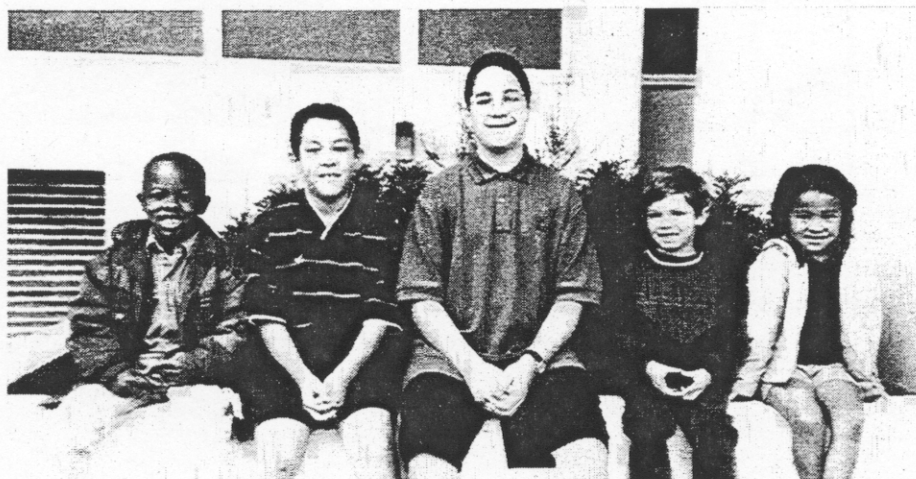


Dental Health Report for San Francisco 1998



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San Francisco Department of Public Health
Dental Bureau

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Executive Summary

- This effort was undertaken to paint a picture of the dental health status of San Francisco's low-income children and available dental services.
- Twenty percent (20%) of all children in San Francisco live in poverty.
- Forty-six percent (46%) of low-income children have untreated tooth decay compared with 27% nationally.
- Eighteen percent (18%) of low-income children attending preschool have untreated decay.
- Only 6% of low-income children have protective sealant on their teeth compared to 10% in California and 21% nationally.
- Very few children aged birth to 3 years have access to dental services.
- Data does not exist for San Francisco's teen, adult or senior populations, therefore, a citywide oral health needs assessment should be implemented.
- San Francisco is 100% fluoridated.

Preface and Methods

This work was undertaken to paint a picture of the dental health status of San Francisco's low-income children and the current dental health service delivery system. We sent out surveys to all agencies who serve the dental needs of San Francisco residents to solicit information on available services and screening data which provided us with indications of residents' dental health and the number of services available to them. We received data from all agencies surveyed. However, information for dental schools does not reflect data for all clinics. Data collected are for the 1996-1997 fiscal year (July-June). The screening data which were collected during school oral screenings reflects oral health status for children. Information on available services however, relates to all ages in most cases. In the future, funding will be sought to perform a formal city-wide needs assessment to determine the oral health needs of all residents. This survey is a compilation of existing data currently held by local agencies, and, therefore is not complete. None of the agencies currently collect data on the oral health status of adults. Most agencies which perform screenings target children in an effort to access children early as possible to needed preventive and treatment services.

It is well documented by the Child Health and Disability Prevention Program (CHDP) that dental disease is the most commonly seen health problem experienced by children in San Francisco and in California. Dental disease is easy and inexpensive to prevent and yet we continue to see high rates of untreated oral diseases. We consider this to be our "Silent Epidemic."

It is our hope policymakers, funders, program planners, educators, health care workers, and advocates and agencies will use this information to advocate for services to improve the oral health and well-being of San Francisco's population.

Overview

This report is a first step toward an informed citywide dental health policy. It is an effort to compile information in order to:

- Describe the oral health status of low-income children in San Francisco.
- Identify priorities for and concerns about dental health and services for planning efforts.
- Define key issues for the effective delivery of dental health services.
- Keep all of us informed regarding the oral health needs of San Franciscans.

San Francisco Demographics

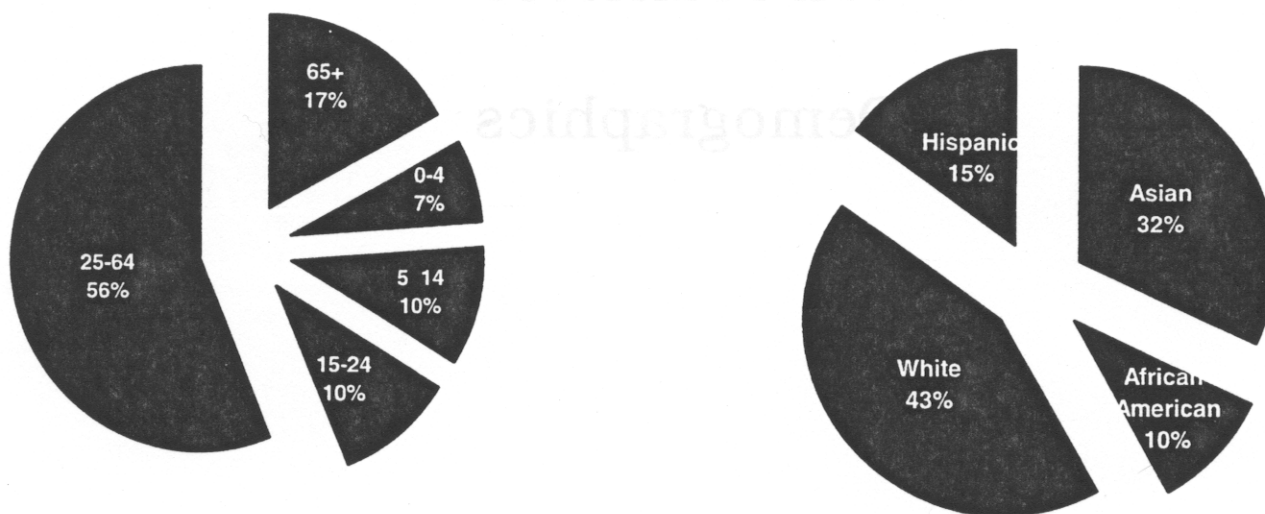
San Francisco's population grew from 728,900 in 1990 to 768,263 in 1996 for a 5% increase. San Francisco has a different demographic profile than most other cities in California, having a smaller proportion of children and youth. San Francisco also has a more ethnically diverse population than California.

