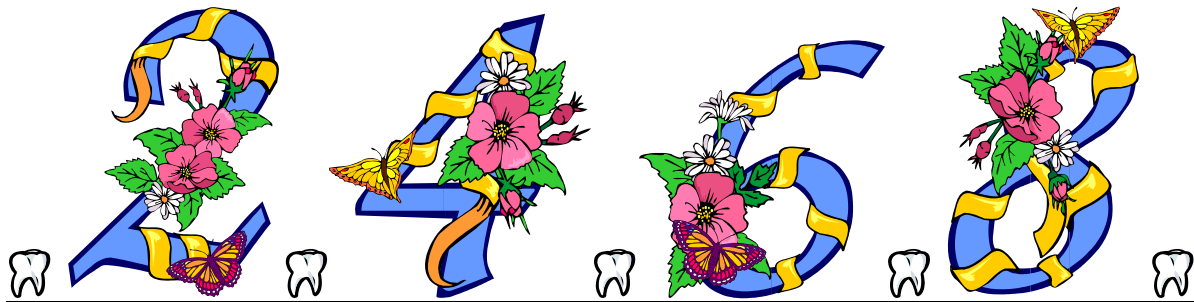


Hawaiian Islands Oral Health Task Force



Action Plan...

The First Steps

# Hawaiian Islands Oral Health Task Force



## Action Plan...

### The First Steps

#### Introduction

Many of Hawai`i's children and adults suffer from dental disease. The uninsured, low-income adults and children, and disabled populations suffer disproportionately. Our children have one of the highest rates of dental caries (cavities) in the nation<sup>1</sup> and low-income adults receive emergency dental treatment only.

Dentists to address this problem are potentially available as Hawai`i has a favorable ratio of dentists to residents (1 dentist per 1,257 residents<sup>2</sup>). However, a shortage of providers willing to treat these needy and vulnerable populations exists in all urban and rural areas of the Hawaiian Islands.

Contributing to the problem of dental disease is the lack of community water fluoridation. Hawai`i has the lowest proportion of residents with access to the benefits of fluoridated drinking water. Only Hawai`i's military bases have fluoridated drinking water.

In recent years, numerous bills related to oral health have been introduced into the legislature with much debate. Many voices called attention to oral health needs, but the lack of consensus among concerned parties impeded progress. In the Spring of 2002, the Department of Health's Office of Planning, Policy and Program Development (OPPPD) convened a facilitated group of over forty oral health stakeholders from the Department of Education, Department of Health, Department of Human Services, Hawai`i Dental Association, Hawai`i Dental Service, Hawai`i Dental Hygienists' Association, Hawai`i

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<sup>1</sup> Based upon a 1999 Statewide Oral Health Assessment Survey of Public School Children in Hawai`i, Age-Adjusted Caries Prevalence dft among 5 through 9 Year Olds by the Dental Health Division, Hawai`i State Department of Health, Mark H.K. Greer, D.M.D., M.P.H., Principal Investigator.

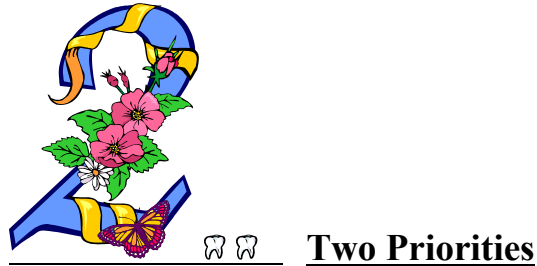
<sup>2</sup> Based upon 1999 Hawai`i Dentist to Resident Population Ratios, Mark H.K. Greer, D.M.D., M.P.H., Chief, Dental Health Division Department of Health & Dental Consultant, Med-QUEST Division, Department of Human Services, September, 1999.

Medical Services Association, Hawai'i Primary Care Association, Hawai'i Rural Health Association, neighbor island oral health task forces and others.

OPPPD's objective was to gather a representative group to discuss oral health needs and, through consensus decision-making, develop an action plan that would provide a structure to address oral health issues for all the people of Hawai'i. This planning process was supported in part with Preventive Health and Health Services Block Grant funds from the Centers for Disease Control and Prevention. This group took the name, Hawaiian Islands Oral Health Task Force (HIOHTF).

