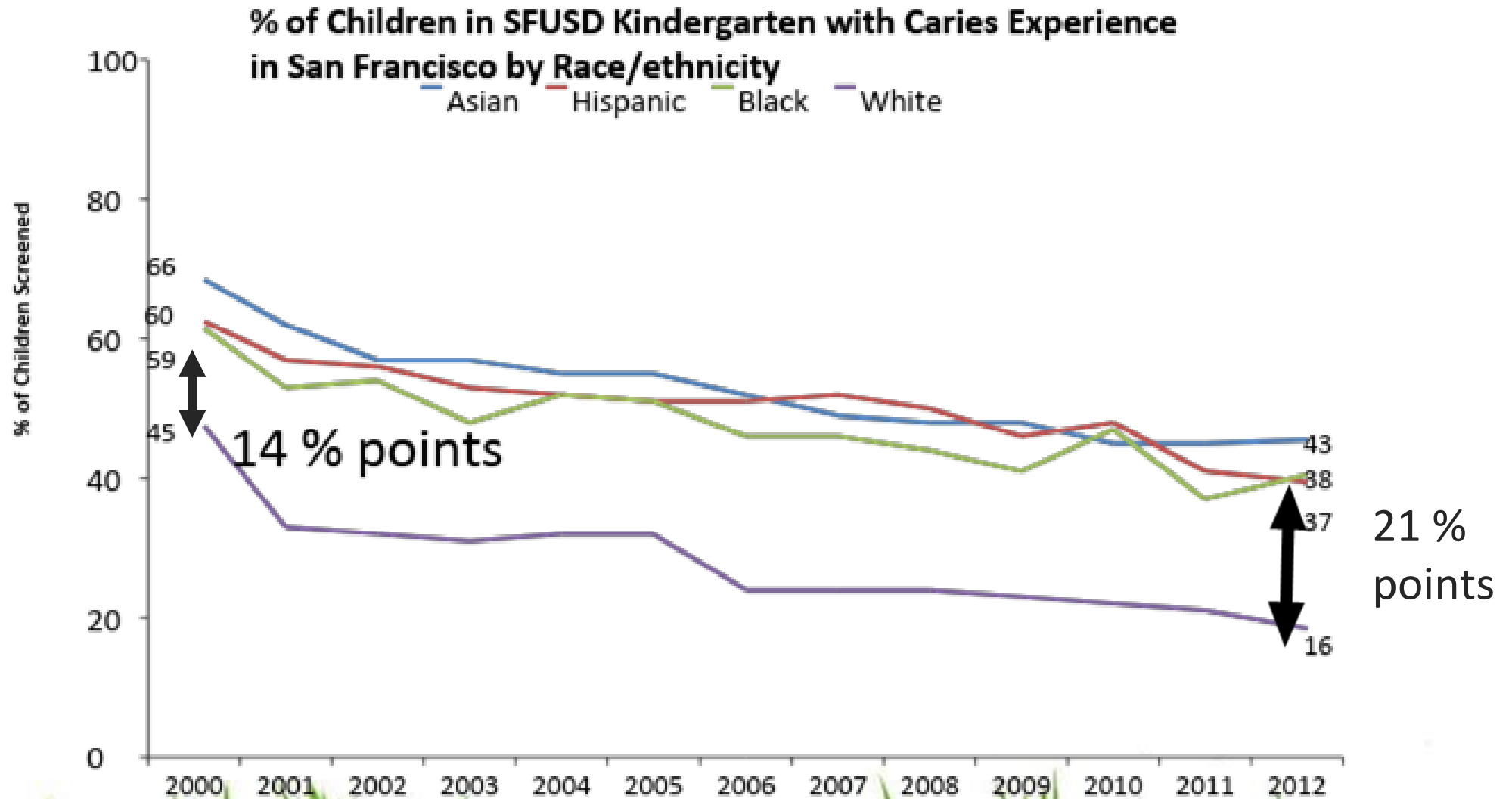
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- Public Health Accreditation Board and the Hospital Council requires a community needs assessment every 3 years
- SF Health Improvement Partnership was developed to create one needs assessment for San Francisco
- SFDPH already had 10-12 years of KOHA data

Children's Oral Health is a priority!



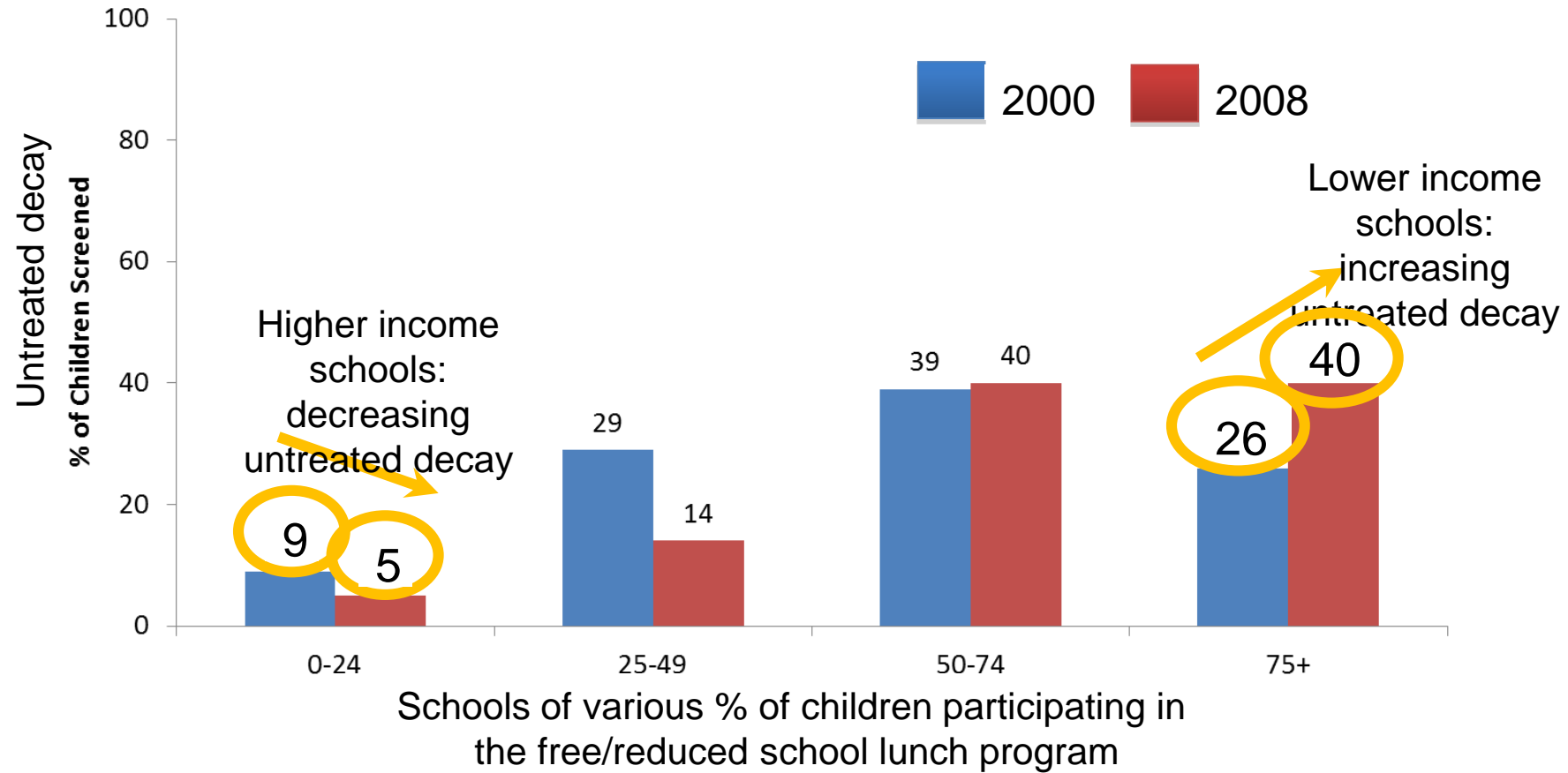
# Oral Health Status of SF Kindergartners