San Francisco Demographics

San Francisco Demographics

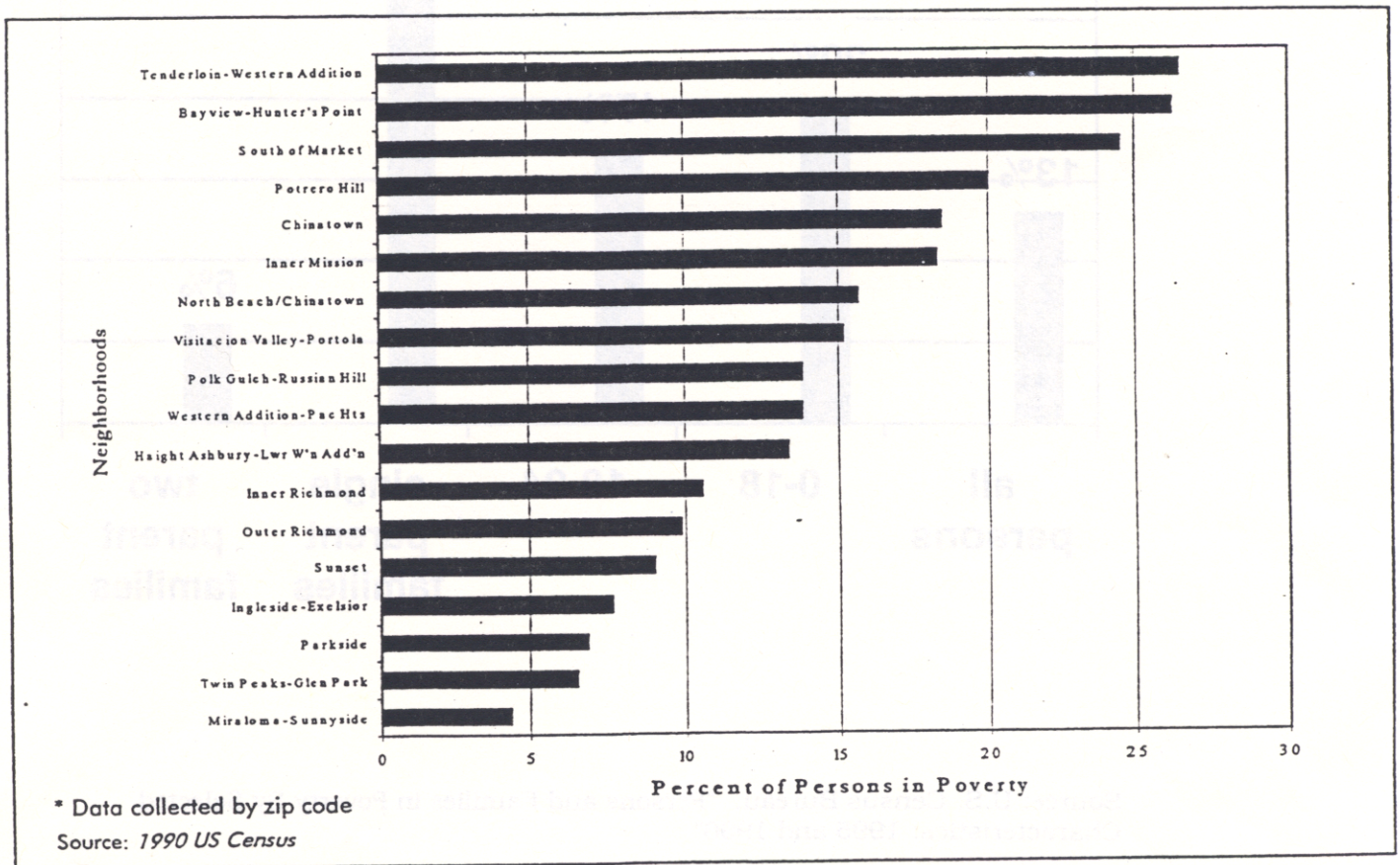
San Francisco's population grew from 723,900 in 1990 to 768,263 in 1996 for a 6.2% increase. San Francisco has a different demographic profile than most other cities in California, having a smaller proportion of children and youth. San Francisco also has a more ethnically diverse population than California.

Figure 1.
San Francisco Population: by Age Group and Ethnicity, 1996



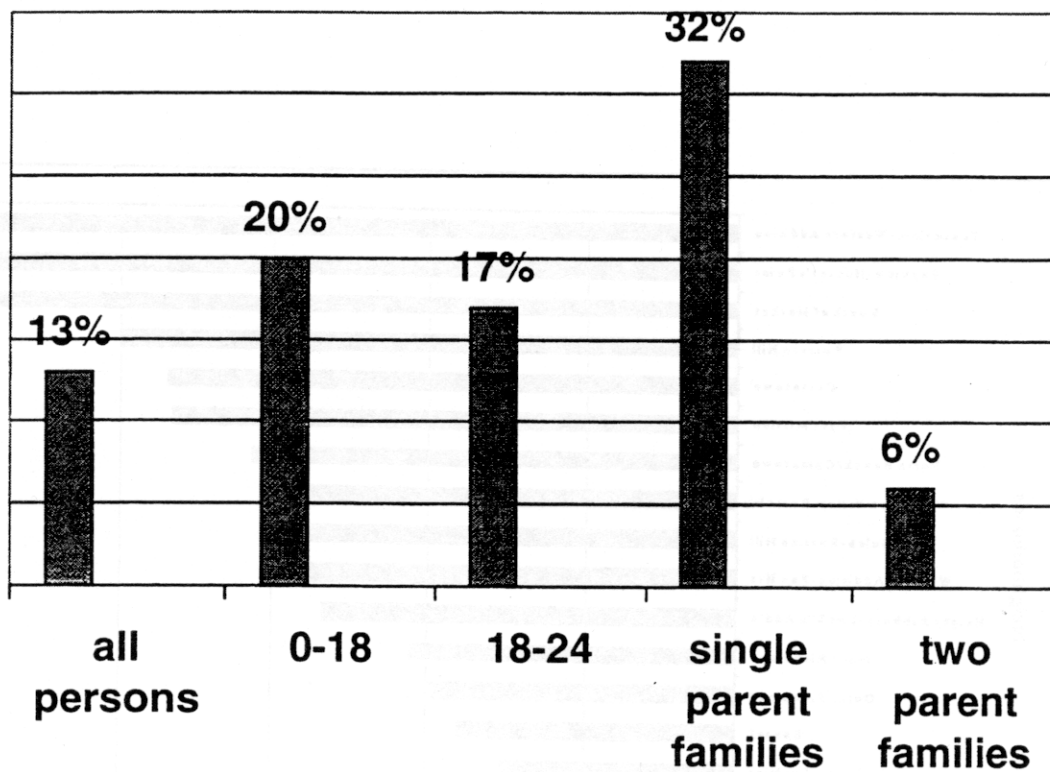
Poverty and socioeconomic conditions are important considerations when assessing health status because it has been shown to be associated with poor health outcomes and lack of access to adequate health care.

