

# CavityFree<sup>SF</sup>

## San Francisco Children's Oral Health Strategic Plan

2026–2030





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Director of Health  
San Francisco Department of Public Health

**As we mark the ten-year anniversary of the San Francisco Children’s Oral Health Strategic Plan, we take this opportunity to reflect on a decade of learning, collaboration and steady progress.**

What began as a shared commitment to improve children’s oral health in San Francisco has evolved into CavityFree SF—a citywide effort that continues to bring together partners, providers, and community leaders around a common goal.

**Over the past decade, coordinated, community-driven work has helped strengthen the local oral health system.** Initiatives such as integrating fluoride varnish into medical settings and expanding school-based dental services have been instrumental in advancing oral health equity. These efforts—bolstered by collaboration at both the citywide level and by the community leadership of the Oral Health Task Forces in the Mission, Chinatown, and District 10—have helped build a more resilient system and led to measurable improvements in children’s oral health outcomes.

For over 20 years, the San Francisco Department of Public Health (SFDPH) has partnered with the San Francisco Unified School District to provide oral health screenings for kindergarteners, fluoride varnish for Pre-K and transitional kindergarteners, and molar sealants for older elementary students. **Due to the efforts, the rate of cavities among San Francisco kindergarteners has decreased by 16.8%. Asian kindergarteners have experienced the most significant improvement, demonstrating what is possible when access and awareness are aligned.** However, this progress has not been shared equitably. Nearly one in two Black/African American kindergarteners experienced cavities in the 2024–2025 school year—an increase from two out of five a decade ago. Even more troubling, one in four Black/African American children enter kindergarten with active, untreated tooth decay, compared to fewer than one in ten white children. **These disparities are unacceptable—and preventable.**

**As we look ahead, we are reaffirming our commitment to getting to zero health disparities.** The San Francisco Health Network’s (SFHN) early adoption of the integration of fluoride varnish placements during primary care well-child visits, dental care coordination for pregnant and postpartum patients, and the co-location of dental services at five of our primary care clinics are a testament to our commitment to improving oral health outcomes for all.

**The updated strategic plan reflects lessons learned, new innovations, and a renewed urgency.** It aligns with our broader public health goals by embedding oral health into overall health systems, strengthening cross-sector collaboration, and ensuring that prevention and care are accessible to all. This work cannot be done by one agency alone. It requires the continued dedication of our community partners, healthcare providers, educators, and families. Together, we will build a future where every child in San Francisco is free from oral disease and has the opportunity to thrive.

**Thank you to all who have contributed to this journey. Let’s keep going—until every child smiles with health and hope.**

A handwritten signature in blue ink that reads "D. Tsai".

Daniel Tsai, Director of Health  
San Francisco Department of Public Health



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# Who We Are

CavityFree SF is a collective impact partnership of over 25 multidisciplinary partner organizations, including schools, childcare centers, universities, medical and dental health systems, advocacy groups, and community-based organizations, working to ensure that all San Francisco children experience optimal oral health.



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.



Our **data-driven approach** is led by experts in quality improvement, evidence-based best practices, and data analysis. We collectively offer innovative solutions for policy and systems improvements.



Our **innovative collaboration**, in which we identify mutually reinforcing activities and collaborate with other health-focused agencies, allows us to maximize impact on the lives of our city's youngest and highest-risk children.

## OUR IMPACT

Since 2000, the groups that make up CavityFree SF have moved San Francisco toward better and more equitable children's oral health outcomes. Examples include:

- ✓ Integrating fluoride varnish application into well-child pediatric visits in more than two dozen clinics
- ✓ Coordinating and expanding dental services for San Francisco Unified School District, Head Start, and preschool sites in San Francisco
- ✓ Establishing 3 community-based Children's Oral Health Task Forces in priority neighborhoods experiencing high rates of oral health disparities
- ✓ Developing a Billing Handbook to support federally qualified health centers (FQHCs) in building sustainable funding streams for dental care provision outside of traditional dental settings
- ✓ Publishing research about best practices for fluoride varnish application in children
- ✓ Securing public and private funding to promote our sustainability



# What Guides Us

## Our Vision



All San Francisco children are cavity-free

## Our Mission

CavityFree SF aims to eliminate oral health disparities and promote optimal oral health for all San Francisco children and youth by influencing policy, affecting systems level changes, and improving access to prevention and care.

