Children’s Oral Health Task Forces
SDDTAC Update

Wednesday June 16, 2021
Zoom Teleconference
SDDT-Funded Initiative

Three Community-based Children’s Oral Health (COH) Task Forces received SDDT allocations of $150k each in FY20-21 for a total of $450k.

COH Task Forces are part of CavityFree SF, which is a citywide partnership dedicated to optimal oral health for all San Francisco children. We aim to eliminate racial and income disparities in children’s oral health.

CavityFree SF’s six strategies:

1. **Access - Traditional**: increase access to traditional dental settings
2. **Access - Innovative**: increase access where children & pregnant people are
3. **Integration**: integrate with overall health care
4. **Promotion**: increase awareness and practice among priority populations
5. **Evaluation**: establish population-based oral health surveillance system
6. **Coordination**: coordinate implementation of 2020-2025 strategic plan
CavityFree SF
SF Children’s Oral Health Strategic Plan

Core Team & Implementation Coordinating Committee (ICC)

Access - Traditional
Access - Innovative
Integration
Promotion
Evaluation

Chinatown COH Task Force
Mission COH Task Force
Bayview-Hunters Point COH Task Force
**Goals & Values Alignment**

### SDDTAC

**Goal:** Healthy People!  
**Impact:** Eliminate health disparities and achieve equity

**Relevant Outcomes:**
- **Community + Economic Outcomes**
  - Increase in hiring and economic opportunity
  - Increase food security (during COVID)
- **Health Outcomes**
  - Decrease in diet-related chronic diseases
- **Behavioral Outcomes**
  - Decrease in sugary drink consumption
  - Increase in tap water consumption
  - Increase in fruit/vegetable consumption

**Relevant Values:**
- Expand interventions led by promotores/community health workers
- Ensure work is culturally responsive, linguistically relevant, and trauma-informed
- Work collaboratively

### CavityFree SF & COH Task Forces

**Goals:** All San Francisco children have optimal oral health; Eliminate disparities in children’s oral health

**Shared Impact, Outcomes, Activities (all TFs):**

**Impact:** *Improved oral health outcomes for children in Task Force community/priority populations*

**Outcomes:**
- Improved knowledge and attitudes around children's oral health practices
- Improved knowledge around available oral health services
- Increase the availability of oral health services for TF community
- Improved practices around children’s oral health in the TF community

**Activities:**
- Conduct oral health promotion, outreach & engagement
- Develop culturally appropriate messaging
- Improve access to oral health services
SDDT Funding Impact on Offerings

SDDT funding allowed existing, community-based organizations (CBOs) to add new services and programming in the area of children’s oral health. For example:

- Create and maintain collaborative Children’s Oral Health Task Forces
- Community outreach, engagement, and educational activities geared to children’s oral health
- Provide dental health kits for the whole family

SDDT funding also allowed CBOs to improve existing work by adding an oral health component to other health programming. For example:

- Add oral health to promotora/community health worker training
Evaluation

1. COH Task Forces are reporting process metrics for the following SDDT strategies twice a year:
   a. Strategy #1: Build community capacity and develop leadership
   b. Strategy #2: Provide health promoting education, programs, and services
   c. Strategy #8: Increase healthy messaging related to nutrition

2. CavityFree SF is reporting process metrics for the following SDDT strategies:
   a. Strategy #4: Expand access to healthy food, water, and oral health

3. Each Task Force will plan for formative evaluation activities (surveys) designed using the new Task Force Evaluation Toolkits
Evaluation Toolkits (SDDT-Funded)

Research Questions (Simplified)

1. Are Task Force media campaigns effective?
2. What are the most effective ways to conduct oral health promotion, outreach & engagement activities?
3. Are community members implementing good children’s oral health behaviors/practices?
4. How can the Task Forces be more effective?

Primary Tools

1. Task Force Survey Question Bank (Eng, Spanish)
2. Pre & Post Survey Question Bank (Eng, Chinese, Spanish)
3. Community Survey Question Bank (Eng, Chinese, Spanish)
Children’s Oral Health Chinatown TF
SDDTAC Update
Historical Context

- 2015: unfunded initiative
- Motivated by data showing Asian American children had the highest rate of dental caries in the city of San Francisco
- Children in Chinatown have the highest rate of untreated dental caries entering kindergarten
SDDT-Funded Initiative: Chinatown Task Force Purpose

One of three **Community-based Children’s Oral Health (COH) Task Forces** received SDDT allocations of $150k in FY20-21.