Figure 2
Percent of Persons in Poverty by Neighborhood
San Francisco, 1990



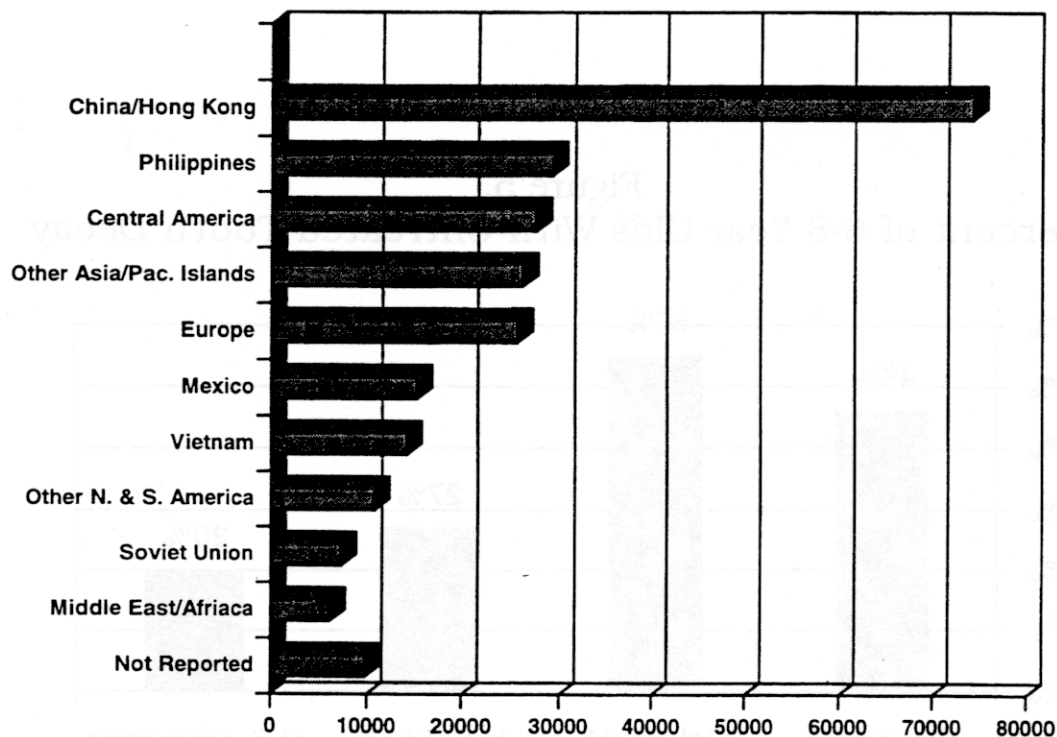
Source: 1990 U.S. Census

Figure 3.
Poverty by Age, 1993



Source: U.S. Census Bureau. "Persons and Families in Poverty By Selected Characteristics: 1995 and 1996"

Figure 4.
Foreign-Born Population, San Francisco, All Ages (1990)

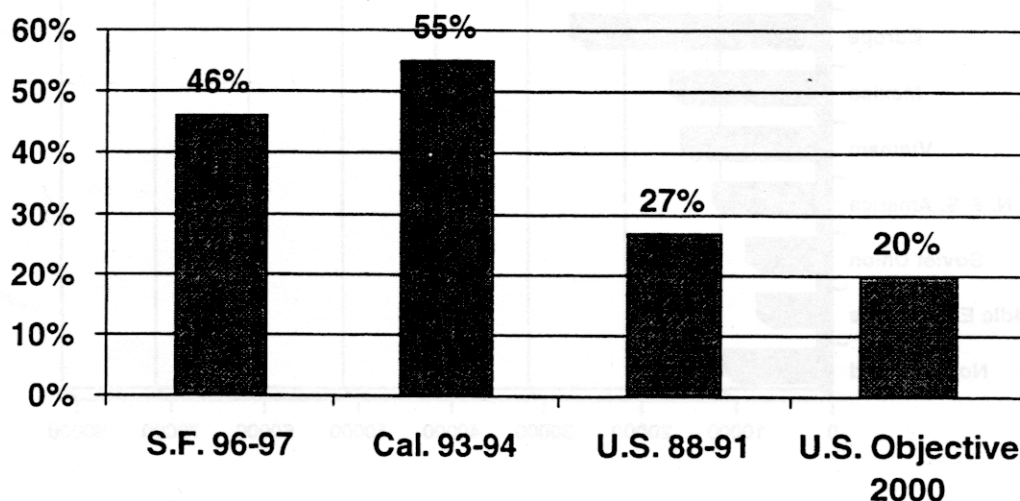


Total Foreign-Born, San Francisco, 1990: 246,034, 34% of San Francisco Population

SOURCE: "Newcomer Children in San Francisco: Their Health and Well-Being," Child Health Initiative for Immigrant/Refugee Newcomers Project/San Francisco Department of Public Health (1995)

The percent of untreated tooth decay in San Francisco is higher than that of children nationally. However, it must be noted that screenings were targeted to the poorest children attending public schools and, therefore, is not a representative sample of all children in San Francisco. Furthermore, the use of protective sealant on children's molar teeth is also lower than both the state and national averages.

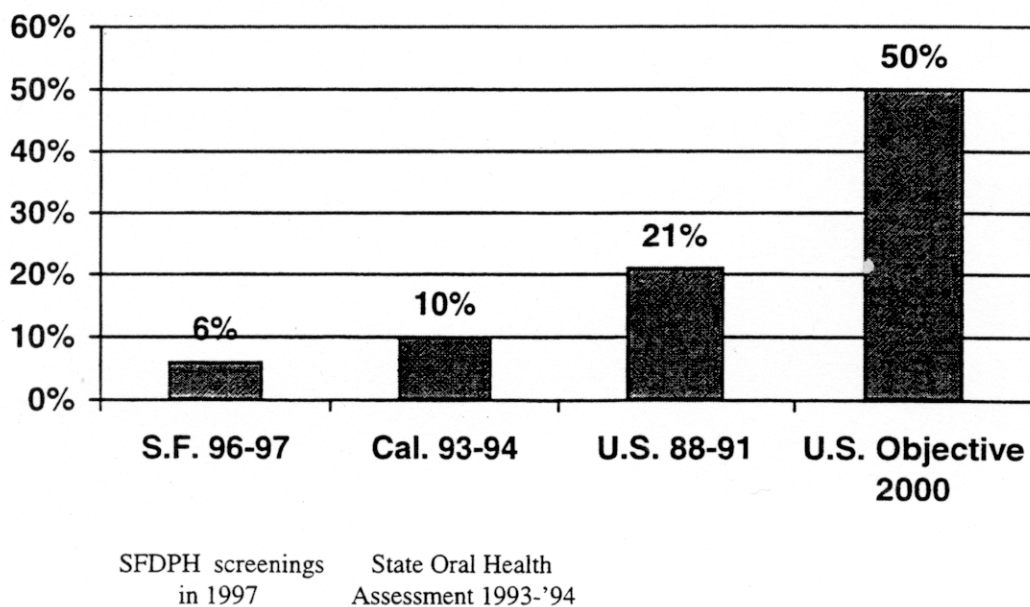
Figure 5.
Percent of 6-8 Year Olds With Untreated Tooth Decay



SFDPH screenings in
20 elementary schools

Figure 5 Source: The Oral Health of California's Children: A Neglected Epidemic, The Dental Health Foundation, 1997 and school screenings at selected schools in San Francisco, 1998

Figure 6.
8 Year Olds Who Have Received Protective Sealants On
Permanent Molars (Preventing Tooth Decay)



Figures 6 Source: The Oral Health of California's Children: A Neglected Epidemic, The Dental Health Foundation, 1997 and school screenings at selected schools in San Francisco, 1998

Healthy People - Year 2000 National Oral Health Objectives

The Office of Disease Prevention and Health Promotion, a division of the Federal Department of Health and Human Services, sets Healthy People 2000 objectives. These objectives outline three broad goals of increasing the span of healthy life, reducing health disparities, and achieving access to essential preventive services. Followed are the Healthy People 2000 objectives for oral health. However, in 1999 the new Healthy People 2010 objectives are due to be released.