## Our Values

### Equity

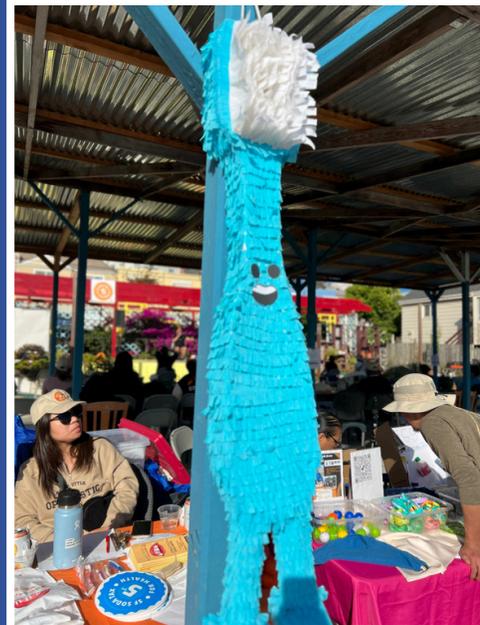
We believe that oral health is a critical component of overall health throughout the lifespan. We promote access to prevention, education, and treatment for all San Francisco children, particularly aiming to eliminate disparities among children of color and low-income families.

### Well-being

We recognize that oral health is a vital component of the overall health of children and that both are greatly impacted by the social determinants of health.

### Inclusive & Community-Oriented

We work alongside community partners to promote best practices in oral health, support community-driven efforts to identify and address local oral health needs, and ensure that our work is shaped by the insights and priorities of the communities we serve.



# Why Children’s Oral Health?

- **Oral health is essential to overall well-being and quality of life.** Children’s nutritional intake, self-esteem, and their ability to attend, concentrate at, and succeed in school is impacted by their oral health.
- **Poor dental health is also expensive.** A 2014 study found that dental emergencies result in \$1 billion in health care charges in the U.S. annually, and that uninsured individuals made up over 40% of all dental-related emergency visits.<sup>1</sup>
- **Despite overall progress towards a cavity-free San Francisco, improving children’s oral health, with a focus on reducing persistent disparities, remains critical.**

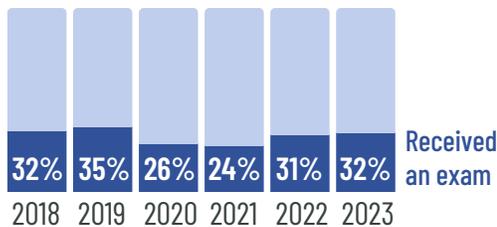
## DATA SNAPSHOT: SAN FRANCISCO (SF) CHILDREN’S ORAL HEALTH

1 in 4 kindergarteners in SF



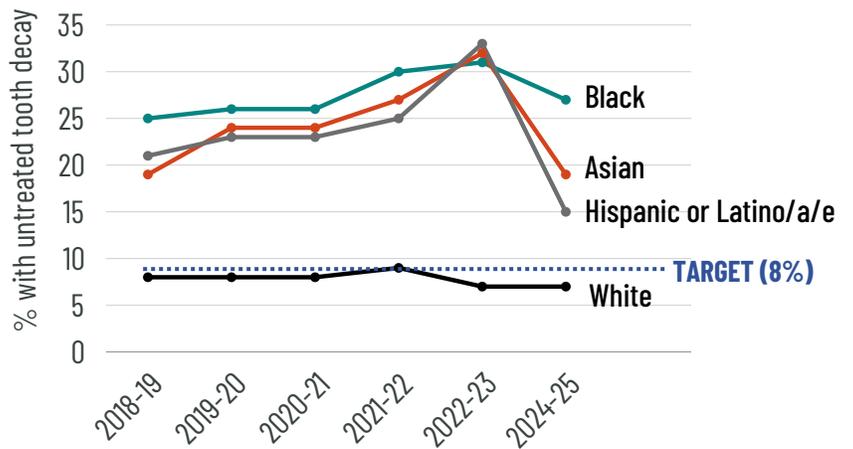
currently have or already had cavities in the past.<sup>2</sup>

Most SF children ages 0-5 who are enrolled in Denti-Cal are not receiving oral health exams.<sup>3</sup>



There are persistent racial/ethnic disparities in the % of kindergarteners with untreated tooth decay.<sup>2</sup>

While untreated tooth decay rates have decreased recently for Black, Asian, and Hispanic or Latinx kindergarteners, only White kindergarteners have met the **target** of 8% or less.