CavityFree SF’s six strategies:

1. **Access - Traditional**: increase access to traditional dental settings
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Chinatown TF Activities: Educational Workshops

FY July 2020 - June 2021

- Oral health presentations with students and parents
- ~670 people
- Oral Health Kit
Chinatown TF Activities: Outreach

FY July 2020 - June 2021

● Chinatown Community Health Fair
● Food Pantry
  ○ Gordon J. Lau Elementary
  ○ Donaldina Cameron House
● SRO’s COVID
● Walkway Weekends/ Sunday Streets
Chinatown TF: Promotion

- Radio PSAs on the DPH’s 5 Key Prevention Messages
  - Children should see dentist by age 1
  - Parents should limit intake of children’s sugary food and beverages
  - Tap water contains fluoride which strengthens teeth
  - Fluoride Varnish and Sealants help protect teeth
  - Infants and toddlers should not be left with a bottle of milk, juice, or formula in their mouths for a long period of time

- Chinese Print Ads
  - Local Newspaper

- Development of Television Ads

- Promotion of Covered California and Medi-Cal Dental Information in local newspaper
CHINATOWN TF - # of People Reached (Jul 2020 - Jun 2021)

Total: 4718
DTI: Dental Transformation Initiative

- Educational videos for parents and health workers
  - Motivational Interviewing
  - Brushing Children’s Teeth
  - Teledentistry
  - Application of Fluoride
  - English, Chinese, Spanish

- Research Study: Interview Dentists, Health Workers, Grandparents
  - Evaluation of what the public knows
  - Research of the barriers dentists face versus the community face
  - Gain information on how to culturally adapt
Chinatown: Challenges

COVID-related challenges
- Schools closed
- Cancellation of events
- Hubs partially closed

Oral Health Complexity
- Need professional opinion/consultation

Limited number of dentists accept Medi-cal Dental (Denti-cal)
- Dentists have a quota on the amount Medi-Cal patients they'll accept

Patients need to wait ~3 months for next available appointment
Successes/Accomplishments

● Developed culturally and linguistically appropriate outreach and educational materials

● Adapting to Virtual Events/Meetings
  ○ Pivot from in-person to virtual oral health presentation/workshops
  ○ DTI Research

● Advertisements
  ○ 70% of Grandparents in DTI Focus Group heard our advertisements

● Increase Outreach
  ○ COVID Vaccination Outreach + Oral Health
  ○ Food Pantry
  ○ SRO’s: Single Room Occupancy

● Connected to all Chinatown Learning Hubs and Family Child Care providers
● Developed SFUSD Subcommittee
● Engaged Task Force members
## CBO Staff - SDDT Funded

<table>
<thead>
<tr>
<th>CBO Staff from Impacted Communities</th>
<th>Levels Staff</th>
<th>Notes</th>
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<tbody>
<tr>
<td>NICOS</td>
<td>Project Director, TF on Children’s Oral Health</td>
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<td>Project Coordinator, TF on Children Oral Health</td>
<td>Hired in March 2021</td>
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<td>Project Assistants</td>
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### Challenges:
- Hiring bilingual staff
Partners and Vendors - SDDT Funded

Mini-grants
- Cultural adaptation of existing videos
- Purchase of oral health materials for pre-schoolers
- Translation of oral health videos into different languages
- Adding closed captioning to increase accessibility
- Oral health supplies for Family Child Care providers
FY 20-21 Expenditure

Expenses Allocation

- Other Costs: 5.3%
- Operations: 5.7%
- Community Oral: 5.0%
- Oral Health Kits: 8.0%
- Media Development: 38.0%
- Staff: 38.0%
Community Based Participation

- APA FSS
- Chinatown Public Health Center
- Gordon J. Lau Elementary
- Jean Parker Elementary & Spring Valley Elementary
- Kai Ming Head Start
- Magic Tooth Bus
- NEMS: North East Medical Services
- Self-Help for the Elderly
- SF Hep B Free
- SF Livable City
- SFUSD: San Francisco Unified School District

- University of California, San Francisco
- University of the Pacific
- Volunteers
  - Community Members
  - Dental Students
- Wu-Yee
SDDTAC Questions + Answers