Healthy People 2000

National

Oral Health

Objectives

1. The Department will set health objectives in 2000 and the target rate for filled and sealed cavities to be 66% for children aged 5-17.

2. The Department will set health objectives in 2000 and the target rate for filled and sealed cavities to be 66% for children aged 5-17.

3. The Department will set health objectives in 2000 and the target rate for filled and sealed cavities to be 66% for children aged 5-17.

Healthy People - Year 2000 National Oral Health Objectives

The Office of Disease Prevention and Health Promotion, a division of the federal Department of Health and Human Services, sets Healthy People 2000 objectives. These objectives outline three broad goals of increasing the span of healthy life, reducing health disparities, and achieving access to clinical preventive services. Following are the Healthy People 2000 objectives for oral health, however, in 1999 the new Healthy People 2010 objectives are due to be released.

Oral Health

Health Status Objectives

1

Reduce dental caries (cavities) filled and unfilled so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 35 percent among children aged 6 through 8 and no more than 60 percent among adolescents aged 15.

S. F. Department of Public Health screenings in 96-97 found the caries rate for filled and unfilled caries to be 66 % for children aged 5 -10.

2

Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 15 percent among adolescents aged 15.

S. F. Department of Public Health screenings in 96-97 found the untreated decay rate to be 37 % for children aged 5 -10. In 97-98 it was 46%.

3

Increase to at least 45 percent the proportion of people aged 35 through 44 who have never lost a permanent tooth due to dental caries or periodontal diseases.

4

Reduce to no more than 20 percent the proportion of people aged 65 and older who have lost all of their natural teeth.

5

Reduce the prevalence of gingivitis among people aged 35 through 44 to no more than 30 percent.

6

Reduce destructive periodontal diseases to a prevalence of no more than 15 percent among people aged 35 through 44.

7

Reduce deaths due to cancer of the oral cavity and pharynx to no more than 10.5 per 100,000 men aged 45 through 74 and 4.1 per 100,000 women aged 45 through 74.

Risk Reduction Objectives

8

Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth. (Baseline: 11 percent of children aged 8 and 8 percent of adolescents aged 14 in 1986-87).

S. F. Department of Public Health screenings in 96-97 found
6 % of children aged 5-10 had protective sealants.

9

Increase to at least 75 percent the proportion of people served by community water systems providing optimal levels of fluoride. (Baseline: 62 percent in 1989).

San Francisco is 100 % fluoridated.

10

Increase use of professionally or self-administered topical or systemic (dietary) fluorides to at least 85 percent of people not receiving optimally fluoridated public water.

11

Increase to at least 75 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay.

Services and Protection Objectives

12

Increase to at least 90 percent the proportion of all children entering school programs for the first time who have received an oral health screening, referral, and follow-up for necessary diagnostic, preventive, and treatment services. (Baseline: 66 percent of children aged 5 visited a dentist during the previous year in 1986).

Note: School programs include Head Start, pre-kindergarten, kindergarten and 1st grade.

13

Extend to all long-term institutional facilities the requirement that oral examinations and services be provided no later than 90 days after entry into these facilities.

Note: Long-term institutional facilities include nursing homes, prisons, juvenile homes, and detention facilities.

14

Increase to at least 70 percent the proportion of people aged 35 and older using the oral health care system during each year. (Baseline: 54 percent in 1986).

15

Increase to at least 40 the number of States that have an effective system for recording and referring infants with cleft lips and/or palates to craniofacial anomaly teams. (Baseline: In 1988, approximately 25 States had a central recording mechanism for

cleft lip and/or palate and approximately 25 States had an organized referral system to craniofacial anomaly teams).

16

Extend requirement of the use of effective head, face, eye and mouth protection to all organizations, agencies, and institutions sponsoring sporting and recreation events that pose risks of injury. (Baseline: Only National Collegiate Athletic Association football, hockey, and lacrosse; high school football; amateur boxing; and amateur ice hockey in 1988).

20

21

Dental Health Needs in San Francisco

The following is a list of dental clinics in San Francisco which serve the population. Immediately after, is information regarding each individual clinic or program.

Carson Dental Clinic
1345 Alabama Street 624-2330 x 932

Good Samaritan Family Resource Center
1345 Polaris Avenue 324-8473

* Agency training health workers to help access clients to health

San Francisco Agencies

Native American Health Center Dental Clinic
260 Alvarado Street 621-8050

Serving Dental Health Needs

Services and Screening Data

San Francisco Department of Public Health Dental Clinics

- * Chinatown Dental Health Center
1440 Market Street 776-0232
- * Elderly Adult Dental Health Center
1515 Stockton Avenue 776-1210
- * Polaris Family Health Center
1345 Polaris Avenue 324-8473
- * Community Health Center
2001 Polaris Avenue 324-8473
- * San Francisco Dental Health Center
212 Washington Street

San Francisco Department of Public Health Dental Clinics
1345 Polaris Avenue 324-8473
1345 Polaris Avenue 324-8473

San Francisco Agencies Serving Dental Health Needs in San Francisco

The following is a list of dental clinics in San Francisco which serve the population. Immediately after, is information regarding each individual clinic or program.

Carecen Dental Clinic

1245 Alabama Street 824-2330 x 932

Good Samaritan Family Resource Center

1294 Potrero Avenue 824-9475

- Agency training health workers to help access clients to health care

Native American Health Center Dental Clinic

56 Julian Street 621-8056

North East Medical Center Dental Clinic

1520 Stockton St. 391-9686

San Francisco Children's Dental Health Committee

- Consortium of agencies sharing information and providing dental screenings to San Francisco children.
- San Francisco Dental Society phone number: 421-1435

San Francisco Department of Public Health Dental Clinics

- Chinatown Public Health Center
1490 Mason St. 705-8536
- Silver Avenue Family Health Center
1525 Silver Avenue 715-0330
- Potrero Hill Health Center
1050 Wisconsin St. 648-7609
- Southeast Health Center
2401 Keith Street 715-4066
- Youth Guidance Center
375 Woodside Blvd.

San Francisco General Hospital Oral Surgery Clinic

1001 Potrero Ave. 206-8104

- A University of California Residency Program

San Francisco Unified School District

- School Health Programs Office (coordinates agencies providing oral screenings)

1512 Golden Gate Avenue. 749-3400

South of Market Health Center Dental Clinic

551 Minna Street 626-2380

University of California San Francisco School of Dentistry

707 Parnassus Ave. 476-1891

- Emergency Clinic 476-5814
- Oral Surgery Clinic 476-1316
- Orthodontic Clinic 476-2814
- Children's Clinic 476-3276
- Family Dental Center @ San Francisco General Hospital
1001 Potrero Ave. 476-5692
- U.C. Buchanan Community Clinic
100 Buchanan St. 476-5608

University of the Pacific School of Dentistry

2155 Webster St. 929-6501

- Emergency Clinic 929-6501
- Children's Clinic 929-6550
- Orthodontic Clinic 929-6555
- Oral Surgery Clinic 929-6473
- Disabled or

Medically Compromised 929-6675

- HIV Positive Patients
(Ryan White Care Office) 929-6448

Veteran's Administration Dental Clinic

4150 Clement Street 750-2046

For Veterans Only.