# Oral Health Status of SF Kindergartners

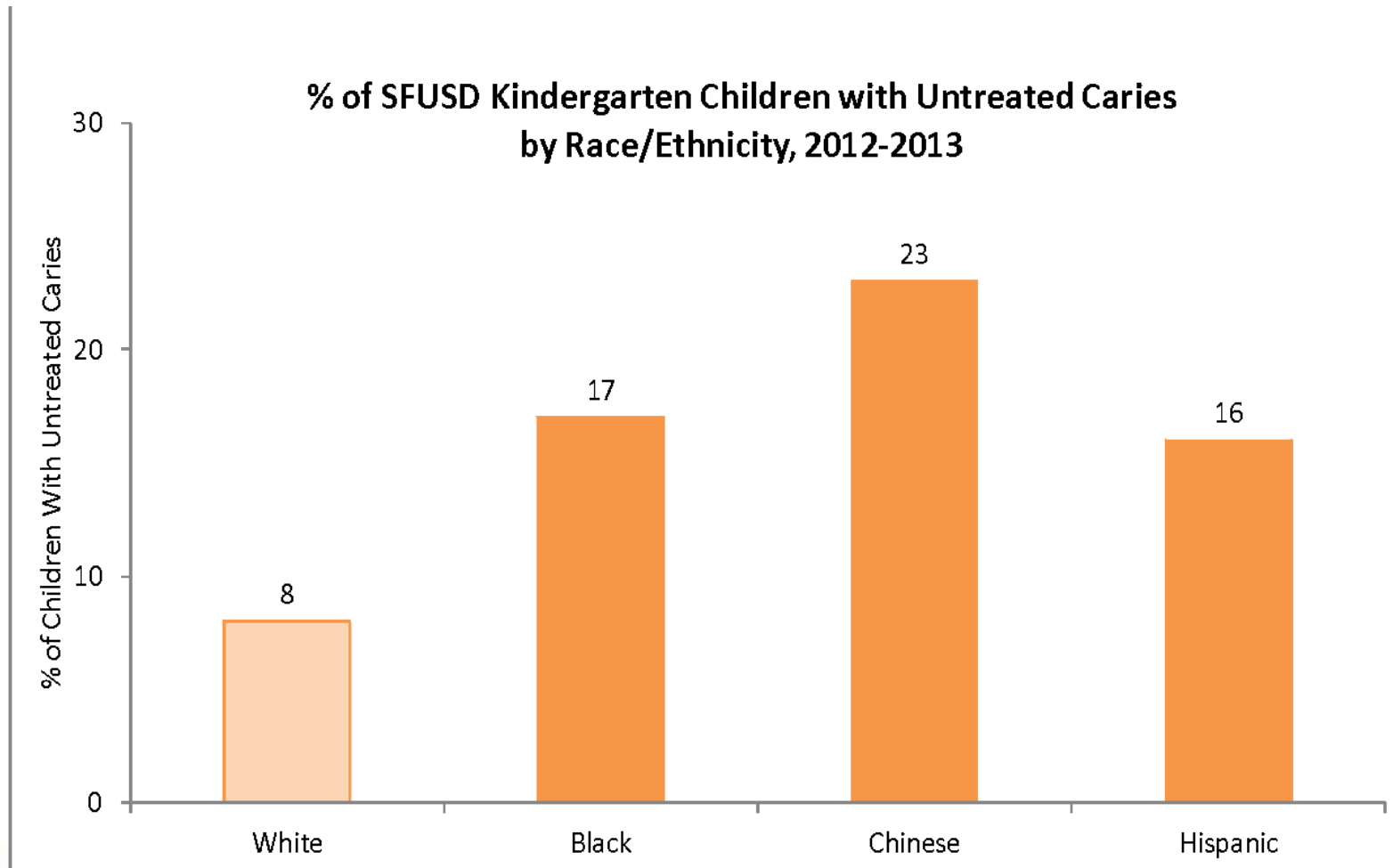
Low income children in SF are 8x more likely to have untreated tooth decay





# Oral Health Status of SF Kindergartners

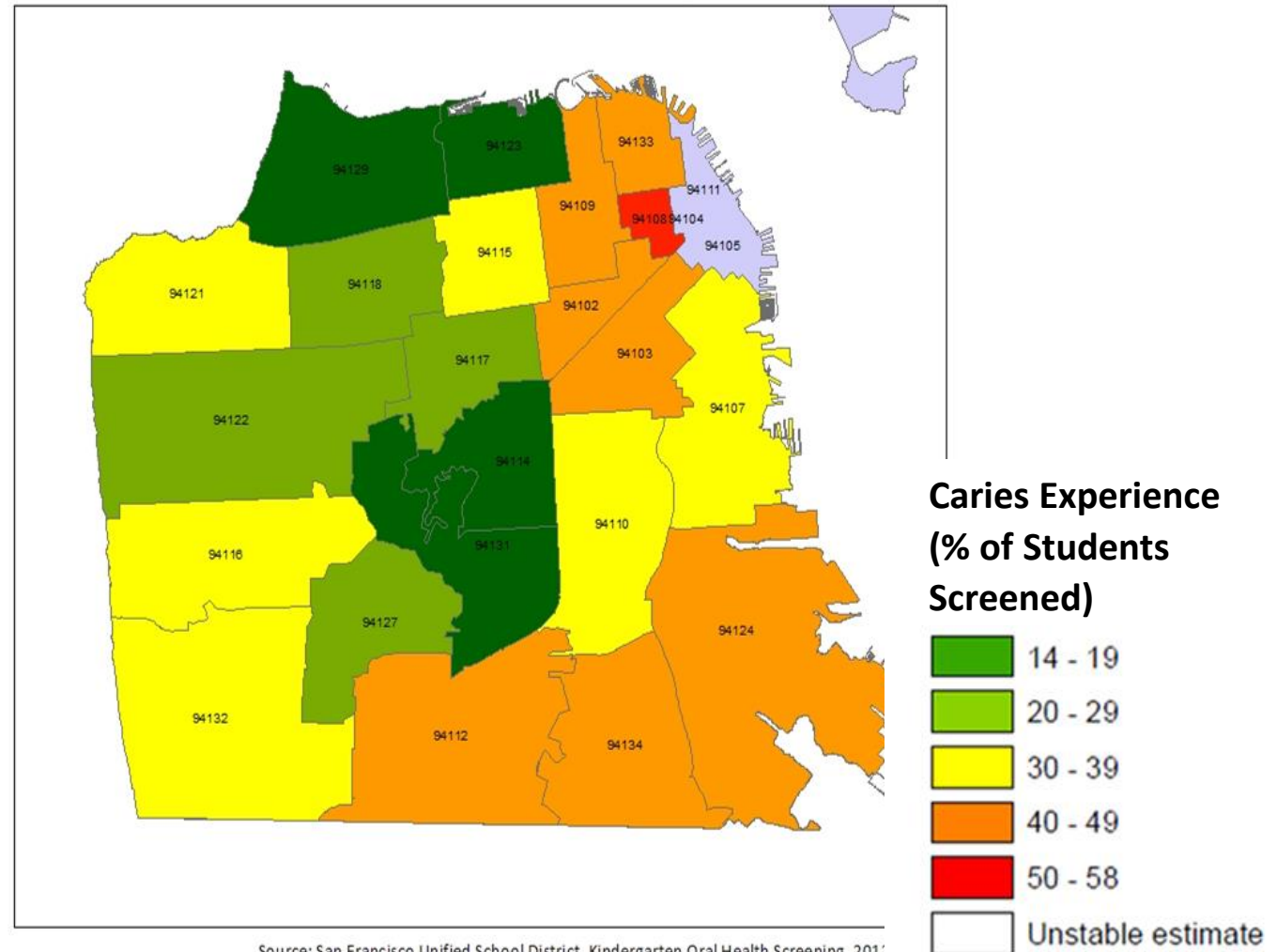
Children of color are 2-3x more likely to have untreated decay as white children