D10 BVHP COHTF

BAYVIEW HUNTERS POINT
CHILDREN’S ORAL HEALTH TASKFORCE

A Program of Family Support Services
Bayview Hunters Point Children’s Oral Health Taskforce

BVHP Children's Oral Health Taskforce Expenditures

- **27%** of the budget ($85,332) is allocated to 1.2 FTE staff
- **27%** of the budget ($85,413) is allocated to Media campaign (includes community video production, photos, mural, and social media content development expenses)
- **14%** of the budget ($45,807.72) is allocated to Materials and Supplies (includes oral health kits, water bottles and water filters)
- **8%** of the budget ($27,000) is allocated to Subcontractors and Consultants (include Co-chairs Dr. Lesley Latham, Mariah Rice (RDA); Magic Tooth Bus and Taskforce member stipends)
- **11%** of the budget ($33,738.73) is allocated to Operating Expenses (includes rent/occupancy, insurance, IT & communication, trainings and meeting expenses).
- **13%** of the budget is allocated to indirect expenses.
Bayview Hunters Point Children’s Oral Health Taskforce

- We distributed 10,065 children and adult dental kits total year to date. We continue to assess and fill community providers’ requests for oral health dental kits.

In addition to schools, we also partner with BMagic, Third Street Youth Center & Clinic, Children’s Council, SF Citywide Black Student Union, Black Infant Health program, Samoan Community Development Center, Edgewood, Visitacion Valley Strong Families, Hope SF Community Wellness Program, Mercy Housing, and Dental Robinhood to help families experiencing barriers to get preventive dental care for their child during the pandemic.

- We are collaborating with Magic Tooth Bus and working with SFUSD to provide them with materials that they would distribute via the SFUSD portal. We'll be offering (virtual) workshops to community organizations.

- We are working with School Health Program’s Nurses and distributing oral health kits to SFUSD schools.

- We are working with Bay Area Mural Program to create a community health mural at Marin City Health and Wellness Center

- We enlisted local photographers to capture still images representing the community. The images will be maintained in our media library for future oral health promotional messaging usage.

- We are working with a local videographer to produce multiple community short videos to supplement the media and graphic design efforts.
Bayview Hunters Point Children’s Oral Health Taskforce

Developing and promoting culturally appropriate oral health messaging through community workshops, photo, videos and social media targeting Black/African American communities

Distributing youth oral health kits to decrease dental decay and support children to grow up healthy, (focusing on schools’ meal distribution and community food pantries during the pandemic).

Increase preventive care utilization and access through outreach, workshops and partnering with clinics, i.e. Arthur H Coleman Medical Center in Bayview
Tooth pain is reversible!

Overall oral health and wellbeing while brushing and flossing will help reduce tooth decay and reduce pain, too. Eating healthy, crunchy, fruits and vegetables can reduce any bacteria caused infections from spreading to other parts of the body. Healthy teeth when taken care of properly will boost self-esteem, increase self-confidence, and increase positive social interactions.

Things you can do for two minutes while you are brushing your teeth:

- Set a time for two minutes
- Listen to a song
- Practice your dance moves
- Stretch
- Study for a test
- Take a selfie
- Pack your lunch
- Pick out your outfit of the day
- One-handedly answer a text message
- Scroll through your Instagram feed
- Watch the news
- Stare at the mirror and hype yourself up for the day
- Think about what you’re going to achieve today

*In the morning and the evening, twice a day, two minutes each time.*

Make sure you have a soft-bristle toothbrush, fluoridated toothpaste, floss, and replace sugary drinks with healthy alternatives like water or milk.

Brush your teeth after you eat sugary and sticky foods and drinks!

Bacteria + Sugar = Acid

Acid breaks through your enamel and creates holes in your teeth. Tooth decay is preventable, so make sure to brush the sugar away as soon as possible!

Water is a sugary drink alternative. Need some tips on how to make drinking water fun?

- Add fruit slices
- Add mint or basil leaves
- Try plain sparkling water
- Drink your water from a fun straw
- Add cool-shaped ice cubes
- Make it a competition and drink your water with friends

*Image of a tooth with cavities and a candy with a toothbrush and toothpaste.*
Parents/Guardians:
- Brush in the morning
- Brush in the evening
- Remember to floss during the day
- Include water in the child’s meals
- Check for tooth discoloration or pain.