Since its inception, HIOHTF has had seven full-day meetings of the entire group. In addition, several HIOHTF members participated in three half-day meetings, addressing specific issues of licensure and neighbor island concerns. A draft of this action plan was presented at seven community meetings (Maui, Kaua'i, Lana'i, Moloka'i, West Hawai'i, East Hawai'i, O'ahu) and feedback was solicited from those who attended. Throughout this process, the task force engaged in much discussion, debate and compromise.

Although there is much work yet to be done, the Hawaiian Islands Oral Health Task Force is pleased to offer its “*2-4-6-8 Action Plan...The First Steps*,” the result of many stakeholders in our state coming together to formulate a plan intended to raise the level of oral wellness in our communities. We call it the “*2-4-6-8 Action Plan...The First Steps*” because it contains two priorities, four goals, six agreements and eight recommendations.



We begin with priorities. The question is - How can we achieve the ideal of oral wellness in Hawai`i? After a great deal of deliberation and discussion in the large group, we broke into work groups of five to ten people to develop priorities for oral wellness in Hawai`i. After meeting for over nine months, it was decided, by consensus, that all of our oral wellness needs could comfortably fit under the umbrellas of two priorities.

Naturally, “access to care,” a national and local phrase for availability and accessibility of care providers, was on everyone’s mind. After much analysis and discussion of access to care, it became clear that we were truly after “assurance” of care for all of Hawai`i’s people. Therefore, the first HIOHTF priority became **Assurance of Care**. *We wish to assure that oral health care will be available and accessible to all of Hawai`i’s people.*

The second priority grew out of two very familiar and very important features of any plan for oral wellness. They are education and prevention. The task force began by thinking of these two as separate priorities, but soon realized that there was considerable overlap in their goals and strategies. Therefore, the second HIOHTF priority became **Education and Prevention**. *We wish to improve and sustain the oral wellness of all of Hawai`i’s people through wellness education and disease prevention.*

We believe that these two priorities, **Assurance of Care** and **Education and Prevention**, can serve to focus the discussion and drive us to the results that will produce oral wellness—with fairness, flexibility, and parity for the people of Hawai`i.



## Four Goals

After establishing the priorities, the task force set out to determine appropriate goals for each of the priorities. This work was accomplished over several days with many people meeting in small and large groups to define and describe the goals.

### Priority 1: Assurance of Care

**Goal 1: Institute an effective, multifaceted system to assure delivery of care for oral wellness on every Hawaiian island.** We believe this can be accomplished with the institution of a four-component statewide delivery system to include:

1. Private dental providers
2. Community health center and/or mobile dental clinics
3. State-operated dental clinics
4. Hospital-based dental care

**Goal 2: Seek funding to assure delivery of care for oral wellness on every Hawaiian island.** We believe that with a *unified* oral health community agreeing to definitions and seeking funding together, the funding options - federal, state and private - will be broader and more generous, resulting in improved service for all islands.

### Priority 2: Education and Prevention

**Goal 3: On every Hawaiian island, partner with health care providers, community health centers and clinics, state agencies, schools, and community programs to deliver oral wellness educational materials and programs to every member of that community.** We believe that education is key to long-term disease prevention and can and should be carried out in every community on every level.

**Goal 4: On every Hawaiian island, ensure that each member of the community understands the need for and uses a regular “dental home” to learn about disease prevention and oral wellness.** We believe that prevention is essential to limiting dental disease and learning prevention techniques in one’s own “dental home” reinforces good oral health practices.



## **Six Agreements**

Out of this work came these six agreements:

1. We agreed to work collaboratively and immediately on the following legislative initiatives: reinstating comprehensive Medicaid adult dental benefits and creating tax incentives for Hawai'i licensed dentists to provide services to underserved populations and underserved areas.
2. We agreed to address the shortage of dental providers treating the underserved. One of many proposed solutions is to amend the Dental Practice Act to reform licensure laws and rules (e.g. licensure by credentials, temporary licensure, or exam process) for dentists and dental hygienists. HIOHTF participants have agreed to a moratorium on the introduction and support of any bill pertaining to dental licensure during Legislature 2003 while the group collaboratively designs a legislative package addressing licensure reform for introduction during Legislature 2004.
3. We agreed to continue our planning effort, sharing both leadership and accountability, to design concrete strategies and actions to implement our two priorities and four goals.
4. We agreed increased funding is necessary to achieve our identified oral wellness priorities and goals and that we will meet and design strategies and actions to seek a variety of funding sources, including federal, state, foundation, and in-kind contributions.
5. We agreed the State Department of Health, Dental Health Division currently serves as the 'provider of last resort'. However, all island communities need funding to provide direct services comparable to those services provided by the State (currently on O'ahu only) to the indigent aged, blind, and disabled populations. The State will support a system where other viable providers, either non-profit or private, are capable and willing to deliver these needed services.
6. We agreed all island communities are unique in their assets and challenges. However, there is still lack of consensus as to the definitions of parity and flexibility in funding. Furthermore, parity and funding issues are further confounded by legislative process, administrative priorities, federal government regulations, and private funder expectations. We support all island communities' advocacy for parity and flexibility.