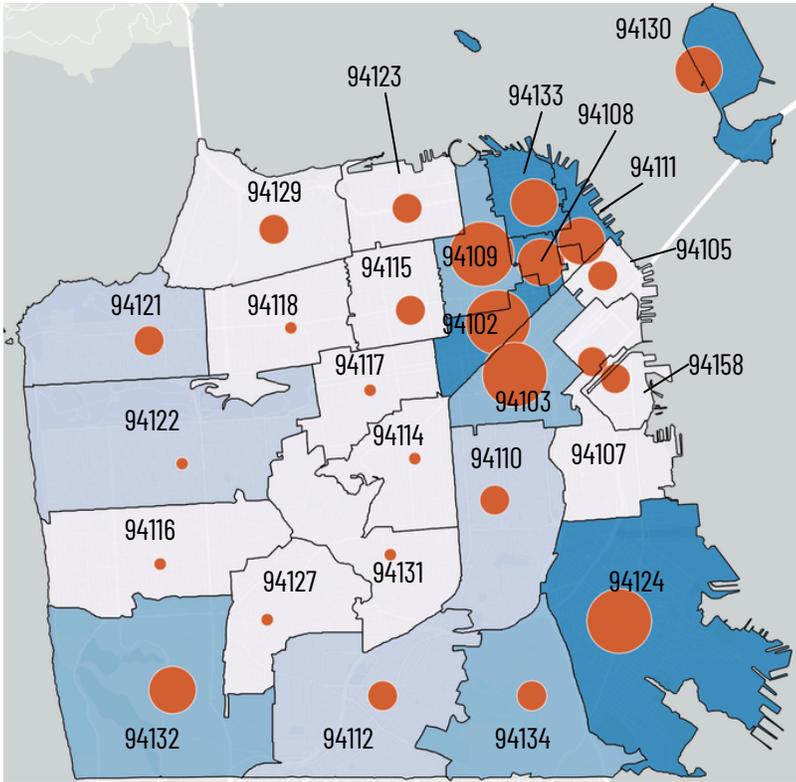
1. Allareddy V, Rampa S, Lee MK, Nalliah RP. Hospital-based emergency department visits involving dental conditions: profile and predictors of poor outcomes and resource utilization. J Am Dent Assoc. 2014 Apr;145(4):331-7.

2. Data are from the San Francisco Unified School District (SFUSD) and San Francisco Department of Public Health Kindergarten Oral Health Assessment (KOHA) program from the 2024 - 2025 school year. The SFUSD data source used the term "Hispanic" for race/ethnicity; we have expanded it here to say "Hispanic or Latino/a/e."

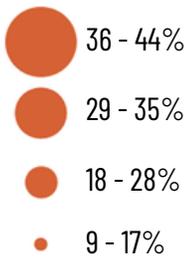
3. Data are from the California Department of Health Care Services (DHCS). Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2023.

## 2024-2025 SCHOOL YEAR DATA SNAPSHOT (CONTINUED)

As shown on the map, San Francisco zipcodes with lower median incomes (**darker blue areas**) tend to experience higher rates of treated and untreated tooth decay among kindergarteners (**larger orange dots**).<sup>4</sup> This information is also provided in the table next to the map.



% of children with treated and untreated tooth decay



median household income



Zipcode(s)	Average children's tooth decay rate	Average Median household income
94103	44.4%	\$122,339
94102	42.7%	\$64,781
94124	41.8%	\$82,928
94109	40.9%	\$112,201
94108, 94111, 94130	36.8%	\$95,652
94133	34.4%	\$83,025
94132	32.7%	\$118,557
94105, 94107, 94158	29.2%	\$203,399
94115, 94123, 94129	28.7%	\$204,381
94110	28.6%	\$152,403
94134	28.6%	\$107,566
94112	27.3%	\$130,906
94121	20.8%	\$138,353
94116, 94131	18.5%	\$175,683
94122	14.2%	\$145,717
94114, 94117, 94118, 94127	9.5%	\$184,151