# Oral Health Status of SF Kindergartners

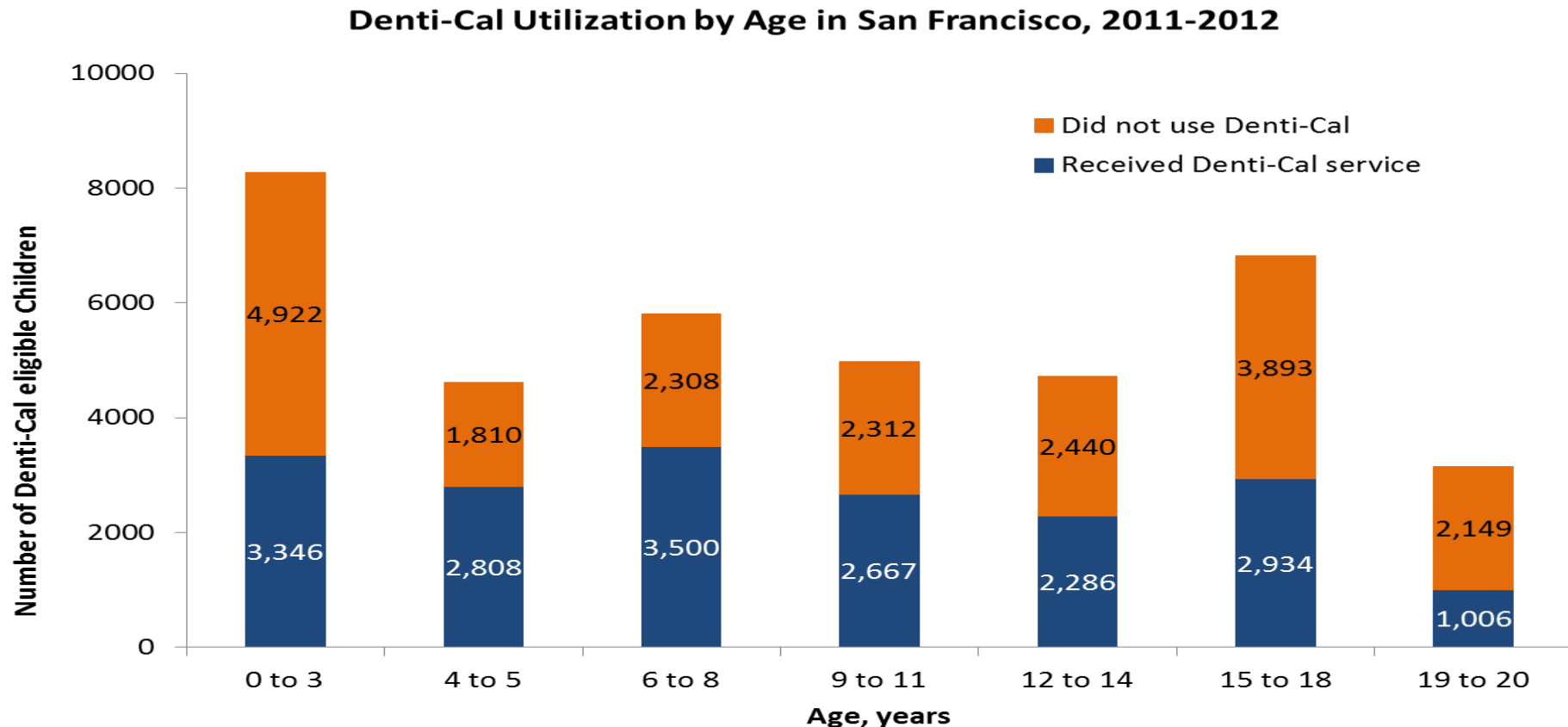
**Chinatown**  
North Beach  
Nob Hill/Russian Hill/Polk  
Tenderloin  
South of Market  
Bayview/Hunter's Point  
Visitation Valley  
Excelsior  
Portola

Caries experience in San Francisco Kindergartners



# Oral Health Status of SF children

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



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.

# Pulse of the Services

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## ✓ Denti-Cal Providers

- In 2004 - 2005, there was only 1 dentist for 33,170 residents in our Southeast sector
- Fewer than 20% of Denti-Cal enrolled children 0-3 saw a dentist from 2004-2008
- In 2011, only 50 dental *offices/clinics* accepted Denti-Cal

## ✓ Medi-Cal providers

- 4 medical clinics were providing FV at well-child visits

## ✓ City-wide screenings

- Kindergarten screenings annually, preschool screenings began in
- Head Start reinstatement in 2007 included promote good oral health and linkages to quality dental services

## ✓ Parent/Teacher/Community Awareness

- In 2007, focus groups with caregivers identified barriers to accessing dental care

## ✓ Some case management through SFDPH

## ✓ Perinatal Treatment & Education

- 8 clinics accepting Medi-Cal pregnant referrals from SFGH - 2012
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# Identified Gaps

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## ✓ **ACCESS TO CARE**

- Small dental safety net compared to medical safety net
  - Further burdened by ACA, adult Denti-Cal, and Healthy Families transition to Medi-Cal
- Long wait time at Denti-Cal clinics, few general dentists who see young children
- Low Sealant & Low Fluoride Varnish application
- Lacking “Case Management”

## ✓ **PROMOTION/EDUCATION**

- Uncoordinated education effort for parents and pregnant women

## ✓ **DATA**

- Lack of infrastructure to collect/analyze/disseminate supportive data





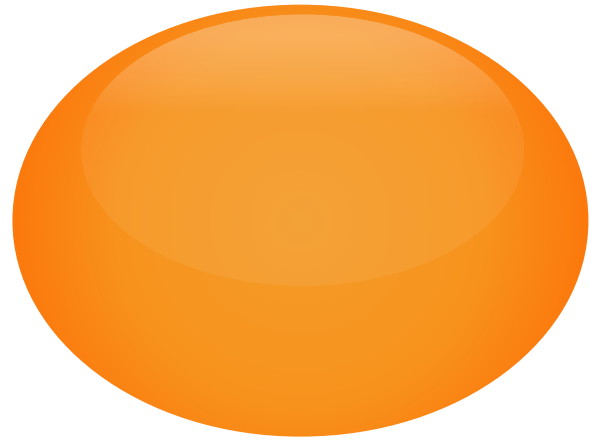
# Challenges in conducting this Needs Assessment