## **Eight Recommendations**

The HIOHTF has the following recommendations for future activities of the task force and its participating members and agencies:

1. Continue HIOHTF's role as a forum for discussing, negotiating, and resolving Hawai'i's oral health issues. This will be accomplished in three committees of HIOHTF: Assurance of Care, Education and Prevention, and Funding.
2. For the purpose of gaining HIOHTF consensus, clearly define terms and specify assumptions described or implied in this action plan.
3. Collect and analyze credible baseline oral health data. Strategies must be based upon that data and once implemented should be evaluated with measurable outcomes.
4. Secure commitment from all HIOHTF entities for continued participation throughout the entire implementation of HIOHTF's plan.
5. Create and implement 2003 and 2004 legislative programs, including gathering support from legislators and identifying key contacts within the legislature.
6. Support Department of Human Services' role in working with the oral health communities in underserved areas to increase the number of Medicaid participating dentists.
7. Encourage Moloka'i, Lāna'i, and O'ahu to develop their own island oral health plans to complement Maui's, Hawai'i's and Kaua'i's plans.
8. Draw leadership from HIOHTF members, and encourage Department of Health's continued support of the HIOHTF planning process.

## **Conclusion**

When well-intentioned people come together for a higher purpose, good results follow. This “2-4-6-8 Action Plan ...*The First Steps*” is that result. We have subtitled it *The First Steps* because there is still more to be done. The intent of this plan is to provide a direction for the steps to come.

The members of HIOHTF are committed to a twelve-month process to create the strategies and objectives to support our plan’s priorities and goals. Foremost among these strategies is a full-featured legislative package that will be presented for the 2004 legislative session. In addition, the HIOHTF committees will continue to create strategies and objectives to be implemented in 2004 addressing assurance of care, education and prevention, and funding.

Won’t you join the forty HIOHTF stakeholders in taking the first steps toward oral wellness for all the people of Hawai`i?



## **Hawaiian Islands Oral Health Task Force Participants**

**American Association of Pediatrics, Hawai'i Chapter:** Louise Iwaishi

**Consumer:** Charles Hardy

**Hawai'i Dental Association:** Gerald Adachi, Edmund Cassella, Loren Liebling, Russell Masunaga

**Hawai'i Dental Hygienists' Association:** Kim Schneider, Sierra Spruce

**Hawai'i Dental Service:** Samuel Ishimura, Jon Won

**Hawai'i (Big Island) Dental Task Force:** Judy Akamine, Kaye Lundburg, Karleen Yoshioka

**Hawai'i Medical Service Association:** William Bourne, Jim Walsh

**Hawai'i Primary Care Association:** David Breese, Michael Epp, Beth Giesting, Kathy Suzuki-Kitagawa

**Hawai'i Rural Health Association:** Momi Hew Len, Roy Nishida, Maya Yonting-Dornes

**Hawai'i State Department of Education:** Dee Helber

**Hawai'i State Department of Health Dental Health Division:** Mark Greer, Karen Hu

**Hawai'i State Department of Health Family Health Services Division:** Loretta Fuddy, Charlene Gaspar, Gwen Palmer, Linda Rosen

**Hawai'i State Department of Human Services Head Start:** Jennifer Ernst, Jacqueline Rose

**Hawai'i State Department of Human Services Med QUEST Division:** Aileen Hiramatsu, Angie Payne

**Kaua'i Dental Task Force:** Stanwood Kanna, Dara Perreira, Adeline Sasaki

**Lana'i Representative:** John Ornellas

**Maui County Dental Health Alliance:** Gen Inuma, David Ohta, Lorrin Pang, Wendie Schwab

**Moloka'i Representative:** Debra Mapel

**University of Hawai'i School of Nursing and Dental Hygiene:** Carolyn Kuba

**Support Team: Department of Health OPPPD:** Dean Shimamoto, Susan Tengan, Valerie Yin

**Facilitation Team: Mapping Change, LLP:** Marina Piscalish, Kalani Souza, Paka Nishimura