#### 4. DATA NOTES

- Tooth decay (treated and untreated caries) data are from the San Francisco Unified School District and San Francisco Department of Public Health Kindergarten Oral Health Assessment (KOHA) program from the 2024 - 2025 school year. Data from adjacent zip codes with fewer than 20 children and similar rates of tooth decay were combined to protect student privacy.
- Median income data come from the 2023 American Community Survey, accessed at <https://simplemaps.com/city/san-francisco/zips/income-household-median> on January 12, 2026. For the zip codes that were combined, the median income was averaged.
- A web-accessible map and up to date children's oral health data are available at: <https://www.sf.gov/oral-health-women-children-in-san-francisco>



## DATA SNAPSHOT (CONTINUED)

Community members from neighborhoods experiencing disparities in children’s oral health highlight opportunities to improve education, service hours, affordability, quality, and cultural responsiveness related to oral health services.<sup>5</sup>

“I heard that dental is very expensive here so people tell me that it is better to go back to China and fix their teeth...I want to know more.”  
-Community member in Chinatown

- Latinx community members in the Mission sought more dentists who were culturally sensitive and able to speak to them in their language.
- This sentiment was shared by community members in Chinatown.

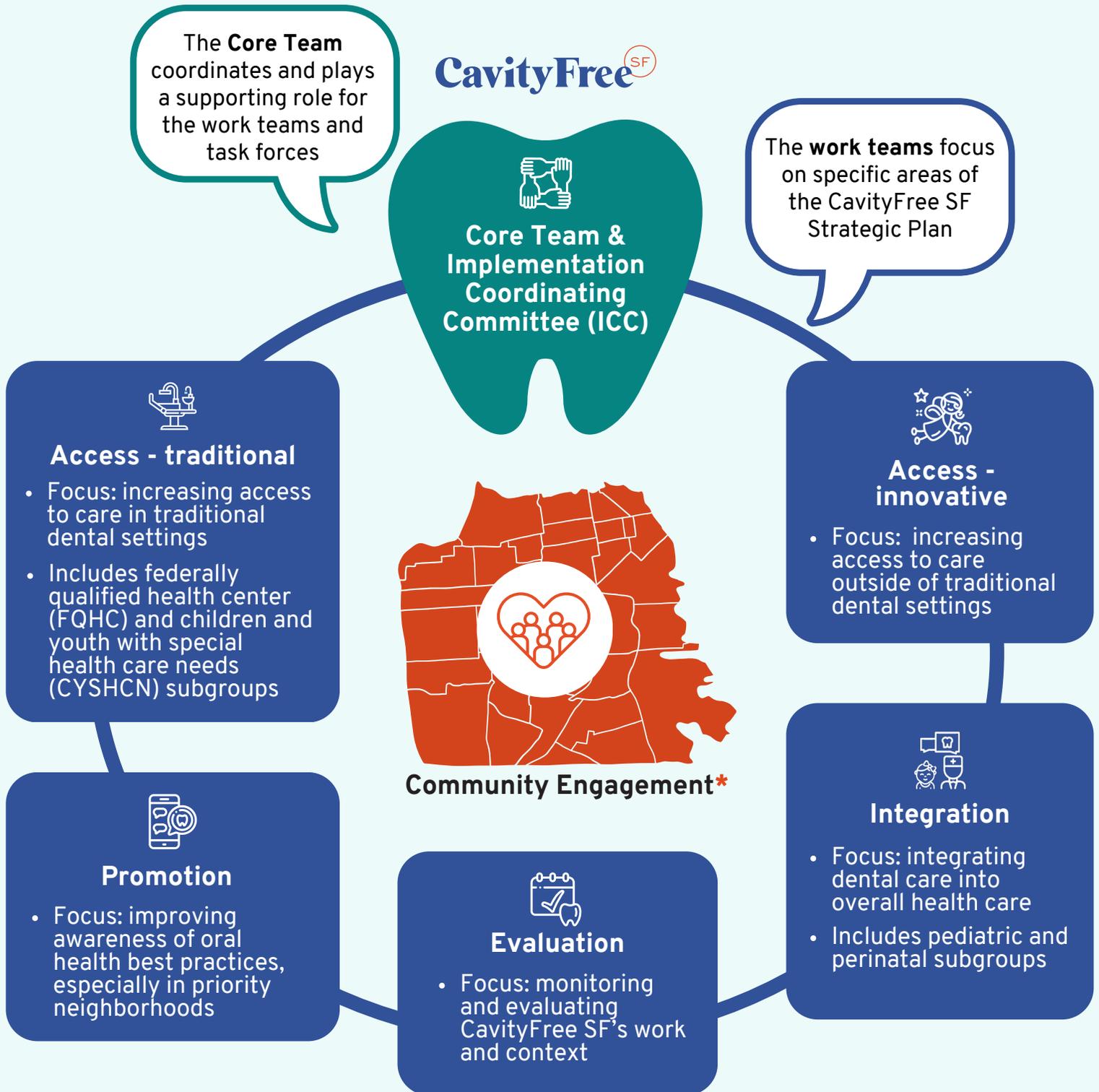
- Caregivers in the Bayview noted that their primary barrier to using children’s oral health services was time conflicts between dental service hours and caregiver work schedules.
- Notably, the Bayview had no dental providers accepting new Medi-Cal patients ages 0-5, despite having the third-highest children’s tooth decay rate among San Francisco zipcodes.<sup>6</sup>