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- Lack of roadmap for what to include; taking whatever data we could find
- Retrospective look at data which were not designed prospectively for this purpose (data quality?)
- Lack of access to data; months required for applications, MOUs (sometimes denied)
- Lack of protected time to analyze oral health data
- Lack of software and skills (ArcGIS) to map the data







# **Developing the Community Health Improvement Plan**

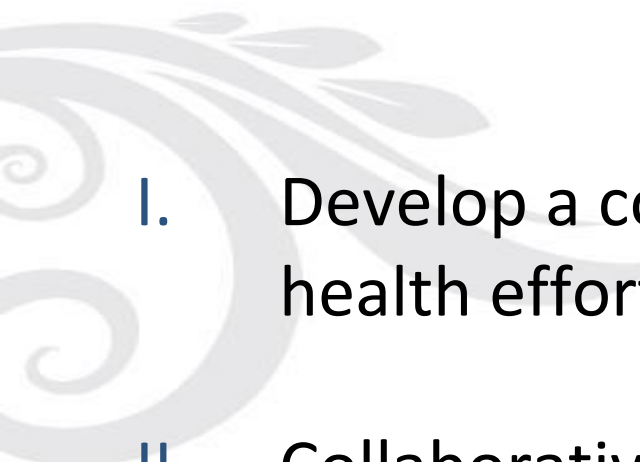


# Strategic Planning – pre-planning

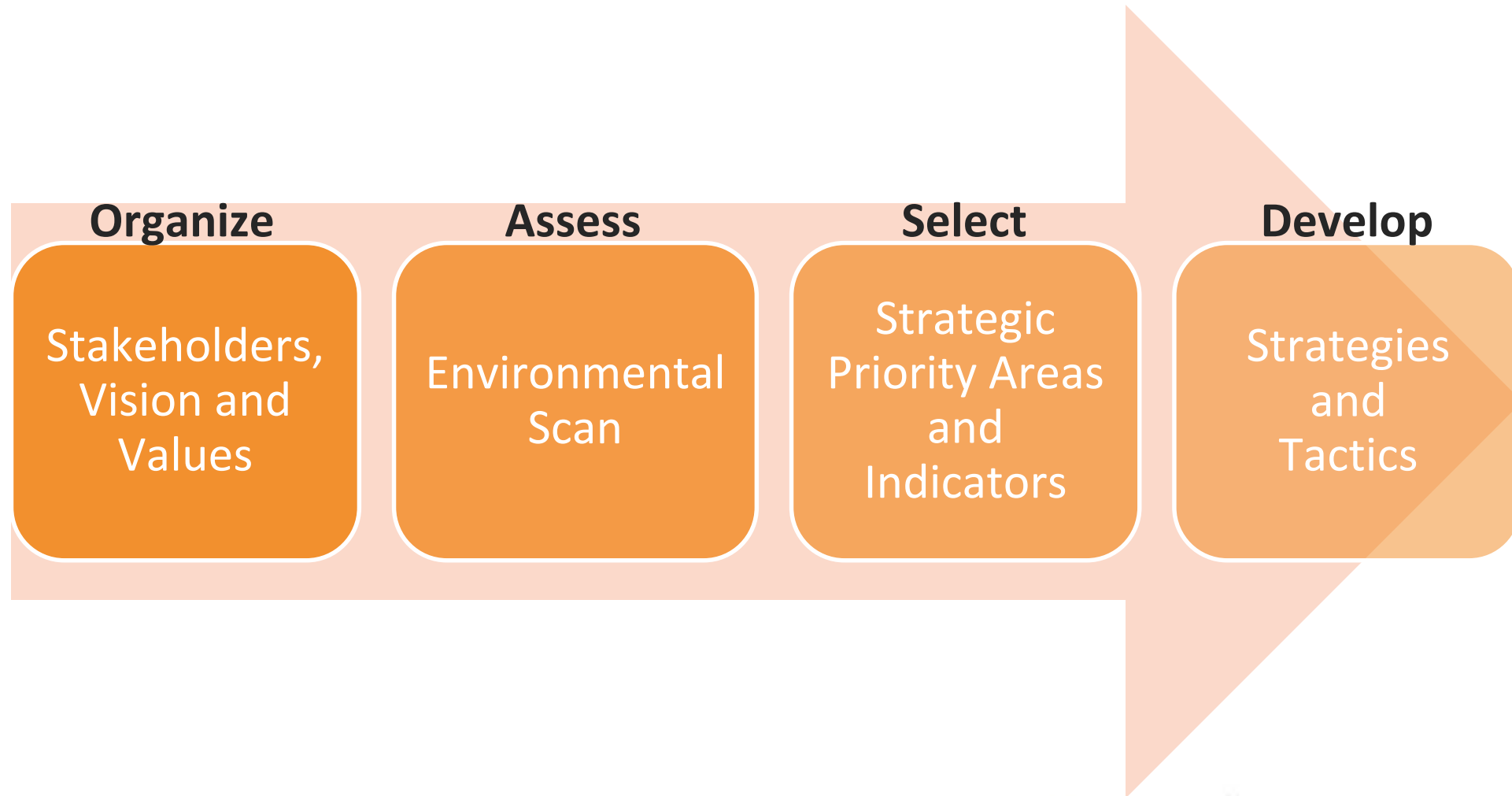


- SF HIP Children's Oral Health Partnership Working Group
  - Co-led by UCSF and SF DPH
  - Included many diverse partners and advocates in oral health
  - Convened three times to discuss and identify projects
  - San Francisco needs a strategic plan!
- Funding support from Metta Fund
  - UCSF faculty and staff support
  - Professional consultant

# Overarching Goals of the Strategic Planning Initiative

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- I. Develop a comprehensive, integrated strategic plan to guide oral health efforts in San Francisco
  - II. Collaboratively involve multiple diverse partners and stakeholders (community, civic, academic, health professional, policy)
  - III. Engage local San Francisco Department of Health leaders and decision-makers