SCREENING RESULTS (95-96):

- 1006 students from the following 5 schools

- Commodore Stockton
- Edison
- Cesar Chavez
- Leonard Flynn
- Mission Education Center

Decay Status	Number	Percent
Children with Untreated Decay	207	21 %
Children with Urgent Needs	172	17 %

Status of Dental Health in San Francisco

Good Samaritan Family Resource Center

1294 Potrero Avenue
San Francisco, CA. 94110
824-9475

Good Samaritan Family Resource Center provides an integrated system of services and referrals for 650 immigrant newcomer and low-income families. They have built an infrastructure of connected, interdisciplinary service systems so that families can readily access needed services to rebuild family strength, stability and self sufficiency within their first few years in the new country. They use a four-pronged approach, the key components are: health; child development, education and cultural enrichment; family support and economic development. They provide many of these services through the Interagency Lifeline Collaborative which is a cooperative relationship between Good Samaritan, San Francisco Department of Public Health, KQED, St. Luke's Hospital, City College and CARECEN Community Agency.

There are no direct services offered. Good Samaritan coordinated screenings at the following schools:

- Bryant
- Cesar Chavez
- George R. Moscone
- Head Start - 362 Capp St. and 3013 - 24th Street
- Leonard Flynn
- Mission Education Center
- Monroe
- Visitacion Valley

SCREENING RESULTS (96-97):

- 869 students screened.

Decay Status	Number	Percent
Children with Untreated Decay	464	53 %
Children with Urgent Needs	64	7 %

Status of Dental Health in San Francisco

Native American Health Center

56 Julian Avenue
San Francisco, CA. 94103
621-8056

The Native American Health Center is located in the Mission District of San Francisco and services are available to all residents.

SERVICES OFFERED:

<u>X</u>	DentiCal Accepted
<u>X</u>	Insurance Accepted
<u>X</u>	Sliding Scale or Reduced Fees
<u> </u>	Will treat some hardship cases free of charge
<u>X</u>	Provide Comprehensive Care
<u> </u>	Provide only Limited Care
<u>X</u>	Provide Prevention Services
<u> </u>	Teaching Institution (dentistry done by students)
<u> </u>	Special Programs (e.g. AIDS clinic AEGD clinics)
<u> </u>	Number of patients seen during most recent previous year
<u>3,000</u>	Number of patient visits during most recent previous year

Age Groups Treated:

<u>X</u>	Birth - 3
<u>X</u>	3 - 12
<u>X</u>	12 - 18
<u>X</u>	18 & older
(3000 Total)	

Patient	Number	Dental Status
64	87	Children with Untreated Decay
9	12	Children with Urgent Needs

Status of Dental Health in San Francisco

North East Medical Services Dental Clinic

1520 Stockton Street
San Francisco, CA. 94133
391-9686 x 240

North East Medical Services Dental Clinic is located in Chinatown and is open to the public.

SERVICES OFFERED:

<u> X </u>	DentiCal Accepted
<u> X </u>	Insurance Accepted
<u> X </u>	Sliding Scale or Reduced Fees
<u> </u>	Will treat some hardship cases free of charge
<u> X </u>	Provide Comprehensive Care
<u> </u>	Provide only Limited Care
<u> X </u>	Provide Prevention Services
<u> </u>	Teaching Institution (dentistry done by students)
<u> </u>	Special Programs (e.g. AIDS clinic AEGD clinics)
<u>3,500</u>	Number of patients seen during most recent previous year
<u> </u>	Number of patient visits during most recent previous year

Age Groups Treated:

<u> </u>	Birth - 3
<u> X </u>	3 - 12
<u> X </u>	12 - 18
<u> X </u>	18 & older
(3500 Total)	

SCREENING RESULTS (96-97):

- 136 students were screened at the Chinese Parents Committee School.

Decay Status	Number	Percent
Children with Untreated Decay	87	64 %
Children with Urgent Needs	12	9 %

Status of Dental Health in San Francisco

San Francisco Dental Society

2143 Lombard Street

San Francisco, CA. 94123-2712

928-7337

San Francisco Dental Society is a professional organization for licensed dentists which provides many volunteer services including free screenings for low-income children.

SERVICES OFFERED:

- ☐ DentiCal Accepted
- ☐ Insurance Accepted
- ☐ Sliding Scale or Reduced Fees
- ☐ Will treat some hardship cases free of charge
- ☐ Provide Comprehensive Care
- ☐ Provide only Limited Care
- ☒ X* Provide Prevention Services
- ☐ Teaching Institution (dentistry done by students)
- ☐ Special Programs (e.g. AIDS clinic AEGD clinics)
- ☐ Number of patients seen during most recent previous year
- ☐ Number of patient visits during most recent previous year

* Provides free dental screenings

SCREENING RESULTS (96-97):

- 282 students from 4 schools:
 - Harvey Milk Elementary School
 - Alice Fong Yu School
 - Alamo School
 - Sutro School

Decay Status	Number	Percent
Children with Untreated Decay	43	15 %
Children with Urgent Needs	12	9 %

Status of Dental Health in San Francisco

University of California San Francisco (UCSF) - Dental Care For The Homeless

5th and Bryant Shelter

San Francisco, CA.

476-9871

UCSF Dental School provides both general and specialized dental services to the public. Additionally they provide special programs like "Dental Care For The Homeless" which is run by faculty and students where homeless adults are screened at a shelter and then referred to the dental school for treatment.

SERVICES OFFERED:

<u> X </u>	DentiCal Accepted
<u> X </u>	Insurance Accepted
<u> X </u>	Sliding Scale or Reduced Fees
<u> </u>	Will treat some hardship cases free of charge
<u> X </u>	Provide Comprehensive Care
<u> </u>	Provide only Limited Care
<u> </u>	Provide Prevention Services
<u> X </u>	Teaching Institution (dentistry done by students)
<u> X </u>	Special Programs (e.g. AIDS clinic AEGD clinics)
<u> 300*</u>	Number of patients seen during most recent previous year
<u> </u>	Number of patient visits during most recent previous year

Age Groups Treated:

<u> </u>	Birth - 3
<u> </u>	3 - 12
<u> </u>	12 - 18
<u> X </u>	18 & older
(300 Total)	

* Screened at 5th and Bryant Shelter for the Homeless**

** 60 of the 300 people treated by students at UCSF.

Status of Dental Health in San Francisco

University of California San Francisco (UCSF) Family Dental Center

1001 Potrero Avenue
Building 20 - Room 2203
San Francisco, CA. 94110
476-5692
fax: 476-0416

UCSF "Family Dental Center" is one of two clinics for undergraduate dental students and graduate pediatric residents which UCSF runs in the community outside the main campus. This site is located at San Francisco General Hospital, and the second clinic is located on Buchanan Street in the Western Addition.