“It is too troublesome, just waiting for it is long, and I always have to go back every time I visit. Just having to make a new appointment, waiting is long. If there’s no problem, I won’t go.”  
-Community member in Chinatown

5. Data are from community focus groups conducted by CavityFree SF Task Forces in 2024. On this page, we use the terms provided by the community organizations who led focus groups to describe specific populations (e.g., "Latinx").

6. Nayudu, A., Zhang, F., Spiegel, M., Stookey, J., Hernandez, M., Cheung, L., & Berens, L. (2025, November). Access to Medicaid dentists for young children in San Francisco [Awarded conference presentation abstract; 2nd Place Award]. National Network for Oral Health Access (NNOHA) Conference, San Antonio, TX, United States. Data come from phone calls made to San Francisco dental clinics to inquire about availability of appointments for new Medi-Cal insured patients ages 0-5. Data do not include San Francisco Department of Public Health clinics. See previous page for more information about tooth decay rates in the Bayview (zipcode: 94124).

# Our Strategic Structure



\*Through community engagement CavityFree SF supports communities, especially those experiencing the greatest disease burden, to strategize and promote the importance of oral health in a way that is most acceptable, appropriate, and effective. In prior years, this has been done through work team collaboration with “Action Alliances” and “Oral Health Task Forces” from priority San Francisco Neighborhoods.

# Strategic Priorities (2026 – 2030)

- 1 Support and strengthen dental care access**
- 2 Develop innovative pathways to access prevention and care**
- 3 Advance education and advocacy on children’s oral health**
- 4 Foster a data-driven, community-oriented evaluation approach**
- 5 Boost relationships and engagement within CavityFree SF**

## Centering Equity

CavityFree SF’s strategic priorities will be rooted in our core value of equity.

All five strategic priorities will include efforts to reach San Francisco’s diverse communities, especially those most impacted by children’s oral health disparities, such as low-income communities and communities of color.

Each of these strategies is detailed further on the next pages.

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### ***Notes on how strategies were developed:***

- These strategies were developed collaboratively by a strategic planning committee made up of diverse CavityFree SF stakeholders that met numerous times between April and October 2025.
- The planning committee used data, including local epidemiological data and findings from interviews and focus groups that elicited community perspectives on dental care access, to guide their decisions about strategic priorities.
- The process also considered how to align strategic priorities with the California Department of Public Health’s Office of Oral Health Local Oral Health Program grant requirements to streamline and maximize efficiency and impact of initiatives focused on expanding dental care access in the shrinking resource landscape.



## STRATEGIC PRIORITY #1

# Support and strengthen dental care access

- 1.1** Strengthen relationships and partnerships with individual providers and organizations, such as federally qualified health centers (FQHCs) and the San Francisco Community Clinic Consortium.
- 1.2** Continue to gather information to better understand the landscape of dental care access in San Francisco, including structural barriers that disproportionately impact low-income communities and communities of color.
- 1.3** Identify targeted approaches for vulnerable populations, such as children and youth with special health care needs, to improve their access to dental care.
- 1.4** Promote collaborative care coordination efforts that counter shrinking access to culturally responsive and affordable dental care.