# Strategic Planning Process

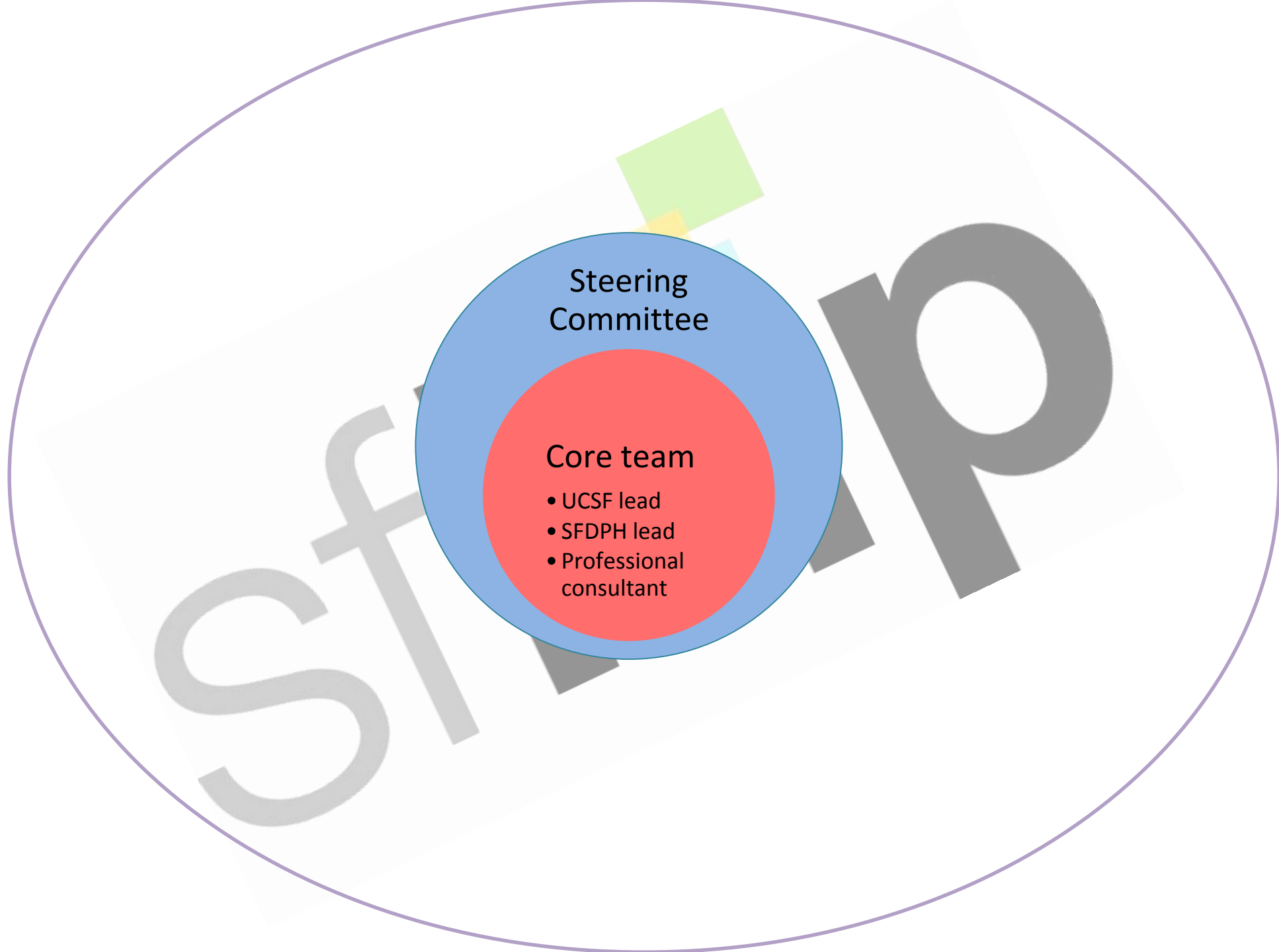




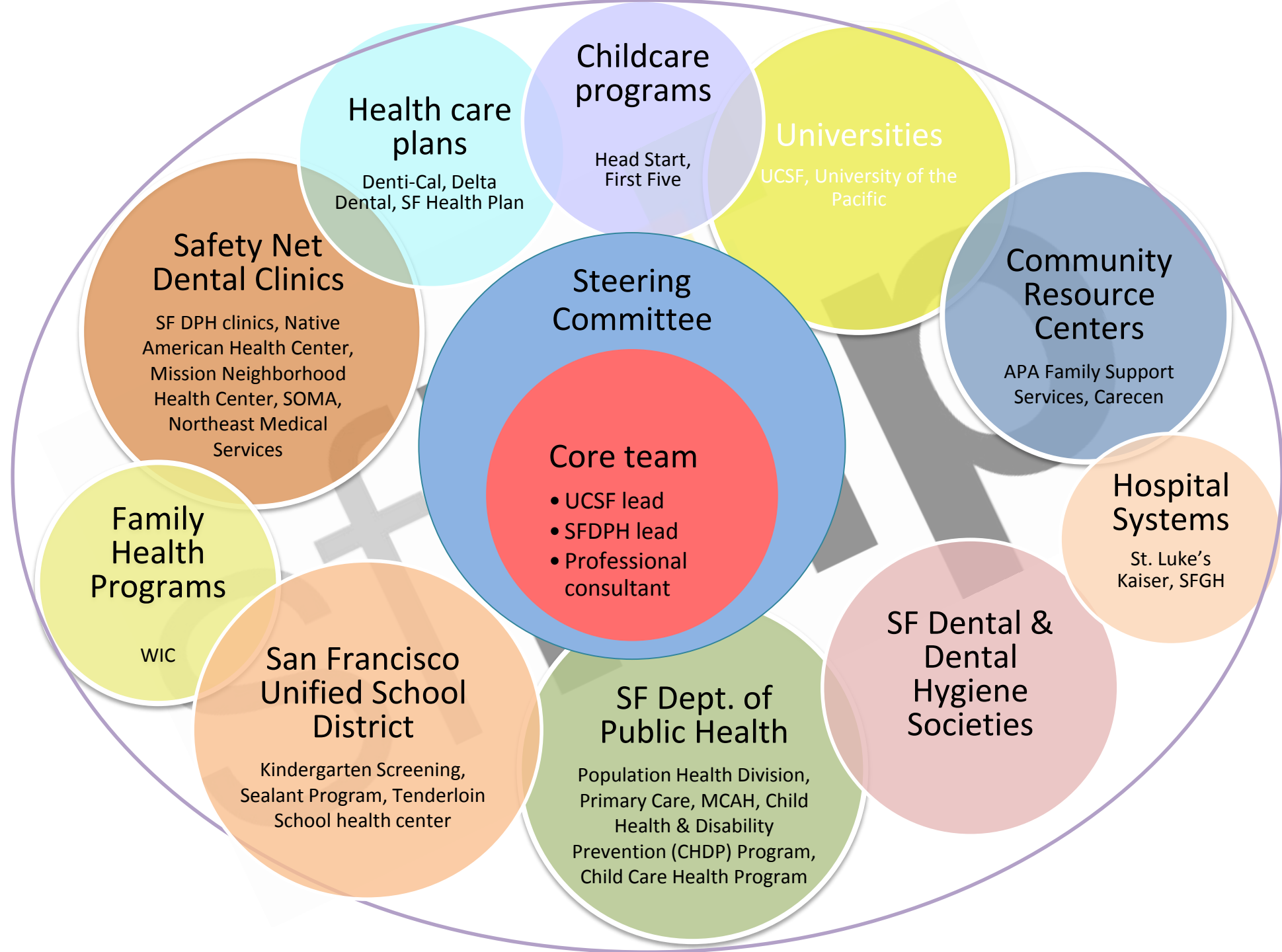
# **Identify stakeholders & Develop vision and values**

Laying the foundation









# Vision

- ◎ Where we want to be in the future
- ◎ Long term direction
- ◎ Framework for stimulating change
- ◎ Clear and concise
- ◎ Ideal state
- ◎ Bold, ambitious
- ◎ But attainable

**“All San Francisco children are caries-free”**

# Guiding Principles

- ◎ Conveys values, ethics, beliefs
- ◎ Clarifies what we stand for
- ◎ In pursuit of the vision
- ◎ Underlying assumptions
- ◎ Guidelines for making decisions

# Guiding Principles

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



## Environmental Scan

Compiling relevant information

## Provides foundation for prioritizing strategies

### 1. Internal Assessment

- ◎ Current status
- ◎ What has worked/not worked in the past
- ◎ Strengths and weaknesses

### 2. External Assessment

- ◎ Trends and advancements
- ◎ Best practices
- ◎ Policy and funding impacts
- ◎ Opportunities and challenges