SERVICES OFFERED:

<u> X </u>	DentiCal Accepted
<u> X </u>	Insurance Accepted
<u> </u>	Sliding Scale or Reduced Fees
<u> X </u>	Will treat some hardship cases free of charge
<u> X </u>	Provide Comprehensive Care
<u> </u>	Provide only Limited Care
<u> </u>	Provide Prevention Services
<u> X </u>	Teaching Institution (dentistry done by students)
<u> X </u>	Special Programs (e.g. AIDS clinic AEGD clinics)
<u> </u>	Number of patients seen during most recent previous year
<u> </u>	Number of patient visits during most recent previous year

Age Groups Treated:

<u> X </u>	Birth - 3
<u> X </u>	3 - 12
<u> X </u>	12 - 18
<u> X </u>	18 & older

OTHER SERVICES:

- Free Diabetes Screening Center
- Pediatric Services

SCREENING RESULTS (96-97):

- 33 students from 2 pre-schools:

- Buchanan YMCA
- UCSF Mission Center

Decay Status	Number	Percent
Children with Untreated Decay	4	12 %
Children with Urgent Needs	2	6 %

- 780 students from 6 elementary schools:

- Buena Vista
- Chinatown Community Center
- Glen Park
- Starr King
- Grattan
- Las Americas

Decay Status	Number	Percent
Children with Untreated Decay	241	31 %
Children with Urgent Needs	37	5 %

- 204 students from Ben Franklin Middle School

Decay Status	Number	Percent
Children with Untreated Decay	67	33 %
Children with Urgent Needs	14	7 %

- 343 Students from Newcomer High School

Decay Status	Number	Percent
Children with Untreated Decay	138	40 %
Children with Urgent Needs	43	13 %

Status of Dental Health in San Francisco

University of the Pacific - School of Dentistry Pediatric Clinic

2155 Webster Street

San Francisco, CA.

929-6550

fax: 929-6654

University of the Pacific is a private three year dental school located in the Pacific Heights area.

SERVICES OFFERED:

<u>X</u>	DentiCal Accepted
<u>X</u>	Insurance Accepted
<u>X</u>	Reduced Fees AND Faculty Fees
<u>X</u>	Will treat some hardship cases free of charge
<u>X</u>	Provide Comprehensive Care
	Provide only Limited Care
<u>X</u>	Provide Prevention Services
<u>X</u>	Teaching Institution (dentistry done by students)
<u>X</u>	Special Programs (e.g. AIDS clinic AEGD clinics)
	Number of patients seen during most recent previous year
<u>7,000</u>	Number of patient visits during most recent previous year

Age Groups Treated:

<u>X</u>	Birth - 3
<u>X</u>	3 - 12
<u>X</u>	12 - 14
	18 & older
	(7000 Total)

OTHER SERVICES AVAILABLE AT U.O.P.:

- Orthodontics Clinic
- Facial Pain Clinic
- Ryan White Care Clinic (for HIV patients)
- Advanced Education in General Dentistry
- Oral Surgery and all other dental Specialties

Status of Dental Health in San Francisco

Veterans Administration Medical Center Dental Clinic

4150 Clement Street
San Francisco, CA. 94121
750-2046

The Veterans Administration Medical Center is a facility located in the Richmond District which serves veterans.

SERVICES OFFERED:

<u> </u>	DentiCal Accepted
<u> </u>	Insurance Accepted
<u> </u>	Sliding Scale or Reduced Fees
<u> </u>	Will treat some hardship cases free of charge
<u> X </u>	Provide Comprehensive Care
<u> </u>	Provide only Limited Care
<u> X </u>	Provide Prevention Services
<u> </u>	Teaching Institution (dentistry done by students)
<u> X </u>	Special Programs (e.g. AIDS clinic AEGD clinics)
<u> </u>	Number of patients seen during most recent previous year
<u>8,200</u>	Number of patient visits during most recent previous year

Age Groups Treated:

<u> </u>	Birth - 3
<u> </u>	3 - 12
<u> </u>	12 - 18
<u> X </u>	18 & older
(8200 Total)	

- V.A. Hospital treats Veterans only -- no children.
- Affiliated with UCSF for graduate prosthodontics, periodontics and oral surgery residency.

Status of Dental Health in San Francisco

San Francisco Department of Public Health (SFDPH)

Dental Bureau

Potrero Hill Health Center, 1050 Wisconsin Street, 94107 648-7609
 Southeast Health Center, 2401 Keith Street, 94124 715-4066
 Silver Avenue Family Health Center, 1525 Silver Ave., 94134 715-0330
 Chinatown Family Health Center, 1490 Mason St., 94133 705-8536
 Youth Guidance Center, 375 Woodside Blvd., 94127

San Francisco Department of Public Health is a large health department with 6,000 employees serving residents of San Francisco as the safety net provider for those with limited and no access to health care as well as providing core public health functions of assessing health status, advocacy and health policy.

SERVICES OFFERED:

<u>X</u>	DentiCal Accepted
<u>X</u>	Insurance Accepted
<u>X</u>	Sliding Scale or Reduced Fees
<u>X</u>	Will treat some hardship cases free of charge
<u> </u>	Provide Comprehensive Care
<u>X</u>	Provide only Limited Care
<u>X</u>	Provide Prevention Services
<u>*</u>	Teaching Institution (dentistry done by students)
<u> </u>	Special Programs (e.g. AIDS clinic AEGD clinics)
<u> </u>	Number of patients seen during most recent previous year
<u>11,082</u>	Number of patient visits during most recent previous year

Age Groups Treated:

	Birth - 3	
<u>4995</u>	3 - 12	(45%)
<u>1851</u>	12 - 18	(17%)
<u>4236</u>	18 & older	(38%)
(11,082 Total)		

Figures are for Fiscal Year 96-97.

- | | | |
|--------------------|-----------|-------------------|
| • Number of visits | DentiCal | <u>1957</u> (17%) |
| • Number of visits | Insurance | <u>48</u> (.4%) |
| • Number of visits | Uninsured | <u>9155</u> (82%) |

OTHER SERVICES:

- 1) "Share the Care" accessing children screened in public schools to needed treatment with private dentists in the community who treat low-income children without charge.
- 2) Free Saturday dental clinics once a month for children screened in public schools. (This program and "Share the Care" help supplement low cost services run by the Department of Public Health.)
- 3) * Student clinical rotations with universities:
 1. University of California, S. F. Dental Hygiene Program
 2. University of the Pacific, Advanced Education in General Dentistry Residents (1997-98)
 3. University of North Carolina, Dental Students
- 4) Prevention Programs:
 - Education for perinatal professionals to prevent early childhood cavities
 - Pre-school screening, education and access to care
 - School-based sealants
 - Elementary school screening and education
 - Child Health & Disability Prevention Program - Education for professionals and access to care for low-income children
 - Screening of adolescents and teens for free orthodontic care through California Childrens Services for severe malocclusion