**WHAT THIS MIGHT LOOK LIKE**  
Assess and study the feasibility of developing school-based dental clinics



## STRATEGIC PRIORITY #2

# Develop innovative pathways to access prevention and care

- 2.1** Expand the use of fluoride varnish in medical settings.
- 2.2** Explore innovative and technologically advanced approaches to improve access.
- 2.3** Increase capacity to provide onsite dental services at programs that serve children, including preschools, elementary schools, daycares, and other spaces that families of young children frequent.
- 2.4** Cultivate partnerships across SFDPH programs and other health-focused community organizations that can contribute to improving oral health in alignment with their core mission.

### WHAT THIS MIGHT LOOK LIKE

Collaborating with health educators who can promote nutrition and prevention messaging, like the importance of drinking water



## STRATEGIC PRIORITY #3

# Advance education and advocacy on children's oral health

- 3.1 Strengthen relationships with leadership across the San Francisco Department of Public Health to communicate about CavityFree SF's mission and impact.
- 3.2 Disseminate accessible and evidence-based best practices, guidance, and training materials related to oral health for cross-sector stakeholders (e.g., community members, caregivers, community service providers, school district, elected officials).
- 3.3 Expand CavityFree SF's use of diverse communication and promotion channels, such as social media, op-eds, journal articles, newsletters, and listservs.
- 3.4 Leverage partnerships with education-based health initiatives to integrate key oral health messages (e.g., the importance of nutrition and community water fluoridation on children's oral health).
- 3.5 Establish CavityFree SF representation in aligned work groups (e.g., Sugary Drink Distributor Tax Advisory Committee, California Department of Public Health oral health work group, California Dental Association).

### WHAT THIS MIGHT LOOK LIKE

Garnering media attention by developing relationships with journalists or promoting our impact with data visualization on social media



## STRATEGIC PRIORITY #4

# Foster a data-driven, community-oriented evaluation approach

- 4.1** Use local, state, and peer-reviewed data to guide programming, resource allocation, and task prioritization.
- 4.2** Automate robust data collection, analysis, and public dashboard maintenance.
- 4.3** Increase the data and evaluation capacity of CavityFree SF members and partners.
- 4.4** Ensure that CavityFree SF is regularly disseminating evaluation findings to broader San Francisco audiences.
- 4.5** Support research to expand the evidence base and inform policy on children's oral health.

### WHAT THIS MIGHT LOOK LIKE

Training members in data collection, analysis, quality improvement, and formal evaluation frameworks



## STRATEGIC PRIORITY #5

# Boost relationships and engagement within CavityFree SF

5.1

Expand CavityFree SF's membership, and keep new partners engaged, taking care to ensure that CavityFree SF is reflective of the San Francisco communities most impacted by children's oral health disparities.

5.2

Build capacity of CavityFree SF members related to topics such as media, communications, data visualization, and advocacy.

5.3

Explore partnerships and foster collaborations with non-dental professional schools to help support increased oral health awareness and strengthen the workforce addressing oral health.

5.4

Streamline and strengthen communication mechanisms across CavityFree SF work teams to sustain and optimize CavityFree SF's impact.

### WHAT THIS MIGHT LOOK LIKE

Collaborating with students from social work and nursing schools to promote oral health and lend their expertise to oral health programming

# Thank you to the Strategic Planning Team!

- Lisa Berens
- Susan Fisher-Owens
- Anuradha Nayudu
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- Irene Hilton
- Ruben Sorrell II
- Kent Woo
- Deborah Elam
- Christine Miller
- Maryna Spiegel
- Andrea Zhou

## Special thank you to Irene Hilton

With special gratitude, we extend our deepest appreciation to Irene Hilton for her unwavering commitment to improving children’s oral health in our city. Long before CavityFree SF formally came together, Irene served as a guiding force—an insightful leader within CavityFree SF, the health department, and beyond in the broader community. Even in retirement, following 35 years of dedicated service at the San Francisco Department of Public Health, she continues to champion this work. Her vision, expertise, and steadfast advocacy have shaped the progress we celebrate today, and we are profoundly grateful for her contributions to this strategic plan.



CavityFree SF also thanks our current funders who make this work possible, which include the Moving California Oral Health Forward 2024-2027 grant (California Department of Public Health, #22-10193) and the Hellman Foundation.





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