# Environmental Scan

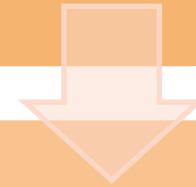
Compile all data/information



Organize and summarize



Analyze and identify themes



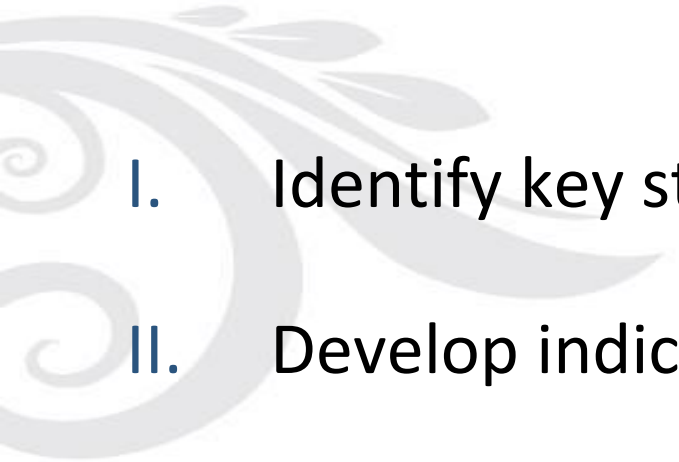
Strategic issues and priorities



**Identify** strategic priority areas & indicators

Selecting and setting the priorities

## Phase III goals

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- I. Identify key strategic issues
  - II. Develop indicators
  - III. Review vision, guiding principles

*Putting it all together...*



*...Bridging the gaps.*

## Summary of SF COH *gaps*

- Caries prevalence has decreased by 17% from 2000 to 2010 - this is good news! But disparities by income, neighborhood and ethnicities are worsening.
- More than 1 in 4 low-income preschoolers and 1 in 5 kindergarteners have untreated caries!
- ½ of Denti-Cal covered children are not utilizing dental services!

## Summary of SF COH gaps

- Limited access to dental care available to kids due to a small dental safety net
- Underutilized fluoride varnish and sealants
- Insufficient case management to follow up on widespread screening
- Lack of awareness of the importance of oral health among parents/caregivers and pregnant women - current efforts are uncoordinated
- Lack of data and infrastructure to monitor and analyze SF children's oral health status





# Strategic priority areas

- Access
- Integration
- Promotion
- Evaluation & Coordination

# Indicators

## Caries Experience:

- Reduce the percentage of kindergartners with dental caries experience from 37% in 2012 to 27% in 2017

## Untreated Decay:

- Reduce the percentage of kindergartners with untreated dental decay from 16% in 2012 to 8% in 2017

## Caries Disparities:

- Reduce the caries experience gap between Kindergarten children of color and White kindergarteners from a 20 percentage point difference in 2012 to a 15 percentage point difference in 2017, a relative reduction of 25%.

# Indicators

## Access:

- Increase the percentage of children on Medi-Cal under age 10
  - who received any dental service billed to Denti-Cal during the past year by an absolute increase of 10%
  - who have seen a dental provider by age 1 by an absolute increase of 10%
- Increase the percentage of women on Medi-Cal that had a dental visit during pregnancy by an absolute increase of 20%

# Indicators

## Dental Sealants:

- Increase the percentage of low-income children in San Francisco Unified School District (SFUSD) aged 7-8 years old who have received dental sealants on their permanent molar teeth by an absolute increase of 10%. (FY 12/13 sealants applied on 248 second graders.)



## **Develop strategic plan**

Develop strategies and tactics

# Retreat breakout groups



Purpose: to develop 3-5 bold ideas to address each strategic area



Strategies and tactics

1. Review background of problem
2. Identify best/promising practices
3. Brainstorm most effective strategies
4. Choose 3-5
  - Identify possible funding/financing
  - What policy or systems change needed?
  - Identify potential partners/collaborators
  - Identify major challenges to success



# Work groups



Purpose: to *further* develop strategies and tactics

1. Draft overarching strategy
2. Draft 3-5 tactics for each strategy
  - Identify possible funding/financing
  - What policy or systems change needed?
  - Identify possible partners/collaborators and the overall “champion”
  - Identify measureable outcomes
3. Process
  - Assign a Chair
  - 8-12 members/workgroup
  - Meet three times



# Prioritizing tactics within strategies

- ◎ Online survey to Steering Committee
- ◎ Assign priority to each tactic as Low, Medium, or High based on:
  - Effectiveness - Impact on health outcome and indicators
  - Feasibility - Ease, expertise, cost of implementation 3 years



## San Francisco Children's Oral Health Strategic Plan 2014-2017



Coordinated by  
San Francisco Health  
November 2014

## ACKNOWLEDGMENTS

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## Overarching 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.





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

**Tactics:**

1. Establish a sustainable funding stream
2. Increase service delivery to settings children and families frequent
3. Expand the oral health program at San Francisco Unified School District
4. Expand safety net dental provider capacity to serve low-income young children and pregnant women
5. Expand Case Management



# Integration

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Strategy: **Integrate oral health with overall health**

Tactics:

1. Institute fluoride varnish applications and oral health education in well child pediatric visits and immunizations
2. Standardize Electronic Medical Records
3. Incorporate oral health care for children more prominently into the Managed Care Health Plans
4. Provide trainings and resources to medical providers



# Promotion

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

**Tactics:**

1. Coordinate oral health education citywide
2. Integrate oral health promotion into overall health promotion
3. Develop and include consistent, culturally relevant messaging of appropriate health literacy levels in all education efforts
4. Organize and mobilize most-impacted communities to develop and implement culturally specific oral health education campaigns relevant to their neighborhoods



# Evaluation



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

**Tactics:**

1. Increase infrastructure at DPH and SFUSD for data collection, analysis, and dissemination
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
3. Coordinate efforts to identify and obtain the resources needed for ongoing data collection and analysis
4. Document and disseminate annual reports to key stakeholders to build understanding of importance of oral health and inform intervention development and program planning



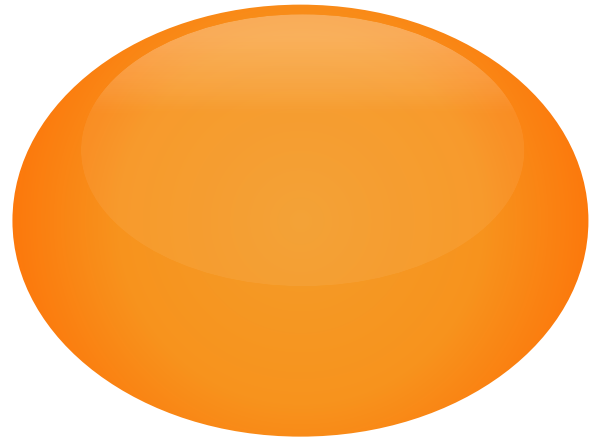
# Coordination



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

**Tactics:**

1. Identify and establish a committee that will provide oversight of the implementation, prioritization, and quality assurance of the Strategic Plan
2. Develop workgroups for each of the strategies to enact the implementation of its tactics
3. Increase infrastructure and staffing at SF DPH to support the coordination of the implementation of the Strategic Plan



# **Community Health Needs Assessment for the new Strategic Plan**

Round 2



# Refined Needs Assessment for 2019

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Variables included:

- % of Kindergarten children with caries experience
- % of Kindergarten children with untreated caries
- Clinics accepting Denti-Cal for children under age 5y (*survey*)
- # of Head Start children referred to dental care and received it
- % of Denti-cal eligible children ages 0-2y who received dental care



# Additional Research

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## Completed:

- Focus Groups by our 3 Task Forces to understand barriers in accessing dental care
- Dental Survey

## *In progress for MCAH Needs Assessment (5y):*

- *medi-cal clinics not implementing FV*
- *capacity to serve children with special health care needs*
- *provider perspective on not serving Denti-Cal children 0-5yo*
- *health worker perspective on challenges patients face*



# Challenges for this current needs assessment

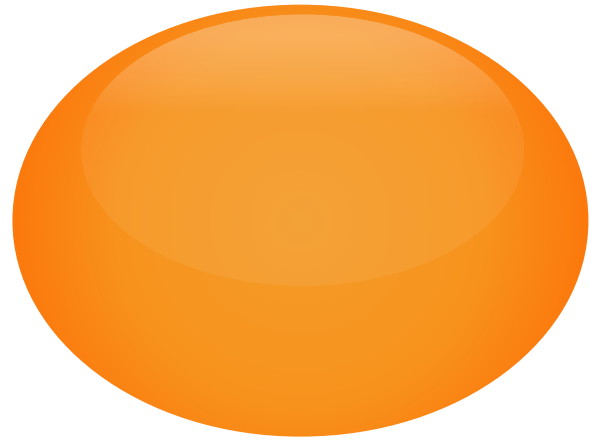
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## Systematic data collection and reporting

- what are people reporting vs what do we want to know
- who is responsible to collect data and develop reports, who is the collector of the reports and who disseminates information
- accessibility of data (red tape and regular availability)







## Mapping Resources



# Mapping Resources

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## What we wanted to know:

- Pediatric clinics accepting children with Disabilities
- # of clinics accepting Denti-Cal patients by Zip Code
- # of specialty pediatric clinics treating 0-5y Denti-Cal patients
- Capacity of dental clinics to provide care to 0-5y Denti-Cal eligible children
- Wait times for children to see a Denti-Cal dentist

## How we learned:

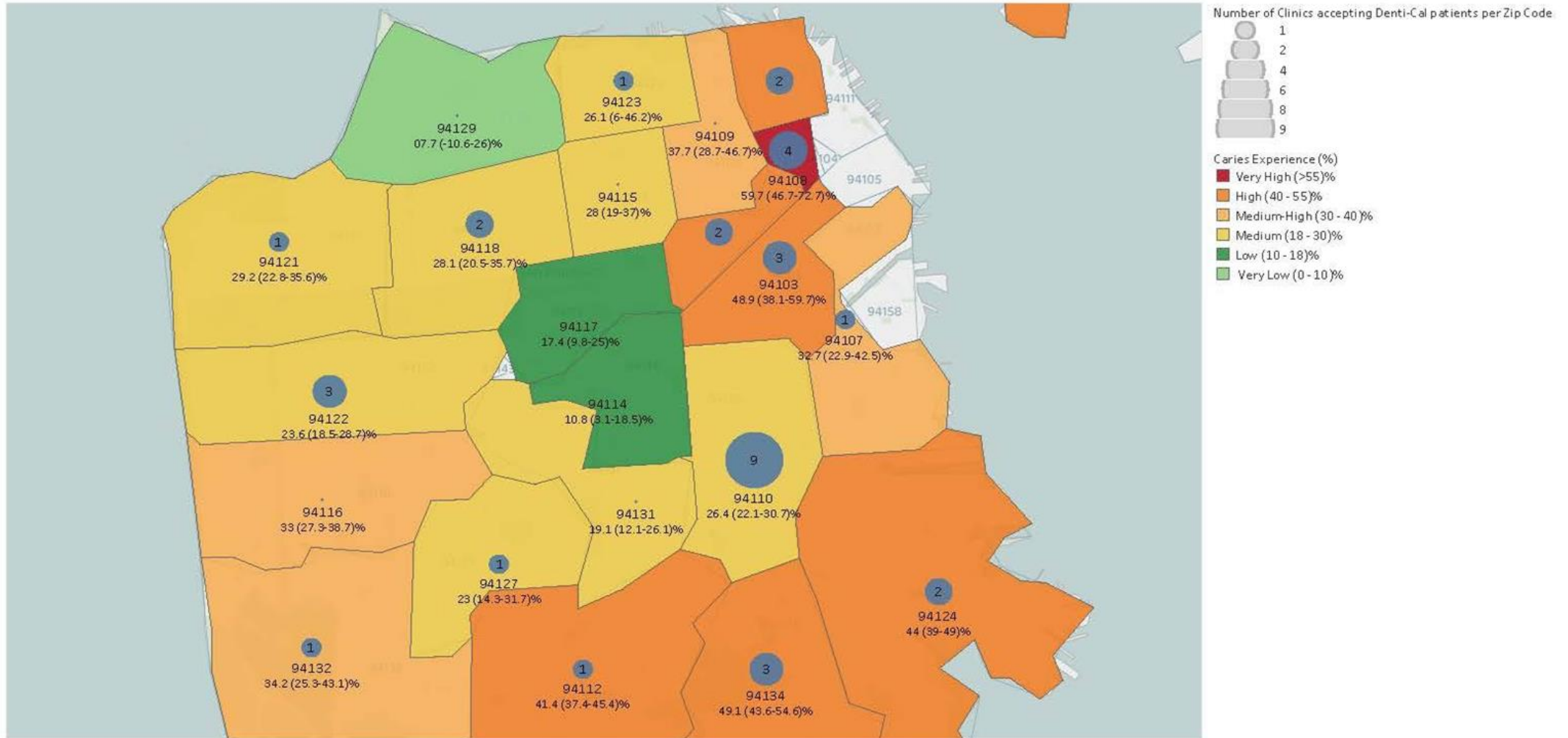
- Cross sectional Survey. Questionnaire sent to each DHCS eligible dental clinic via an online survey. \$50 gift card for non-anon participants.