SCREENING RESULTS (96-97):

- 736 students from elementary schools:

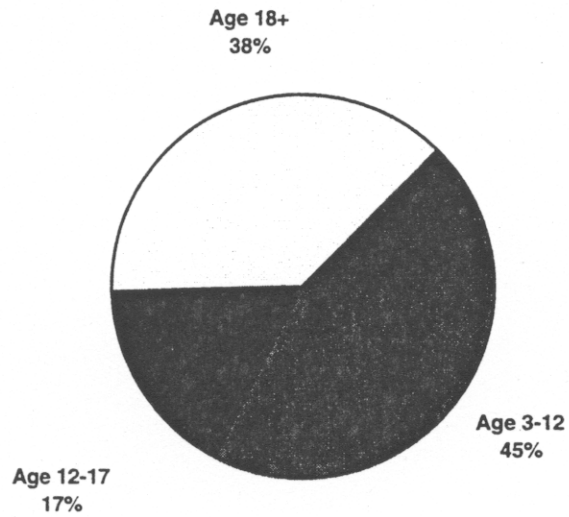
- Cesar Chavez
- Chinese Education Center
- Mission Education Center
- Paul Revere

Decay Status	Number	Percent
Children with Untreated Decay	287	39 %

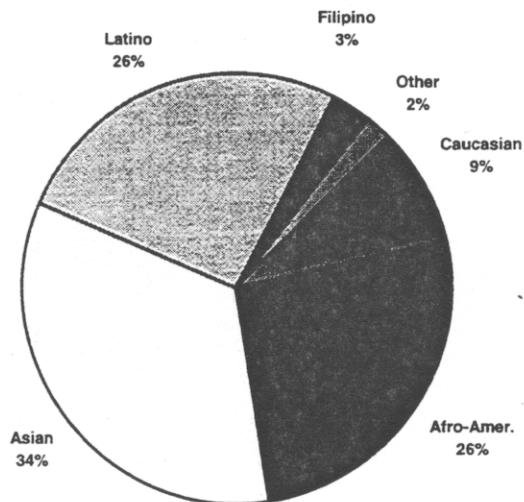
- 1243 students from pre-schools:
- 26 pre-schools - see complete list in following section

Dental Bureau - Fiscal Year 96-97

Ages Served in dental clinics



Ethnic Groups Served in dental clinics



Status of Dental Health by School--

Schools listed are only those for which we have data. All are in the San Francisco Unified School District. Not all children in each school were screened. This list is a compilation of all schools screened in different agencies. Decay rates vary from year to year and for different age groups. Screenings were performed in classrooms with tongue blades and flashlight and no x-rays. This type of screening generally underestimates the level of untreated decay.

Pre-School	Percent of children with untreated decay	Decay Rate
Alameda	11.8	0.4
Bernal	12.0	0.4
Contra Costa	12.0	0.4
Marin	12.0	0.4
San Francisco	12.0	0.4
San Mateo	12.0	0.4
San Jose	12.0	0.4
Stanford	12.0	0.4
Union City	12.0	0.4
Westchester	12.0	0.4

School Dental Health

Following are data for selected pre and elementary schools which have been screened. Most agencies including the Department of Public Health target public schools with the highest percentage of low-income children. The percent of children receiving free school lunches is used to make this determination.

Elementary	Percent of children with untreated decay	Decay Rate
Alameda	11.8	0.4
Bernal	12.0	0.4
Contra Costa	12.0	0.4
Marin	12.0	0.4
San Francisco	12.0	0.4
San Mateo	12.0	0.4
San Jose	12.0	0.4
Stanford	12.0	0.4
Union City	12.0	0.4
Westchester	12.0	0.4

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Schools listed are only those for which we have data. All are in the San Francisco Unified School District. Not all children in each school were screened. This list is a compilation of all schools screened by different agencies. Decay rates vary from year to year and for different age groups. Screenings were performed in classrooms with tongue blades and flashlights and no x-rays. This type of screening generally under estimates the level of untreated decay.

Pre-Schools	Decay Rate (Percent of children with untreated decay)
Argonne	21 %
Bernal	0 %
Campus	13%
Commodore Stockton	28 %
F. Martin	25 %
F. McCoppin	0 %
Grace Development	12 %
Jefferson	21 %
John Adams	9 %
M. Garvey	8 %
Mission	29 %
Mission A	18 %
Mission CCC	12 %
Mission West	0 %
Noriega	20 %
Oceanview	13 %
Presidio	15 %
Redding	10 %
Richmond	8 %
Sanchez	9 %
Sunnydale	30 %
Sutro	17 %
T. Mahler	13 %
Tenderloin	30 %
Valencia Gardens	13 %
Yoey	13 %

Average Decay Rate

18%

Elementary Schools	Free School Lunch (percent of children receiving free lunch)	Decay Rate (Percent of children with untreated decay)
	Percent	Percent
Alamo	21 %	18 %
Bryant	66 %	32 %
Buena Vista	44 %	23 %
Cesar Chavez	84 %	51 %
Commodore Stockton	83 %	14 %
Edison	59 %	27 %
Leonard Flynn	75 %	19 %
Leonard Flynn	75 %	33 %
Glen Park	59 %	26 %
Harvey Milk	81 %	31 %
Mission Education Center	100 %	64 %
Monroe	73 %	30 %
Moscone	71 %	31 %
Starr King	91 %	46 %
Sutro	41 %	1 %
Visitation Valley	77 %	43 %

Average Percent of Children with untreated decay 30% *

* Screening data for '97-'98 school year of 650 five to ten year olds indicate 46% of children had untreated decay (screenings performed by San Francisco Department of Public Health under optimal circumstances by a dentist using dental chair, good lighting and explorers.)

Prevention Strategies - Conducted by the San Francisco Department of Public Health

The Department of Public Health (DPH) Dental Bureau prevention strategies and resources are targeted primarily toward children aged birth to adolescence in an effort to prevent costly, painful and debilitating dental disease. The preventive efforts target four main groups:

San Francisco Department of Public Health

Preventive Strategies

and

Collaborations

A preventive program that provides oral hygiene and infant feeding education for providers and parents of children under one year of age would encompass 6,000 children. The program's goal would be to prevent any caries in the primary dentition.

Screening and education for 1,000 preschool children to facilitate early access to care and education currently are employed to prevent further problems. Future plans may include applying fluoride varnish in preschools to decrease the decay rate.

Screening and education for 3,000 elementary school children through a state grant.

