

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. _____**

**In Support of Improving the Oral Health of All Children
in the City and County of San Francisco County**

WHEREAS, Tooth decay is the most common chronic disease of childhood, yet is a largely unrecognized public health crisis; and

WHEREAS, If left untreated, tooth decay (or caries) leads to pain and infection resulting in difficulty sleeping, eating, attending school, and future dental problems as an adult, and can be costly to the individual, family, healthcare system, and government; and

WHEREAS, Without healthy teeth, a child cannot achieve overall health, as caries negatively affects nutrition, growth and weight gain; ⁱ and

WHEREAS, Poor oral health also affects learning; toothaches lead to school absences, which is a ready indicator of children's health. In California, children miss an estimated 874,000 school days due to dental problems; ^{ii, iii} and

WHEREAS, The cost of emergency dental care is approximately ten times more than the cost of Early Childhood Caries preventive dental care (\$6,498 vs. \$660);^{iv} and

WHEREAS, Medicaid-enrolled preschool children who have an early preventive dental visit are more likely to have additional preventive services and have lower overall dental costs; and ^v

WHEREAS, Despite being virtually 100% preventable, almost 40% of San Francisco children have experienced tooth decay by the time they reach kindergarten; and.

WHEREAS, There are profound disparities in children's oral health that have persisted over time. In San Francisco, untreated tooth decay is more than two times more common for children of color and low-income children, than for Caucasian and higher income children; and

WHEREAS, Oral health is an integral part of overall health and, therefore, oral health care is an essential component of comprehensive health care; and

WHEREAS, Access to oral health care is essential to promoting and maintaining overall health and well-being, and utilization of dental services result in improved oral health; ^{vi} and

WHEREAS, The mission of the San Francisco Department of Public Health (SFDPH) is to protect and promote the health of all San Franciscans; and

WHEREAS, SFDPH provides community based dental services and an annual citywide kindergarten dental assessment; and SFDPH Maternal Child and Adolescent Health Section provides education, case management, community coordination and advocacy for the most underserved and vulnerable residents in San Francisco; and

WHEREAS, Oral health improvements are most successful when oral health providers, medical providers, policy makers, and other stakeholders coalesce around a common ground of basic preventive strategies, health literacy, and quality of care principles in order to improve the oral health of our community;^{vii} and

WHEREAS, The San Francisco Health Improvement Partnership (SF HIP) brought together over 50 health experts and community stakeholders who spent 18 months in a systematic process, assessing need, evaluating solutions, and prioritizing strategies and steps to improve the current status of children's oral health in San Francisco; and

WHEREAS, The process resulted in the SF HIP Children's Oral Health Strategic Plan, which includes strategies, indicators, tactics and performance measures for improving the oral health of San Francisco children; and

WHEREAS, The SF HIP Children's Oral Health Strategic Plan is consistent with the goals and objectives of the Population Health Division of the San Francisco Department of Public Health Strategic Plan (June 2014);^{viii} and

WHEREAS, SFDPH supports the goals of the SF HIP Children's Oral Health Strategic Plan, and is undertaking the planning for:

- Increasing the institution of fluoride varnish application in DPH Primary Care clinics (from 2 clinics to 7);
- Integrating oral health messaging into existing DPH health promotion efforts; and
- Assessing the ability to increase access to dental care in non-traditional settings with sustainable funding; and

NOW THEREFORE BE IT RESOLVED, that the San Francisco Health Commission is concerned about the chronic epidemic of childhood caries and resultant health disparities in San Francisco and is committed to improving the oral health of San Francisco children; and

BE IT FURTHER RESOLVED, that the San Francisco Health Commission appreciates the work of the SF HIP Children's Oral Health workgroup and endorses the recently developed SF HIP Children's Oral Health Strategic Plan; and

BE IT FURTHER RESOLVED, that the San Francisco Health Commission requests that SFDPH support the SF HIP Children’s Oral Health Strategic Plan goal of reducing caries experience in San Francisco’s Kindergarteners from 37% in 2012 to 27% in 2017, including SFDPH’s efforts to:

- Increase the institution of fluoride varnish application in DPH Primary Care clinics
- Integrate oral health messaging into existing DPH health promotion efforts; and
- Assess the ability to increase access to dental care in non-traditional settings with sustainable funding; and

BE IT FURTHER RESOLVED, that the San Francisco Health Commission requests that SF HIP provide periodic updates to the Health Commission.

I hereby certify that the San Francisco Health Commission at its meeting of _____ adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission

ⁱSheiham A. Dental caries affects body weight, growth and quality of life in pre-school children. Br Dent J 2006;201:625–6. <http://www.nature.com/bdj/journal/v201/n10/full/4814259a.html>

ⁱⁱ Pourat, N., Nicholson, G., Unaffordable Dental Care is linked to Frequent School Absences, UCLA Health Policy Research Brief, Nov. 2009
<http://healthpolicy.ucla.edu/publications/Documents/PDF/Unaffordable%20Dental%20Care%20Is%20Linked%20to%20Frequent%20School%20Absences.pdf>

ⁱⁱⁱ Jackson, S. L., Vann, W.F. Impact of Poor Oral Health on Children's School Attendance and Performance, Am J Public Health. 2011 October; 101(10): 1900–1906 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222359/>

^{iv} Pettinato ES, Webb MD, Seale NS. A comparison of Medicaid reimbursement for non-definitive pediatric dental treatment in the emergency room versus periodic preventive care. Pediatr Dent. 2000 Nov-Dec; 22(6): 463-8. <http://www.ncbi.nlm.nih.gov/pubmed/11132504>

^v Savage MF, Lee JY, Kotch JB, Vann WF Jr. Early preventive dental visits: effects on subsequent utilization and costs. Pediatrics. 2004 Oct; 114(4): e418-23. <http://www.ncbi.nlm.nih.gov/pubmed/15466066>

^{vi} Griffen, S.O., Barker L.K., Use of Dental Care and Effective Preventive Services in Preventing Tooth Decay Among U.S. Children and Adolescents — Medical Expenditure Panel Survey, United States, 2003–2009 and National Health and Nutrition Examination Survey, United States, 2005–2010
<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6302a9.htm>

^{vii} IOM (Institute of Medicine) and NRC (National Research Council). Improving access to oral health care for vulnerable and underserved populations. Washington, DC: The National Academies Press; 2011:41.
<http://www.hrsa.gov/publichealth/clinical/oralhealth/improvingaccess.pdf>

viii San Francisco Department of Public Health, San Francisco Strategic Plan for Population Health, 2014, June, <https://www.sfdph.org/dph/files/hc/HCommPublHlth/Agendas/2014/May%2020/SF%20Strategic%20Plan%20Draft%20May%2015%202014-1.pdf>

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