# # of Clinics accepting Denti-Cal patients by caries experience & zipcode

Number of Clinics accepting Denti-Cal patients by caries Experience and Zip Code



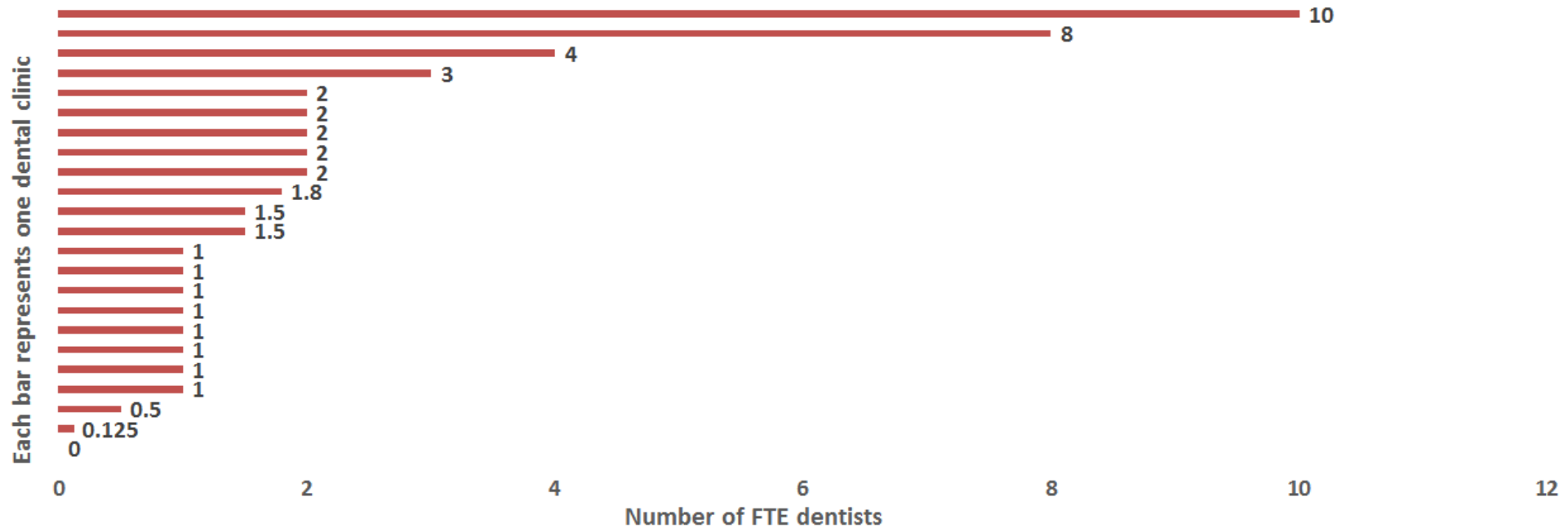
Map based on Longitude (generated) and Latitude (generated) and Latitude (generated). The marks are labeled by Zip Code. Details are shown for Zip Code. For pane Latitude (generated): Color shows details about Caries exp KPI. The marks are labeled by Zip Code and sum of Number of Records (DC in SF - DentiCal Peds+ (DentiCal Map sheet)). For pane Latitude (generated): (2): Size shows sum of Number of Records (DC in SF - DentiCal Peds+ (DentiCal Map sheet)). The marks are labeled by Zip Code (DC in SF - DentiCal Peds+ (DentiCal Map sheet)), Zip Code and K caries exp. The data is filtered on Year, which keeps 2015-2016. The view is filtered on Caries exp KPI, which excludes Null.

# How many FTE dentists serve Denti-Cal eligible children?

## Question 3

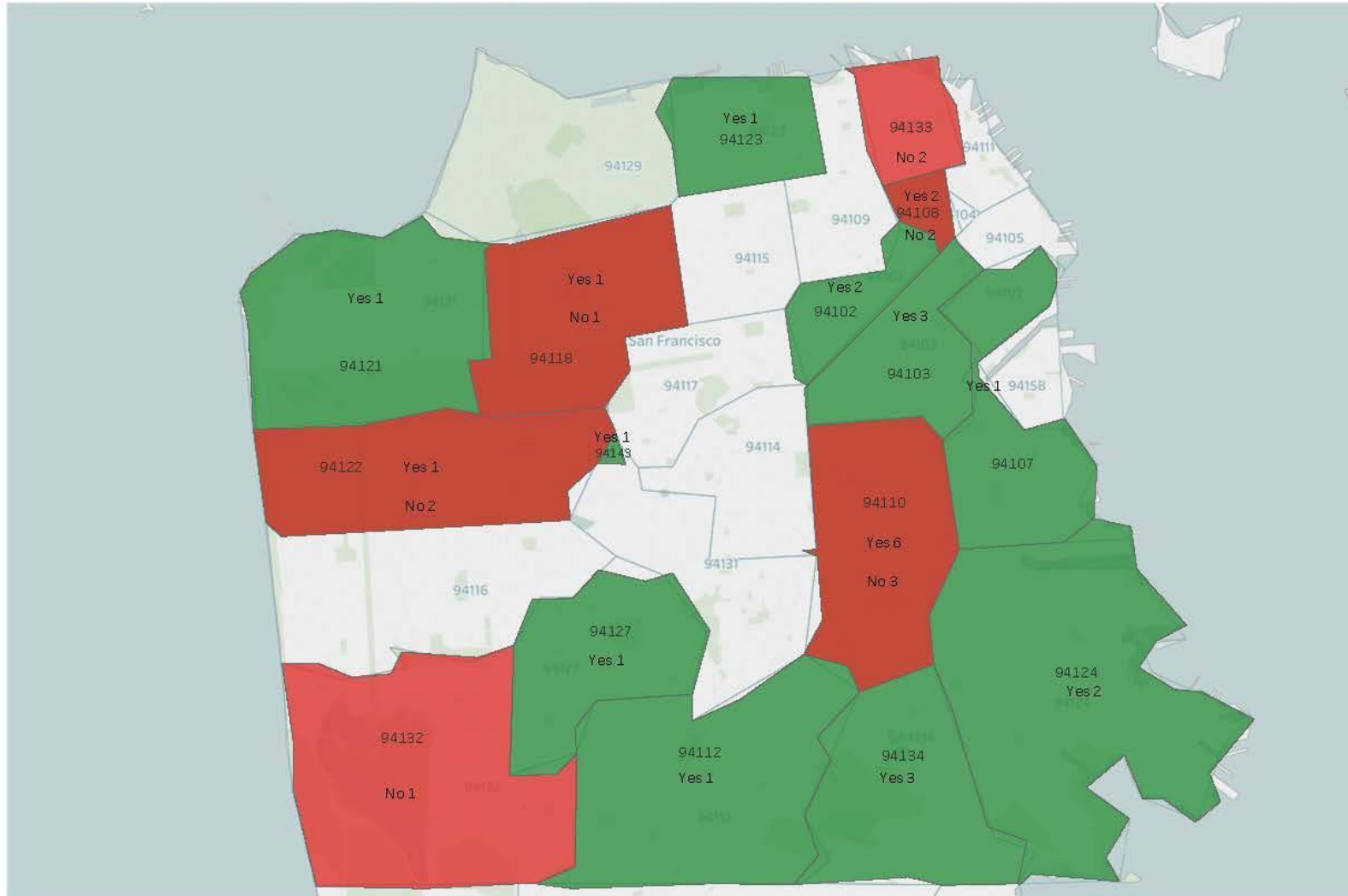
- There were 48 FTE dentists at clinics that accepted Denti-Cal eligible children
- 6 FTE dentists were not currently accepting new patients
- **42 FTE dentists** were available to serve **18,342 Denti-Cal eligible** children ages 0 to 5 years in San Francisco

How many FTE (Full Time Equivalent) Dentists treat children in your clinic? (1 FTE = 4 days/week; 1/2 FTE = 2 days/ week)

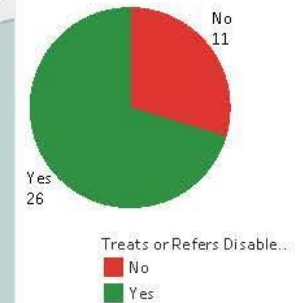


# Pediatric clinics accepting children with disability

Pediatric clinics accepting (treating or referring) children with Disability



Pie Chart of Clinics treating children with Disability



## Note:

Some Zip Codes in San Francisco have multiple clinics accepting Denti-Cal Pediatric patients. Not all of them accept children with disability. Hence those zip codes are colored red even though there are some clinics offering care to children with disability.

Only colored zip codes offer care to Denti-cal patients. Zip codes in white don't have clinics/dentists accepting Denti-Cal patients



# Thank You

For questions, please contact Prasanthi Patel at  
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