Currently DPH has a preventive program that provides oral hygiene education and protective sealants for 1,000 second grade children. The program calls all first molars before caries becomes established. This program is targeted at children whose permanent dentition is erupting, thereby starting each child down the path to a caries free lifetime. Only 6% of children screened in the SFUSD had sealants on

Prevention Strategies – Conducted by the San Francisco Department of Public Health

- The Department of Public Health (DPH) Dental Bureau prevention strategies and resources are targeted primarily toward children aged birth to adolescence in an effort to prevent costly, painful and debilitating dental disease. The preventive efforts target four main groups:
 1. Education of perinatal providers
 2. Preschool screenings, referral and education
 3. Elementary school screenings, referral, education and sealant
 4. CHDP free orthodontic services for low income adolescents and teens
- A preventive program that provides oral hygiene and infant feeding education for providers of mothers of infants less than one year of age would encompass 6,258 San Francisco mothers. The program's goal would be to prevent any caries in the primary dentition.
- Screening and education for 1,000 preschool children to facilitate early access to care and education currently are employed to prevent further problems. Future plans may include applying fluoride varnish in preschools to decrease the decay rate.
- Screening and education for 3,000 elementary school children through a state grant.
- Currently DPH has a preventive program that provides oral hygiene education and protective sealants* for 1,000 second grade children. The program seals all first molars before caries becomes established. This program is targeted at children whose permanent dentition is erupting, thereby starting each child down the path to a caries free lifetime. Only 6% of children screened in the SFUSD had sealants on

their teeth. The California Oral Health Needs Assessment noted in 1994 10% of children statewide have received them; however, the national goal is 50% of children by the year 2000 should have sealants on their back molar teeth

- Need for dental treatment services is present in all age groups. The majority of dental treatment is directed at repairing destruction from caries and periodontal disease. Healthy eating patterns, optimal fluoridation, daily oral hygiene, and occlusal sealants can prevent dental diseases from becoming established.
- * Pit and fissure sealants are a plastic coating which is brushed onto the grooves of molar teeth thereby protecting them from the decay process.

Collaborations – Between The Department of Public Health Dental Services and Other Agencies

The need for dental services by our low-income residents far exceeds our available public health resources and services. Collaborative efforts among agencies and individuals to serve our community are needed, and appreciated as an economical strategy to improve access to preventive and treatment services.

Some examples of successful inter-agency and intra-agency collaborations are:

- Department of Public Health (DPH) and Good Samaritan community agency working together to provide school dental screenings.
- DPH and San Francisco Dental Society members accessing low-income children to free dental care.
- DPH and Dental Plus Medical, a professional placement agency, providing free treatment services for low-income children on Saturdays by utilizing volunteer staff in Department of Public Health Clinics.
- DPH and University of California San Francisco (UCSF) Dental Hygiene Department providing school-based preventive sealants to low-income children.
- DPH and UCSF Department of Dental Public Health research proposal to study effectiveness of fluoride varnish applied to the teeth of high risk toddlers.
- DPH dental staff and DPH WIC (Women, Infant and Children) nutrition health workers educating mothers about preventing baby bottle tooth decay.
- DPH dental staff and DPH perinatal staff to train perinatal providers around the prevention of early childhood decay and health promotion strategies.
- DPH and San Francisco Health Plan – one of the two medical managed care plans to help access MediCal children to dental services

The San Francisco Department of Public Health
wishes to thank all agencies and individuals
who have collaborated to provide dental services
to our community.

Conclusions

and

Recommendations

Conclusions

CHILDREN BIRTH TO 5 YEARS OF AGE

Dental caries in the primary dentition is still prevalent in San Francisco. Our screening of 26 low-income preschools revealed 18% of the 1,226 children screened had at least one tooth with untreated caries (cavities). The preservation of 'baby' teeth contributes to speech, mastication, and guidance of erupting permanent teeth into proper position. It is recommended that children be examined by a dentist at about one year of age, before the complete primary dentition has erupted in an effort to provide anticipatory guidance educating parents how to prevent early childhood caries. With a cooperative child, dental problems such as: caries, atypical tooth development and malocclusion can be identified.

The primary factors that promote dental caries are diet and feeding habits, and lack of protective factors such as fluoride and pit and fissure sealants, as well as good oral hygiene. A parent or caregiver of an infant must be educated and guided to provide nutrition and emotional support for the child without excessive use of sugar sweeteners or food on demand. Going to sleep with a bottle, sweetened with sugar, can decay the front teeth before two years of age. Frequent sweet snacks are a recipe for a lifetime of dental caries. Learning how to remove dental plaque in infants and supervising tooth brushing in children are 'parenting' skills that need to be taught as part of a comprehensive well-child program.

CHILDREN 6 TO 10 YEARS OF AGE

Screening of 16 elementary schools during 1996 – 97 with tongue blades show 30% of children have untreated tooth decay. However, during 1997 – 98 screenings done by a dentist with dental instruments show 46% of 650 children have untreated tooth decay. Dental decay experienced in this age group begins to affect their permanent (or adult) teeth. Early detection of dental caries and restorative treatment before the tooth experiences extensive and painful destruction is an essential service.

ADOLESCENTS AND TEENS

No screening data exist for this age group. Adolescence is a transition period where the responsibility for oral hygiene, diet, and professional dental care shift from the parents to the teen. In addition to dental decay, malocclusion and periodontal diseases begin to assert their negative effects on this age group.

ADULTS

No screening data have been collected. Adult dental care is primarily need driven. Limiting factors in obtaining optimal oral health are both economic and cultural.

Dental caries is often a 'family' disease. Parents transmit harmful, decay causing bacteria to their young children if their own oral health is poor. Research evidence shows children whose parents see the dentist are more likely to see the dentist also, demonstrating that it is important for all ages to have adequate access to dental services. Therefore, public health programs which provide dental preventative and restorative services for families rather than individuals may have a better chance in modifying unhealthy behaviors that lead to ongoing dental diseases.

Recommendations

FUNDING

- The American Dental Association and the California Dental Association recommend that a minimum of 5% of health dollars spent be allocated for dental services.
- Search for funding to implement a citywide oral health needs assessment in San Francisco. This information is especially needed to understand the needs of teens, adults, and our geriatric population.
- Lobby in Sacramento for reimbursement mechanisms through MediCal and DentiCal for dentists and physicians to provide oral health assessments once each year (currently only one exam in a lifetime is reimbursable per provider). Other reimbursements needed include fluoride varnish and counseling for young children.

POLICY

- Develop policy with San Francisco Unified School District for all children entering school to have a dental exam. This is now a Healthy People 2000 objective, however, a 2010 objective will suggest that all preschoolers also have a dental exam prior to entering school.

PREVENTION

- Increase preventive strategies such as pit and fissure sealants for elementary school children and fluoride varnish application to high-risk infants and preschool children.
- Encourage non-dental health professionals such as physicians and nurses and health workers to help educate pregnant and lactating women on proper oral health and feeding methods.

- Encourage dental providers to see young children aged 6 months to 3 years of age in an effort to provide anticipatory guidance and prevent early childhood caries.
- Encourage medical providers to perform oral health assessments and caries risk assessments and either refer children for treatment and/or provide fluoride varnish applications.

ACCESS

- Collaborate with other agencies such as dental schools, community agencies, dental and hygiene societies, to provide more free and low-cost services.
- Extend current school-based sealant program to school-based treatment program.
- Increase efforts to enroll more children into DentiCal (for children at 100% of poverty), Healthy Families (the new state sponsored medical and dental insurance program for children at 200% of poverty) and the Child Health and Disability Prevention (CHDP) program. During 1997, 40% of DentiCal children visited the dentist.

Reprints

Reprints of this document can be obtained from:

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