Providers:
- I reminded my patients to take care of their oral health.
- I provided my clients with resources to find a dental office near them.
- I provided tips to my clients to make toothbrushing fun.

Dairy-like flavored milk, lemonade, and fruit juices. Did you know children of different ages should drink different volumes of water every day?

0-6 months: no additional water
6-12 months: 1 a cup to 1 cup (4-8 oz)
12-36 months: 1 to 4 cups (8-32 oz)
4-5 years: 1.5 to 5 cups (12-40 oz)

Fluoridated water helps prevent tooth decay. San Francisco tap water is fluoridated, so opt for tap water instead of bottled water when you can.

Milk is also an important and healthy alternative to sugary drinks. If your child can’t drink milk, talk to your doctor for alternative ideas.

Birth-12 months: breast milk or baby formula
Age 1: 2-3 cups of whole milk per day
Age 2: 2 cups of fat-free or low-fat milk per day
Age 4 and older: continue drinking fat-free or low-fat milk, but increase intake to 2.5 cups per day

- Tooth decay is entirely preventable
- Brush twice a day and floss everyday
- First dental appointment by age 1
- Take care of baby teeth
- Visit the dentist twice a year
- Avoid sticky, starchy, sugary foods
- Fluoride helps prevent tooth decay
- Parents are powerful role models
Thank you! 

End
Mission Oral Health Task Force
Appendix
Caries Experience in Kindergarteners 2017-18

Chinatown (94108)
Chinatown/North beach (94133)
Tenderloin/North of Market (94102)
South of Market (94103)
Potrero Hill (94107)
Nob Hill (94109)
Western addition/Japantown (94115)
Bayview/Hunter’s point (94124)
Vistacion valley/Sunnydale/Portola (94134)
Ingelside-Excelsior/Crocker Aamzon (94112)
Lake Merced (94132)

http://www.healthycsf.org/bdi/outcomes/zipmap.htm
<table>
<thead>
<tr>
<th>Activities</th>
<th>Shorter-Term Outcomes</th>
<th>Longer-Term Outcomes</th>
<th>Impact</th>
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<tbody>
<tr>
<td>1. Convene Task Force</td>
<td><em>Integration of TF oral health values, resources and related activities at TF member organizations (CT)</em>&lt;br&gt;<em>Increase in the number of partnerships among Taskforce and community organizations (M)</em>&lt;br&gt;<em>Improvements in the quality of collaboration among Taskforce and community organizations (M)</em>&lt;br&gt;*&lt;/br&gt;&lt;br&gt;<strong>vvv</strong>&lt;br&gt;<em>Improved knowledge and attitudes around children's oral health practices</em></td>
<td><em>Sustained knowledge and attitudes around children's oral health best practices (BVHP)</em>&lt;br&gt;<em>Consistent engagement in partnership/relationship that contributes to work of TF (M)</em>&lt;br&gt;<em>Growing expertise in the community that is not medical provider (M)</em>&lt;br&gt;*&lt;/br&gt;&lt;br&gt;<strong>vvv</strong>&lt;br&gt;<em>Improved practices around children's oral health in the TF community</em></td>
<td><em>Long standing partnerships/relationships that add value and impact of TF (M)</em>&lt;br&gt;*&lt;/br&gt;&lt;br&gt;<strong>vvv</strong>&lt;br&gt;<em>Improved oral health outcomes for children in TF community/priority populations</em></td>
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<tr>
<td>2. Conduct oral health promotion, outreach &amp; engagement</td>
<td>Improved knowledge and attitudes around children’s oral health practices</td>
<td>Improved practices around children’s oral health in the TF community</td>
<td>System change from traditional medical model to additional level of education and potential service delivery (M)</td>
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<td>Community members feel seen and included within media and outreach materials (M)</td>
<td>Improved practices around children’s oral health, with a focus on Black and African-American children and youth and their families/caregivers (BVHP)</td>
<td>Improved oral health outcomes for children in TF community/priority populations</td>
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<tr>
<td>3. Develop culturally appropriate messaging</td>
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<td>Increased self-confidence and self-esteem for children (BVHP)</td>
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<td>4. Improve access to oral health services</td>
<td>Improved knowledge around available oral health services</td>
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<td>Improved trust of community members around oral health providers and TF members (M)</td>
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